

# Checklist for Submission

## A. Confirmation by authors

Items	Check points	Check
Originality	Confirm that neither the manuscript submitted nor any part of it has been published or is being considered for publication elsewhere	<input type="checkbox"/>
Research ethics	Confirm that your study complies with the Research and Publication Ethics of the journal	<input type="checkbox"/>
Disclosure	Disclose any commercial associations with specific products or financial support from any entity	<input type="checkbox"/>
Funding	Acknowledge any research funds, sponsorships, or grants	<input type="checkbox"/>
Thesis	State that your article is a thesis for a degree such as a Master's or PhD degree, if applicable	<input type="checkbox"/>
Presentation	If your article was presented in a national or international meeting, describe this	<input type="checkbox"/>
Author role	If the number of authors is greater than six, submit a list of each author's role as supplementary material	<input type="checkbox"/>
Use of AI	State when artificial intelligence (AI) - assisted technology was used, in the acknowledgements and applicable section of the main body	<input type="checkbox"/>
English proofreading	State whether your article was revised or edited by a professional English proofreader	<input type="checkbox"/>

## B. Structure of article

Items	Check points	Check
Sequence	Title page, abstract and keywords, main text, conflict of interest, acknowledgements, references, table legends, and figure legends	<input type="checkbox"/>
Title page	A manuscript title, running title, and each author's full name and affiliation should be provided A running title not exceeding 40 characters in length Full contact information of corresponding author should be provided Any financial disclosures or support, thesis, and presentation history should be included	<input type="checkbox"/>
Manuscript	10-Point font with double line spacing on A4 sized paper with 2.5 cm margins Not exceed 10 type-written pages for original article Not exceed 2,000 words for editorial Not exceed 5,000 words for review article/topic Not exceed 5 type-written pages for case report/idea and innovation Not exceed 800 words for letter	<input type="checkbox"/>
Abstract	Not exceed 250 words in structured abstract for original article Not exceed 250 words in unstructured abstract for review article/topic Not exceed 200 words in unstructured abstract for case report/idea and innovation No abstract for letter Key words (3-5) should be selected from heading words in MeSH	<input type="checkbox"/>
Main text	Include introduction, methods, results, and discussion, not include conclusion for original article Include introduction, case or idea, and discussion for case report/idea and innovation All table and figure numbers appear in the text Main text should not include the affiliations and names of the authors, especially in Methods	<input type="checkbox"/>
References	No more than 100 references are cited in review article No more than 25 references are cited in original article No more than 15 references are cited in case report No more than 5 references are cited in letter	<input type="checkbox"/>
Figures	Each (sub) figure should be submitted in a separate file Above 300 dpi for photos in resolution Figure legend should have short title (up to 10 words) and detailed explanation Each subfigure denoted by the letters, A, B, C (ex: Fig. 1A, Fig. 1B, Fig. 1C) Figure legend should be placed on a page at the end of the manuscript Figure should not be included in the manuscript and upload at the submission system	<input type="checkbox"/>
Consent form(s)	Copyright transfer form has been signed by all authors Authorization and Release form for identifiable patient descriptions and photographs are included	<input type="checkbox"/>

# Checklist for the Authors

about Informed Consent, Human and Animal Rights, Copyright Transfer, Disclosure of Conflict of Interest, and Acknowledgement Statement

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## Type of Manuscript:

- |   |   |                                      |  |
|---|---|--------------------------------------|--|
| <input type="checkbox"/> Original article     | <input type="checkbox"/> Review article | <input type="checkbox"/> Case report | <input type="checkbox"/> Ideas and innovations |
| <input type="checkbox"/> Letter to the editor | <input type="checkbox"/> Editorial      | <input type="checkbox"/> Book Review | <input type="checkbox"/> Communication         |

## Title:

### 1. Informed Consent

The author(s) haven't suggested any personal information that may make the identity of the patient recognizable in any forms of description part, image or pedigree unless essential and indispensable as scientific information. When the image records or medical information of the patient included in the manuscript risk recognition of personal identification, the author(s) have received patient consent in writing form and have clearly stated it.

