

INSTRUCTION FOR AUTHORS

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Archives of Plastic Surgery (Arch Plast Surg, APS) is the official journal of the Korean Society of Plastic and Reconstructive Surgeons. Manuscripts on any aspect of plastic surgery - original clinical or laboratory research, operative procedures, comprehensive reviews - as well as selected ideas and innovations, letters, case reports, and correspondence are invited for publication. This journal will be published bimonthly.

Manuscripts for submission to APS should be prepared according to the following instructions. APS follow the guidelines and best practices published by professional organizations, including Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals (<http://www.icmje.org/icmje-recommendations.pdf>) from ICMJE and Principles of Transparency and Best Practice in Scholarly Publishing (joint statement by COPE, DOAJ, WAME, and OASPA; (<http://doaj.org/bestpractice>)).

Any physician or researcher throughout the world can submit a manuscript if the scope of the manuscript is appropriate. Only those manuscripts that are original, have not been published elsewhere, and are not currently being considered for inclusion in another publication will be considered for publication in APS.

SUBMISSION OF MANUSCRIPTS

All manuscripts should be submitted online via the journal's website (<http://submit.e-aps.org>) by the corresponding author. Submission instructions are available at the website. All articles submitted to the journal must comply with these instructions. Failure to do so will result in return of the manuscript and possible delay in publication. Send all correspondence regarding submitted manuscripts to:

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RESEARCH AND PUBLICATION ETHICS

The Journal adheres to the guidelines and best practices published by professional organizations, including Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals (<http://www.icmje.org/icmje-recommendations.pdf>) from ICMJE and Principles of Transparency and Best Practice in Scholarly Publishing (joint statement by COPE, DOAJ, WAME, and OASPA; (<http://doaj.org/bestpractice>)).

Registration of Clinical Trial Research

It is recommended that any research that deals with a clinical trial be registered with a primary national clinical trial registration site, such as <http://cris.nih.go.kr/>, or other sites accredited by the WHO as listed at <http://www.who.int/ictrp/en/>.

Conflict of Interest Statement

The corresponding author must inform the editor of any potential conflicts of interest that could influence the authors' interpretation of the data. Examples of potential conflicts of interest are financial support from or connections to pharmaceutical companies, political pressure from interest groups, and academically related issues. In particular, all sources of funding applicable to the study should be explicitly stated.

Statement of Informed Consent

Copies of written informed consent and institutional review board (IRB) approval for clinical research should be kept. If necessary, the editor or reviewers may request copies of these documents to resolve questions about IRB approval and study conduct. In addition, for studies conducted with human subjects, the method by which informed consent was obtained from the participants (i.e., verbal or written) also needs to be stated in the Methods section.

Patient Photographic and Videographic Consent

Patients introduced in the manuscripts should be informed and aware that their photographs, videotapes, and other images (imaging records) will be released by the authors, and the authors should attach the Authorization and Release Form available at the APS website (<http://submit.e-aps.org/>) including each pa-

tient's signature.

Statement of Human and Animal Rights

Clinical research should be done in accordance with the Ethical Principles for Medical Research Involving Human Subjects, as outlined in the Helsinki Declaration of 1975 (revised 2008) (available from: <http://www.wma.net/en/30publications/10policies/b3/>). Clinical studies that do not meet the Helsinki Declaration will not be considered for publication. For publication, the human subjects' identifiable information, such as the patients' names, initials, hospital numbers, dates of birth, or other protected healthcare information should not be disclosed. For animal subjects, the research should be performed based on the National or Institutional Guide for the Care and Use of Laboratory Animals, and the ethical treatment of all experimental animals should be maintained.

Authorship

Authorship credit should be based on 1) substantial contributions to conception and 2) design, acquisition of data, or analysis and 3) approval of the version to be published. Authors should meet these 3 conditions. If the number of authors is greater than six, there should be a list of each author's role for the submitted paper.

After the initial submission of a manuscript, any changes whatsoever in authorship (adding author(s), deleting author(s), or re-arranging the order of authors) must be explained by a letter to the editor from the authors concerned. This letter must be signed by all authors on the paper. Copyright assignment must be completed by every author.

