Instructions for Authors

Manuscripts for submission to the *Urogenital Tract Infection* should be prepared according to the following instructions. For issues not addressed in these instructions, the author is referred to the ‘Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals’ (http://www.icmje.org/recommendations/).

**CHARACTERISTICS AND CATEGORIES OF MANUSCRIPTS**

1. Contents and Classifications of Manuscript

*Urogenital Tract Infection* is the official journal of The Korean Association of Urogenital Tract Infection and Inflammation, The Korean Continence Society, The Han-nam Urological Association, and The Korean Society of Geriatric Urological Care, being published on the last day of April, August, and December. It was launched in October 2006. The title of the first volume was *Korean Journal of Urogenital Tract Infection and Inflammation* (pISSN 1975-7425). The journal title was changed to *Urogenital Tract Infection* from Volume 10 Number 2, 2015. The *Urogenital Tract Infection* is an international journal that publishes high-quality research papers that describe the most significant and promising achievements in all fields of science and technology, as well as clinical and basic infectious disease field. Its official abbreviation is ‘*Urogenit Tract Infect*, UTI’. It publishes original articles, case reports, and reviews covering investigation of causes, diagnoses, and treatments associated with basic and clinical medicine about all aspects of urogenital tract infection. Only articles that are scientifically identified and theoretically, originally developed as the results of new, significant, and recent studying on the medical information and knowledge associated with the above-mentioned fields and that were conducted ethically and complied with policies of management of the Korean Association of Urogenital Tract Infection and Inflammation can be published in this journal.

The types of manuscripts include original articles, case reports, reviews, editorials, letters, book reviews and articles invited by the Editorial Board.

Articles that have been already published or submitted for publication elsewhere cannot be submitted to this journal, and articles that have been published in this journal cannot be published elsewhere without permission. The Korean Association of Urogenital Tract Infection and Inflammation has all the copyrights of all the manuscripts that have been submitted and permitted for publication in this journal.

2. Author Contributions

Authors are required to make clear of their contribution to their manuscript in cover letter. To be listed as an author one should have contributed substantially to all four categories established by the International Committee of Medical Journal Editors (ICMJE): (1) conception and design, or acquisition, or analysis and interpretation of data; (2) drafting the article or revising it critically for important intellectual content; (3) final approval of the version to be published; and (4) agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved. The ICMJE further states that acquisition of funding, the collection of data, or general supervision of the research group, by themselves, do not justify authorship. Individuals who have contributed substantially to some but not all of the four categories, or in other areas, should be listed in Acknowledgments. In principle, we do not allow the addition of authors or the changes of the first or the corresponding author after our initial decision to accept the manuscript for publication. Written causes of changing should be submitted when the authors of a manuscript are changed, approval of the Editorial Board is needed when the first author or corresponding author is changed, and approval...
of the Chief Editor is needed when other authors is changed before acceptance of the submitted manuscript. If an author wishes to be removed from the byline, he or she should submit a signed letter indicating his or her wish to be deleted from the list of authors. The change in the order in the byline requires a letter from all authors indicating agreement with the same.

3. Language
Manuscripts written in Korean or English are both accepted for review. For manuscripts written in Korean, the abstract, keywords, figure legends and tables should be written in English. Otherwise, the entire manuscript should be written in English.

REGULATIONS ON ETHICS

The journal adheres to the ethical guidelines for research and publication described in Good Publication Practice Guidelines for Medical Journals 2nd (https://www.kamje.or.kr/board/view?b_name=bo_publication&bo_id=7) and Guidelines on Good Publication (https://www.publicationethics.org/resources/guidelines).


1. Registration of Clinical Trial Research
Any research that deals with a clinical trial should be registered with a primary national clinical trial registration site such as https://cris.nih.go.kr/cris/index.jsp, or other sites accredited by WHO or the International Committee of Medical Journal Editors. This journal follows the data sharing policy described in “Data Sharing Statements for Clinical Trials: A Requirement of the International Committee of Medical Journal Editors”. The ICMJE’s policy regarding trial registration is explained at http://www.icmje.org/recommendations/browse/publishing-and-editorial-issues/clinical-trial-registration.html#two. If the data sharing plan changes after registration this should be reflected in the statement submitted and published with the manuscript, and updated in the registry record.

