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| SUBMISSION COMPLIANCE CHECKLIST: CASE REPORTSDOCUMENT VERSION 06 OCTOBER 2020Ensure your manuscript complies with author guidelines by completing this SUBMISSION COMPLIANCE CHECKLIST, ensure to report the corresponding page number. Submit the completed form on the journal website during the manuscript submission process (Step 4). |
| Was a statistician involved in this study? | [ ]  Yes | [ ]  No | [ ]  N/A |
| Consultation only? | [ ]  Yes | [ ]  No | [ ]  N/A |
| Was a statistician involved in data management? | [ ]  Yes | [ ]  No | [ ]  N/A |
| Statistician’s name: |       |
| Statistician’s affiliated institution: |       |
| Statistician’s qualifications: |       |
| COMPLIANCE CRITERIA | COMPULSARY SECTION TO COMPLETE |
| SECTION/TOPIC | # | CHECKLIST ITEM | REPORTED ON PAGE # |
| *TITLE* |  |  |  |
| Title | 1 | The words “case report” should be in the title along with the area of focus |       |
| *ABSTRACT* |  |  |  |
| Structured summary | 2 | Background: What does this case report add to the medical literature |       |
| 3 | Case summary (1 paragraph): chief complaint, diagnoses, interventions, and outcomes |       |
| 4 | Conclusion: What are the main “take-away” lessons from this case? |       |
| *INTRODUCTION* |  |  |  |
| Background/rationale | 5 | How does this case inform healthcare delivery—with references (1-2 paragraphs) |       |
| Timeline | 6 | Relevant information from this case report organized into a timeline (table or figure) |       |
| *PATIENT PRESENTATION* |  |  |  |
| Study design | 7 | De-identified demographic and other patient specific information. Describe the information that was gathered on the patient’s perspective of their illness (loss of function, ideas, beliefs, concerns, expectations, or feelings). |       |
| Setting | 8 | Chief complaint (what prompted this patient visit).  |       |
| Participants | 9 | Relevant medical and psychosocial history (including interventions and outcomes). Describe the information that was gathered on the patient’s context (family structure and function, occupational issues, environment). |       |
| Physical Exam | 10 | Relevant physical examination findings. Describe the information that was gathered on the patient’s medical problem(s) from the consultation and physical examination. |       |
| Diagnostic Findings | 11 | Diagnostic evaluations (such as laboratory testing, imaging, surveys). |       |
| 12 | Diagnoses (consider tables/figures linking assessment with diagnoses and interventions). |       |
| 13 | Diagnostic reasoning including other diagnoses considered and diagnostic challenges. |       |
| 14 | Prognostic characteristics (such as staging in oncology) where applicable.  |       |
| Interventions | 15 | Provide a 3-stage assessment of the patient’s clinical, individual, and contextual issues. Types of intervention (such as pharmacologic, surgical, preventive, self-care) |       |
| 16 | Intervention administration (such as dosage, strength, duration) |       |
| 17 | Changes in intervention (with rationale) |       |
| 18 | Other concurrent interventions |       |
| *MANAGEMENT AND OUTCOMES* |  |  |  |
| Follow-up | 19 | Clinician and patient-assessed outcomes (when appropriate).  |       |
| 20 | Important follow-up diagnostic evaluations. |       |
| Outcomes | 21 | Assessment of intervention adherence and tolerability. |       |
| 22 | Adverse and unanticipated events. |       |
| *DISCUSSION* |  |  |  |
| Strengths and limitations | 23 | Summarise the key points, lessons learnt in your approach to this case and discuss these in relation to the literature. Clarify the implications or recommendations that arise from this patient study. |       |
| Conclusion and Rationale | 24 | Provide a brief conclusion that summarises the results and their meaning or significance in relation to the findings, interventions, and outcomes. |       |
| Patient perspective | 25 | When appropriate include the patient’s perspective on this episode of care. |       |
| Informed consent | 26 | Patient informed consent needs to be disclosed. |       |
| *ACKNOWLEDGEMENT* |  |  |  |
| Acknowledgements | 27 | The acknowledgement section follows the conclusions section and addresses formal, required statements of gratitude and required disclosures. It includes listing those who contributed to the work but did not meet authorship criteria, with the corresponding description of the contribution. |       |
| Competing interests | 28 | This section should list specific competing interests associated with any of the authors, potential sources of influence or perceived influence on the study conduct and conclusions; how these were managed. |       |
| Author contributions | 29 | All authors must meet the criteria for authorship as outlined in the [authorship](https://aosis.co.za/policies#authorship) policy and [author contribution](https://aosis.co.za/policies#author_contributions_affiliations) statement policies. |       |
| Funding | 30 | Sources of funding and other support; role of funders in data collection, interpretation, and reporting. |       |
| Data availability statement | 31 | Guide readers where the data associated with a paper is available, and under what conditions the data can be accessed. |       |
| Disclaimer | 32 | A statement that the views expressed in the submitted article are his or her own and not an official position of the institution or funder. |       |