### 2. Human and Animal Rights

In case of human studies, the author(s) have certified that the process of the research is in accordance with ethical standards of the Declaration of Helsinki. If any doubts are raised whether the research was proceeded in accordance with the declaration, the author(s) would explain it. In case of animal studies, the author(s) have certified that the author(s) had followed the domestic and foreign guidelines related to the care and use experiment of animals in a laboratory.

### 3. Copyright Transfer

The author(s) have received consent from the original author or editor about any figure, table or document that was quoted from other journals or books. No portion or entire of the article has been published in other journals nor is under review for contribution in other journals. The author(s) undersigned hereby transfer all rights, interests, copyrights and digital copyrights related to the manuscript to the Korean Wound Management Society when it is published in *Journal of Wound Management and Research*.

### 4. Disclosure of Conflict of Interest

Author(s) of the manuscript have clarified any potential conflicts of interest that could influence the authors' interpretation of the data such as research expenses, consultant expenses, stocks, political pressure from interest groups, academically related issues, and all sources of funding.

### 5. Acknowledgement Statement

The author(s) certify that all persons who do not meet authorship criteria but have contributed to the work reported in the manuscript are named with their specific contribution in an Acknowledgment in the manuscript.

Author Name: _____	Signed: _____	Date: _____
_____	_____	_____
_____	_____	_____
_____	_____	_____

# Patient Photographic and Videographic Consent, Authorization and Release Form

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I am informed and aware of photographs, videos and other images (imaging records) taken by Dr./Nurse \_\_\_\_\_ or his/her designee(s) of myself or any parts of my body regarding procedures carried out by Dr./Nurse \_\_\_\_\_ or his/her team. I understand and consent that such imaging records may and will be used by Dr./Nurse \_\_\_\_\_ as reference in diagnosing and treating other patients in the future. I further consent to the release and transfer of copyright ownership by Dr./Nurse \_\_\_\_\_ to the Korean Wound Management Society (“KWMS”) of such imaging records.

I understand that by consenting on release of my imaging records, these may be published by KWMS and/or any party acting under the license and authority of KWMS in any print, electronic or broadcast media, specifically including, but not limited to, medical journals (especially the Journal of Wound Management and Research “JWMR”) and textbooks, scientific presentations and teaching courses and Internet websites, for the purpose of informing medical professionals or the general public about wound management method, results, issues, trends, concerns and similar matters. I further understand that the imaging records shall become the property of KWMS.

I understand that when these imaging records are included in any articles, medical information regarding sex, age, operative date and treatment results may and will be included together. I also understand that neither I, nor any member of my family, will be identified by name in any publication. I understand that in some circumstances the images or medical information may portray features which shall make my identity recognizable. Further, I recognize that in some instances the images may be transformed into a non-photo likeness of me.

I understand that I have the right to revoke this authorization in writing at any time, but if I do so it may not have any effect on actions taken prior to my revocation. If I do not revoke this authorization, it will expire ten years from the date written below. I also understand that I may refuse to sign this authorization and that whether I consent on this form or not will have no effect on the medical treatment I receive from Dr./Nurse \_\_\_\_\_ or any subordinates.

I release and discharge Dr./Nurse \_\_\_\_\_, KWMS, and all parties acting under their license and authority from all rights that I may have in the imaging records and from any claim that I may have relating to such use in publication, including any claim for payment in connection with distribution of publication of the images in any medium or claim arising from the distribution of publication by any third party.

I hereby warrant that I am over nineteen years of age, and competent to contract in my own name.

I grant this consent as a voluntary contribution in the interest of public education, and certify that I have read the above Consent, Authorization and Release form and fully understand its terms.