2. Disclosure of Conflict of Interest
Conflict-of-Interest Statement
A conflict of interest may exist when an author (or the author’s institution or employer) has financial or personal relationships or affiliations that could bias the author’s decisions of the manuscript. Authors are expected to provide detailed information about all relevant financial interests and relationships or financial conflicts, particularly those present at the time the research was conducted and through publication, as well as other financial interests (such as patent applications in preparation), that represent potential future financial gain. All disclosures of any potential conflicts of interest, including specific financial interests and relationships and affiliations (other than those affiliations listed in the title page of the manuscript) relevant to the subject of their manuscript will be disclosed by the corresponding author on behalf of each coauthor, if any, as part of the submission process. Likewise, authors without conflicts of interest will be requested to state so as part of the submission process. If authors are uncertain about what constitutes a relevant financial interest or relationship, they should contact the editorial office. Failure to include this information in the manuscript will prohibit commencement of the review process of the manuscript. For all accepted manuscripts, each author’s disclosures of conflicts of interest and relevant financial interests and affiliations and declarations of no such interests will be published. The policy requesting disclosure of conflicts of interest applies for all manuscript submissions. If an author’s disclosure of potential conflicts of interest is determined to be inaccurate or incomplete after publication, a correction will be published to rectify the original published disclosure statement. Authors are also required to report detailed information regarding all financial and material support for the research and work, including but not limited to grant support, funding sources, and provision of equipment and supplies as part of the submission process. For all accepted manuscripts, each author’s source of funding will be published.

Funding/Support and Role of Sponsor
All financial and material support for the research and work will be requested to be clearly and completely identified as part of the submission process (Cover Letter). The specific role of the funding organization or sponsor in each of the following should be specified: “design and conduct of the study; collection, management, analysis, and interpretation of the data; and
preparation, review, or approval of the manuscript.” The corresponding author is responsible for acknowledging this on the authorship form at the time of submission.

3. Examination on Ethics
Personal information with which a patient’s identity can be established cannot be published with any forms including texts, photos, and pedigree. When personal information of patients is critical as scientific data, it should be stated clearly that the purpose of the study and mental and physical damages that can be done during the participation to the study were sufficiently explained for and written contents were submitted by the participants or their caregivers. In a report of an experiment for human subjects, it should be stated that the study was performed according to the Helsinki Declaration (https://www.wma.net/policies-post/wma-declaration-of-helsinki-ethical-principles-for-medical-research-involving-human-subjects/) and approved by the Research Ethics Committee (REC) or the Institutional Review Board (IRB) of the institution where the experiment was performed. A written informed consent must be obtained from all subjects. The data for explanation such as photos should not include names, English initials, and hospital numbers of patients. In cases of animal experiments, it should be stated clearly that the processes complied with regulations of institutions or national research committee related to breeding and using laboratory animals or the NIH Guide for the Care and Use of Laboratory Animals. If necessary, it can be required to submit written consents and approvals of ethics committee.

4. Originality and Duplicate Publication
Manuscripts that have been already published elsewhere or in this journal should not be published. When a similar article has been already elsewhere or in this journal, its copy should be submitted with the relevant manuscript. The Editorial Board of the *Urogenital Tract Infection* will decide whether the relevant manuscript is duplicately published and examine whether it can be published in this Journal.

**MANUSCRIPTS PREPARATION**

All manuscript pages are to be numbered consecutively, beginning with the abstract as page 1. Neither the authors’ names nor their affiliations should appear on the manuscript pages. The use of acronyms and abbreviations is discouraged and should be kept to a minimum. When used, they are to be defined where first used, followed by the acronym or abbreviation in parentheses. Abbreviations are not allowed in the title. The names and locations (city, state, nation) of manufacturers of equipment and non-generic drugs should be given. When quoting from other sources, give a reference number in bracket after the author’s name or at the end of the quotation.

1. Original Article
The manuscript for original articles should be organized in the following order: (1) title page, (2) abstract and keywords, (3) introduction, (4) materials (or subjects) and methods, (5) results, (6) discussion, (7) conclusions, (8) conflict of interest, (9) acknowledgments (if necessary), (10) references, (11) tables, (12) figures and photos, and (13) legends.

Although there is no predetermined limit, it is advisable that the length of the manuscript not exceed 20 pages including the tables and the number of references not exceed 30.

2. Case Report
Case report shall cope with states of diseases that has not been reported or has rarely seen, and those that had been already reported but are distinctively different from the previous reports can be published in this journal. The length of the manuscript and the number of references should not exceed 10 pages and 10, respectively. Its abstract, unlike those for original articles, shall have only one paragraph and be written in English within 150 words. Its cover should include the phrase “Case Report”, and its title cannot include “… case” or “A case of.” Case report should be organized in the following order: (1) title page, (2) abstract and keywords, (3) introduction (without a title saying ‘introduction’), (4) case report(s), (5) discussion, (6) conflict of interest, (7) acknowledgments (if necessary), (8) references, (9) tables, (10) figures and photos, and (11) legends.