Originality and Duplicate Publication

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It is possible to republish manuscripts if the manuscripts satisfy

the conditions of secondary publication of the Uniform Requirements for Manuscripts Submitted to Biomedical Journals.

PEER REVIEW PROCESS

All manuscripts will be evaluated by three peer reviewers who are selected by the editors. The acceptance criteria for all papers are based on the quality and originality of the research and its clinical and scientific significance. An initial decision will normally be made within 3 weeks after the agreement of review by the reviewers, and the reviewers' comments will then be sent to the corresponding authors.

Revised manuscripts must be submitted online by the corresponding author. The corresponding author must indicate the alterations that have been made in response to the referees' comments item by item in a response note and the submitted original file with tracing. Failure to resubmit the revised manuscript within 8 weeks of the editorial decision is regarded as a withdrawal. The editorial office should be notified if additional time is needed or if an author chooses not to submit a revision. The editorial committee makes decisions concerning editing, revision, and acceptance or rejection, and editing may include shortening an article, reducing the number of illustrations or tables, or changing the paper's format or the order of the manuscript.

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MANUSCRIPT PREPARATION

Publication Type

APS publishes editorial, review articles, original articles, case reports, ideas and innovations, continuing medical education, book reviews, letters, images, and communications.

1. Editorials are invited perspectives on an area of plastic surgery, dealing with very active fields of research, current surgical interests, fresh insights, and debates.
2. Review articles provide a concise review of a subject of importance to plastic surgery researchers written by an invited expert in plastic surgery.
3. Original articles are papers reporting the results of basic and clinical investigations that are sufficiently well documented to be acceptable to critical readers.
4. Case reports/ideas and innovations deal with clinical cases of surgical interest or innovation.
5. Continuing medical education describes the recent approaches and developments of plastic and reconstructive surgery for practitioners or trainees.
6. Book reviews may be published when receiving new books to be introduced to plastic and reconstructive surgeons. Authors or publishing companies are welcomed to submit their recent published books to the editorial office.
7. Letters are short original research articles on issues important to researchers.
8. Brief notes are short reports on a case or surgical tips.
9. Communications are interesting and instructive information for readers.

General Guidelines

10. The main document with the manuscript text and tables should be prepared with in an MS Word or RTF format in English.
11. The manuscript should be written in 10-point font with double line spacing on A4 sized (21.0 × 29.7 cm) paper with

2.5 cm margins on the top, bottom, right, and left.

12. There should be no mention of the institution where the work was carried out, especially in the Abstract and Methods section. If the institution should be inserted, include it after acceptance of an article.
13. 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.
14. Drug and chemical names should be stated in standard chemical or generic nomenclature.
15. Units of measure should be presented according to the International System (SI) of Units. All units must be preceded by one space except percentage (%) and temperature (°C).
16. Descriptions of genes or related structures in a manuscript should include the names and official symbols provided by the US National Center for Biotechnology Information (NCBI) or the HUGO Gene Nomenclature Committee.
17. Statistical expression: mean and standard deviation should be described as mean ± SD, and mean and standard error as mean ± SE. P-values should be described as P < 0.05 or P = 0.003.
18. Generic and brand name of medicine: for medicine, use generic names. If a brand name should be used, insert it in parentheses after the generic name.

Reporting Guidelines for Specific Study Designs

For the specific study design, such as randomized control studies, studies of diagnostic accuracy, meta-analyses, observational studies, and non-randomized studies, it is recommended that the authors follow the reporting guidelines listed in the following table.