# Patient Photographic and Videographic Consent, Authorization and Release Form

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Name : \_\_\_\_\_

Signature : \_\_\_\_\_

Date : \_\_\_\_\_

Hospital : \_\_\_\_\_

Designated Dr./Nurse : \_\_\_\_\_

Signature : \_\_\_\_\_

I have read the above Consent, Authorization and Release. I am the parent, guardian or conservator of \_\_\_\_\_, a minor. I am authorized to sign this consent on his/her behalf and I grant this consent as a voluntary contribution in the interest of public education.

Parent/Guardian \_\_\_\_\_

Signature : \_\_\_\_\_

Date : \_\_\_\_\_

# 환자 사진 및 동영상 촬영과 출판, 이용 동의서

본인은 본인이 받은 시술과 관련하여 사진과 동영상 등의 영상 기록이 촬영된 사실을 알고 있습니다. 또한 본인과 관련된 사진과 동영상 등이 다른 환자의 진단과 치료를 위한 자료로 사용될 것이며, 영상을 촬영한 의료진이 해당 영상의 저작권을 대한창상학회("KWMS")에게 양도함을 이해하고 있고 이에 동의합니다.

본인의 영상 기록의 출판과 이용에 동의함으로써 의학 발전에 유용하게 사용되기 위해 학술 목적으로 KWMS 또는 KWMS의 허가를 받은 제3자에 의하여 학회지 논문(특히 대한창상학회의 학술지 Journal of Wound Management and Research)과 교과서, 학술발표와 강연 그리고 인터넷을 비롯한 인쇄 및 전자 또는 방송 매체에 인용될 수 있음을 설명 받았습니다. 또한 본인의 영상 기록이 KWMS의 소유가 된다는 점을 이해하였습니다.

본인의 영상 기록이 학회지 논문을 비롯한 매체에 인용될 때는 본인의 성별과 나이, 시술 시기, 치료와 관련된 학술적 정보가 기술되고, 경우에 따라서는 영상 기록 또는 의학적 정보를 통해 개인 식별이 가능할 수도 있으며, 영상 기록을 본인의 신체와 유사한 형태의 영상으로 변조할 수도 있음을 이해하였습니다. 또한 어떤 경우에도 본인 또는 본인 가족의 실명이 학술매체에 기재되지 않음을 설명 들었습니다.

본인의 이러한 동의 여부와 앞으로 치료 과정에는 아무런 상관이 없으며, 의료진이 최선을 다해 본인을 치료하게 될 것이고 이러한 동의를 원하지 않더라도 의료진은 본인의 결정을 존중할 것임을 설명 들었습니다. 또한 동의와 서명 이후에라도 어느 때든 서면으로 동의를 취소할 수 있으나, 동의 취소 이전에 행해진 활동에 대해서는 취소가 효과를 발휘하지 않을 수 있음도 이해하였습니다. 동의를 취소하지 않을 경우 서명 후 양도된 저작권은 서명한 순간부터 10년 후 소멸될 것임을 설명 들었습니다.

본인은 19세 이상의 성인으로서 스스로 동의 및 서명할 수 있으며, 본 내용이 공공교육에 헌신할 수 있음을 알고 자발적으로 작성하였고, 저작권과 사진 출판 및 용어에 대하여 충분히 이해하였습니다.

이 름: \_\_\_\_\_ 서 명: \_\_\_\_\_

날 짜: \_\_\_\_\_ 병 원 명: \_\_\_\_\_

담당의/간호사: \_\_\_\_\_ 서 명: \_\_\_\_\_

본인은 미성년자인 \_\_\_\_\_의 친권자/보호자로서 그를 대신하여 서명 및 동의할 자격을 갖추고 있으며 본 내용이 공공교육에 헌신할 수 있음을 알고 자발적으로 작성하였고, 저작권과 사진 출판 및 용어에 대하여 충분히 이해하였습니다.

이 름: \_\_\_\_\_ 서 명: \_\_\_\_\_

날 짜: \_\_\_\_\_