The keywords are in accordance with those for original articles. Its introduction shall briefly describe general backgrounds and significances related to the relevant case, without using a title “Introduction.” Its discussion shall focus on what the case report emphasizes, and the conclusion shall be summarized at the end part without establishing separate part for conclusion.

3. Review
Review shall be limited to an invited review article, which, by the Editorial Board, was selected as a significant theme from
areas relevant to infection field and whose authors were selected and referred on the basis of articles published in this or other journals. The submitted manuscript should be decided to be published via reviewing of the Editorial Board. The length of the manuscript and the number of references should not exceed 30 pages and 100, respectively.

4. Editorial
Solicited by the editor and should not be submitted without prior invitation. Editorials are invited perspectives on an area of infectious disease science, dealing with fields of research, current medical interests, fresh insights and debates.

5. Book Review
These are solicited by the editor, will go through the peer review process, and will cover recently published books in the field of urology and infection.

GENERAL GUIDELINES FOR MANUSCRIPTS

1. Title Page
The title page should include the article title, name(s) of author(s), positions, and institutional affiliations in English, and corresponding author and other footnotes. The title should be concrete and not exceed 14 words. Information on financial support, including the source of the grant should appear at the end of the title page. A running title, not exceeding 20 Korean characters or 50 alphabet characters, can be designated by the author himself. For authors with different affiliations, place an Arabic number as a superscript after each author’s last name and before the name of the corresponding affiliation. The corresponding author should present the name, affiliation, address, zip code, all authors’ ORCIDs and contributions, and contact details (such as Tel, Fax, and E-mail).

2. Abstract and Keywords
The abstract should be brief descriptions of the manuscript, containing 250 words. The English title must be identical to the Korean title in meaning. The abstract should be a structured one which includes purpose, materials and methods, results, and conclusions. A list of keywords, with a maximum of five items in English, should be included at the end of the abstract. The selection of keywords should be based on Medical Subject Heading (MeSH) of Index Medicus, and each keywords should begin with a capital letter. Do not use abbreviations or reference citations.

3. Introduction
The introduction should address the purpose of the study briefly and concisely, and include background reports only related to the purpose of the study.

4. Materials and Methods
The design, subjects, and methods should be described in order. When patients are the subjects, the properties, inclusion criteria, and exclusion criteria of the populations should be clarified. Particular chemicals or equipment should be clarified of the names of the suppliers, the cities, the states, and the nations according to unified forms. Explanation of the experimental methods should be sufficient for repetition by other researchers, though methods that had been reported in detail may be described briefly by citation of references. However, new methods or modifications of previously published methods should be described enough for other researchers to represent. The methods of statistical verification on the results should be clarified.

Ensure correct use of the terms sex (when reporting biological factors) and gender (identity, psychosocial or cultural factors), and, unless inappropriate, report the sex and/or gender of study participants, the sex of animals or cells, and describe the methods used to determine sex and gender. If the study was done involving an exclusive population, for example in only one sex, authors should justify why, except in obvious cases (e.g., prostate cancer).

5. Results
The authors should describe clearly and logically their significant findings of observations or results corresponding to the purpose of the study, following the order in the methods. The authors should avoid overlapping descriptions by figures or tables and by main text, describing important results only.

It should be clear which statistical test is associated with each p-value reported. Rarely used statistical techniques should be described. Medians and percentiles (such as quartiles) are preferred over means and standard deviations (or standard errors) when analyzing asymmetric data, especially when nonparametric statistics are calculated. Fractions (e.g., 5/10) should accompany percentages. In randomized clinical trials, consider reporting separate analyses with confounding variables included. If sample sizes differ between groups when
patients are randomized, reasons should be provided.

6. Discussion
Important or new findings from the results of the study should be emphasized and the consequent conclusions are described, while repetition of the contents in the introduction and the results should be avoided. The authors are needed to describe the significance and limitations of the study and directions for the further studies, comparing with the results of the other related studies.

7. Conclusions
Conclusion should be included in the discussion part. The conclusions should include a comprehensive description of the judgment or thoughts of the authors being induced from the results and discussion sections and corresponding to the purpose of the study mentioned in the introduction. The simple summary or overlapped array of the results should be avoided. An addition of directions for further studies or expected effects should be avoided if possible.

8. Conflict of Interest
The corresponding author of an article is asked to inform the Editor of the authors’ potential conflicts of interest possibly influencing their interpretation of data. A potential conflict of interest should be disclosed in the manuscript even when the authors are confident that their judgments have not been influenced in preparing the manuscript. Such conflicts may be financial support or private connections to pharmaceutical companies, political pressure from interest groups, or academic problems (e.g., employment/affiliation, grants or funding, consultancies, stock ownership or options, royalties, or patents filed, received, or pending).