Initiative	Type of study	Source
CONSORT	Randomized controlled trials	http://www.consort-statement.org
STARD	Studies of diagnostic accuracy	http://www.stard-statement.org
PRISMA	Preferred reporting items of systematic reviews and meta-analyses	http://www.prisma-statement.org
STROBE	Observational studies in epidemiology	http://www.strobe-statement.org
MOOSE	Meta-analyses of observational studies in epidemiology	http://jama.jamanetwork.com/article.aspx?articleid=192614

ORIGINAL ARTICLES

Manuscripts will not be acceptable for publication unless they

meet the following editorial requirements. Manuscripts must include 1) Title page, 2) Structured abstract and Keywords, 3) Main text (Introduction, Methods, Results, Discussion), 4) Conflict of interest, 5) References, 6) Tables, and 7) Figure legends. Each component should begin on a new page in the following sequence. Manuscripts on original work should contain a maximum of 10 type-written pages for the contents of the text, 15 sheets of figures, and 25 references.

1) *Title page*

A running title (no more than 40 characters in length), manuscript title, and each author's full name and affiliation including the name of the country, should be provided. For a multicenter study, indicate each individual's affiliation using a superscript Arabic number (^{1, 2, 3...}). All persons designated as authors should be qualified for authorship. Each author should have participated sufficiently in the work to take public responsibility for the content. A 'corresponding author' for reprints should be indicated, and full contact information (including address, telephone number, fax number, and e-mail) should be provided. Any financial disclosure or support (grant number, institution, and location), thesis article (title and reviewers' page), acknowledgments (persons who have contributed intellectually to the paper but whose contributions do not justify authorship may be named and their function or contribution described, e.g., "scientific adviser," "data collection," or "participation in clinical trial." all sources of funding applicable to the study should be stated here explicitly), and presentation history (name of the meeting and date) at a meeting should be included if relevant.

2) *Abstract and Keywords*

The abstract should contain the following components in the order listed: Background, Methods, Results, and Conclusions. It should not exceed 250 words. Medical Subject Headings (MeSH) authorized words should only be used for the keywords, and 3 to 5 keywords should be listed just after the abstract. The first letter of a keyword should be capitalized (e.g., Surgery, plastic / Mammoplasty / Free tissue flaps).

3) *Main Text*

Introduction The purpose of the investigation, including relevant background information, should be briefly described.

Methods The research plan, the materials (or subjects), and the methods used should be described, in that order. How the disease was confirmed and how subjectivity in observations was controlled should be explained in detail. When the experimental methodology is the main issue of the paper, the process should be described in detail so as to recreate the experiment as closely

as possible. The sources of the apparatus or reagents used should be given along with the source location (name of company, city, and country). If relevant, information on the IRB approval and informed consent should be included. Methods of statistical analysis and criteria for statistical significance should be described.

Results The results should be presented in logical sequence in the text, tables, and illustrations. The text should not repeat all the data in the tables or figures, but describe important points and trends.

Discussion Observations pertaining to the results of research and other related materials should be interpreted for your readers. New and important observations should be emphasized; the contents in the Introduction or Results should not be simply repeated. The meaning of the observed opinion, along with its limits, should be explained, and within the limits of the research results, the conclusion should be connected to the purpose of the research.

4) *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, stockownership or options, royalties, or patents filed, received, or pending).

5) *References*

References should be obviously related to the content of the submitted paper and should not exceed 25. References should be numbered consecutively in the order in which they are first mentioned in the text. Each reference should be cited as [1], [1, 4], or [1-3], at the end of the related sentence in the text. The abbreviated journal title should be used according to the List of Journals Indexed for MEDLINE (<http://www.ncbi.nlm.nih.gov/nlmcatalog/journals>) and the List of KoreaMed Journals (<http://www.koreamed.org/JournalBrowser.php>). If there are three or fewer authors in a reference, then all the names of the authors should be listed. If the number of authors is greater than three, list the initial three authors, and then abbreviate the rest of the authors with 'et al'.

Unpublished observations and personal communication should not be used as references, although references to written, not oral communication may be inserted (in parentheses) in the

text. Abstracts published in a citable journal may be cited. To cite a paper accepted but not yet published, state the paper’s DOI number. References must be verified by the author(s) against the original documents. Other types of references not described below should follow Citing medicine: The NLM style guide for authors, editors, and publishers (<http://www.ncbi.nlm.nih.gov/books/NBK7256/>).

Sample references are given below:

Journal Article

1. Lee MC, Lee DW, Rah DK, et al. Reconstruction of a total soft palatal defect using a folded radial forearm free flap and palmaris longus tendon sling. *Arch Plast Surg* 2012;39:25-30.
2. Chang CC, Allori AC, Wang E, et al. A quantitative 3D analysis of coronoid hypertrophy in pediatric craniofacial malformations. *Plast Reconstr Surg* 2011 Oct 7 [Epub]. <http://dx.doi.org/10.1097/PRS.0b013e31823aea5b>.

Books

3. Weinzwieg J. *Plastic surgery secrets plus*. Philadelphia: Mosby Elsevier; 2010.
4. Thorne CH. Otoplasty and ear reconstruction. In: Thorne CH, Bartlett SP, Beasley RW et al., editors. *Grabb and Smith’s plastic surgery*. 6th ed. New York: Lippincott Williams & Wilkins; 2006. p.302-24.

Website

5. American Society of Plastic Surgeons. 2010 plastic surgery procedural statistics [Internet]. Arlington Heights, IL: The Society; c2011 [cited 2011 Nov 1]. Available from: <http://www.plasticsurgery.org/News-and-Resources/Statistics.html>.

6) Tables

Tables should be typed double-spaced on separate pages within manuscript, and they should be titled and numbered in Arabic numerals in the order of their first citation in the text. Each column should be given a short heading. Only the first letter of the first word in each row and column should be capital letters. If numerical measurements are given, the unit of measurement should be included in the column heading. The statistical significance of observed differences in the data should be indicated by the appropriate statistical analysis. All nonstandard abbreviations should be defined in footnotes. For special remarks, lower case letters in superscripts ^{a),b),c),d),e)} should be used.

[Sample]

Table 1. Treatment modality

Variables	TRAM-LR group	MRM-LR group	Total	P-value ^{a)}
Wide excision	4 (22.20)	7 (18.40)	11 (19.60)	0.73
Wide excision + RT	12 (6.0)	24 (63.20)	36 (64.30)	0.79
Wide excision + skin graft	1 (5.60)	4 (10.50)	5 (8.90)	1.0
RT	1 (5.60)	3 (7.90)	4 (7.20)	1.0

Values are presented as number (%).
 TRAM, transverse rectus abdominis myocutaneous; LR, local recurrence; MRM, modified radical mastectomy; RT, radiotherapy.
^{a)}Chi-square test.

7) Figures

Each figure should be submitted in a separate file, at a resolution of more than 300 dpi. Lettering and identifying marks should be clear, and the type size should be consistent on each figure. Capital letters should be used for specific areas of identification in a figure. Symbols, lettering, and numbering should be distinctly recognizable so that when the figure is reduced for publication each item will still be legible. Short titles (5-7 words) and detailed explanations belong in the figure legends, not on the illustrations themselves. Figure legends should not be included in the same file as the figure, but placed instead on a page at the end of the manuscript. The figures should be numbered in the form Fig. 1, Fig. 2, and Fig. 3. Only the first letter of the first word in the title and data should be capital letters. Related figures should be combined into one figure, with each subfigure denoted by the letters, A, B, C, and so on, following the Arabic number of the main figure (ex: Fig. 1A, Fig. 1B, C). Do not label in the corner using capital letters on each figure. The illustrations of pathological tissue should state clearly the type of stain (ex: H&E, × 400), and the main contents should be marked by signs or arrows on the picture. The Editorial Committee may request that hand-drawn illustrations be redrawn by a graphic designer.

EDITORIAL

Editorials are invited by the editor and should be commentaries on articles published recently in the APS. Editorial topics could include active areas of research, fresh insights, and debates in all fields of plastic and reconstructive surgery. Editorials should not exceed 2,000 words, excluding references, tables, and figures.

REVIEW ARTICLES/TOPIC

Review and topic papers will be requested by the editors. They are generally prepared in the same format as original articles, but

the details of the manuscript format may be flexible according to the contents. Manuscripts are limited to 5,000 words of text and include a 250-word summary in the place of the unstructured abstract. References should not exceed 100.