9. Acknowledgments
When necessary, acknowledgments shall be provided for those who contributed to the studying but were insufficient to be considered authors. The acknowledgments should express appreciation for the concrete roles of the contributors in the studying (e.g., data collection, financial assistance, statistical processing, and experimental analysis), and the authors should notify them that their names will be included in the acknowledgments for their advanced consents.

10. References
Abbreviations for the literature shall be based on the Index Medicus (see https://www.ncbi.nlm.nih.gov/nlmcatalog/journals). The works of references are provided within [ ] by the order of the citation in the text, without using the previous superscripts. First 6 authors are listed; thereafter add an ‘et al.’ after the sixth author, for a journal article written by six or fewer authors, provide the names of all the authors.

The description of the journal reference follows the below description. For more on references, refer to the “Citing Medicine, 2nd edition: The NLM Style Guide for Authors, Editors, and Publishers (https://www.ncbi.nlm.nih.gov/books/NBK7256/).”

Journal Article:

Book:

Book Chapter:

Website:
11. Tables
Tables should be written as “Table” in the text and be described briefly in English, left-aligned. All the abbreviations used should be described under the tables or figures. The first letter of the title of a table should be a capital letter, and do not use a period if the description is not a complete sentence. The table should be included one in a page as double space, written clearly and briefly. No vertical or horizontal lines are allowed to be included within a table. Title all tables and number them with Arabic numerals at the top of them, and table footnotes or description should be given markers in the order of a), b), c) ….

12. Figures
Figures should be written as “Fig. ” in the text. The minimum requirements for digital resolution are:
• 1,200 DPI/PPI for black and white images, such as line drawings or graphs.
• 300 DPI/PPI for picture-only photographs.
• 600 DPI/PPI for photographs containing pictures and line elements, i.e., text labels, thin lines, arrows.

13. Text Style, Numbers and Units
If foreign-language words are needed, capital and small letters should be clarified: in principal, proper nouns, place names, and names of persons should be written with capital letter as the first letter and then small letters for the rest. When translated words are insufficient in conveying meanings, the translated term will be presented with the original term within parenthesis for the first time and then the translated term only can be used. Numbers should be written with Arabic numerals. The measurements of length, height, weight, and volume shall be recorded with the metric system (meters, grams, and liters), temperature shall be recorded with centigrade, and blood pressure shall be recorded with mm Hg. The hematological or clinical test measurements shall be recorded on the basis of common units or the system of the International Units (SI).

14. Preferred File Formats
Preferred file formats for the main text and tables are .doc, .docx or .rtf. The file format of figures should be .ppt, .jpg or .tif. The manuscript should be double spaced on 21.0×29.7 cm (A4) paper with 3.0-cm margins at the top, bottom, and left. Standard font size is 12 pt.

SUBMISSION OF MANUSCRIPT
All the manuscripts are submitted via the electronic article submission system of the website of the Urogenital Tract Infection (http://www.euti.org/submission) with written consents containing all the authors’ signatures on copyright transfer. When the publication is approved by the Editorial Board after reviewing, one final version of the manuscript of the article and the file containing all the contents should be finally submitted to the Editorial Board through the Internet article submission system.

The submission day of a manuscript shall be the day when the manuscript is submitted, the author(s) is finally approved, and is delivered to the Editorial Board, and the day of decision of the publication shall be the day when the manuscript is completed of its reviewing and is decided to be published.

Detailed information on manuscript submission and journal edition is provided in the “Online System Guide” in the website. More information on using the system can be inquired using the below-mentioned address.

The publication costs for UTI are covered by the Korea Federation of Science and Technology Societies (KOFST), Korea.

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REVIEW OF MANUSCRIPTS
1. Editorial Board
The Editorial Board deals with all the works for accepting and editing manuscripts. A manuscript that is not complied with the regulations for submission can be suggested to be adjusted or be reserved to be published, or can be adjusted by the Board, if necessary, without affecting the original contents. A manuscript with sufficient errors in form or misspellings or the one that is not complied with the regulations for submission can be rejected of acceptance and the author(s) will be notified. In case of reviewer(s)’s request, submission of data can be required for the author(s) via the decision of the Editorial Board.

2. Peer Reviewing and Publication of Manuscripts
All the submitted manuscripts shall be conducted of peer review
of three professionals on the basis of the regulations for article reviewing of the Urogenital Tract Infection, and be decided of its publication after reviewing of the Editorial Board. When the reviewing decisions are different each other, the selection of the relevant manuscript shall be decided after re-reviewing of the Board. A manuscript shall be considered of relinquishment of its publication when it won’t be submitted within two months of notifying the decision of the reviewing without specific reason. A selected manuscript shall be decided of its order of publication by consideration of its type and the day of deciding its publication by the Editorial Board.