CASE REPORTS/IDEAS AND INNOVATIONS

Case reports should be unique, that is, never reported or similar to previously reported cases but with unique characteristics related to location, presenting different symptoms, or using a new diagnosis or management modality. They should include an abstract, introduction, case(s) or idea(s), discussion, references, tables, and figures legend in that order. The case report and idea innovation should not exceed 5 type-written pages, 8 sheets of figures, and 15 references. The abstracts should be unstructured and its length should not exceed 200 words.

BOOK REVIEWS

Book reviews provide a review of newly published book in plastic surgery by an invited expert.

CONTINUING MEDICAL EXAMINATION (CME)

CME text is a structured article addressing any educational topic from basic information to the latest trends. It can be related to the special theme of the issue.

LETTERS

This section of the journal is set aside for critical comments directed to a specific article that has recently been published in the journal. Letters should be brief (800 words), double-spaced, and limited to a maximum of 5 citations and 5 figures. The letters and replies should be prepared according to journal format. Illustrative material can be accepted only with the permission of the editor. The authors should include a complete mailing address, telephone and fax numbers, and e-mail address with their correspondence. The title of your letter should be identical to the title of the published article being discussed. The editor reserves the right to shorten letters, delete objectionable comments, and make other changes to comply with the style of the journal.

IMAGES

Images are short reports of a case or surgical tips. Manuscripts should not exceed 250 words, excluding references, tables, and figures. They should be limited to a maximum of 3 citations and 4 figures.

Old guidelines: Manuscripts should not exceed 1,000 words, excluding references, tables, and figures. They should be limited to a maximum of 5 citations and 5 figures (In principle, the old guidelines apply to all manuscripts submitted before August 1st, 2016 for the images section; however, the editorial board may request revisions of the submitted manuscripts so that they adhere to the new guidelines).

COMMUNICATIONS

Texts for the communications section are non-scientific articles that do not follow the structure of a formal journal article. They should address practical concerns or topics that would be of special interest to APS readers such as reports on professionally-related travel or volunteer work.

MANUSCRIPTS AFTER ACCEPTANCE

Accepted manuscript will be converted to PDF format. The PDF file will be dispatched to the author for proofreading. Any changes should be returned within 48 hours after receipt of the PDF files. No significant changes should be made to alter the interpretation of the results. Only minor changes, such as correcting typographical errors or critical changes to maintain article's accuracy, are allowed. If there are too many changes during the author's proofreading process, those changes will not be accepted and the paper can be considered for re-submission. Authors should do their best to ensure the accuracy of the proofs. After the publication, if there are critical errors, they should be corrected as Corrigendum or Erratum.

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 ethical guidelines for research and publication described in Good Publication Guidelines for Medical Journals and Guidelines on Good Publication	<input type="checkbox"/>
Disclosure	Disclose any commercial associations with specific products or financial support from any company	<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 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"/>
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 is not exceeding 40 characters in length A full contact information of corresponding author should be provide Any financial disclosures or support, thesis, and presentation history should be included	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <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 Not exceed 1,000 words for image	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <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 image Key words (3-5) should be selected from heading words in MeSH	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <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"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
References	No more than 100 references are cited in review article/ topic No more than 25 references are cited in original article No more than 15 references are cited in case report/ idea and innovation No more than 5 references are cited in letter/ image	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Figures	Each figure should be submitted in a separate file Above 600 dpi for photos and 1,200 dpi for line art in resolution Figure legend should have short title (5-7 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"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <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"/> <input type="checkbox"/>

Checklist for the authors

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

Title:

Type: Editorial () Review Article () Original Article () Case Report ()
Idea and Innovation () Continuing Medical Education () Book Review ()
Letter () Image () Communication ()

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, photograph or pedigree. When the photographs of the patient were essential and indispensable as scientific information, the author(s) have received the consent in writing form and have clearly stated it.

2. Human and Animal Right

In case of experimenting on human, the author(s) have certified that the process of the research is in accordance with ethical standards of Helsinki declaration, domestic and foreign committees that preside over human experiment. If any doubts are raised whether the research was proceeded in accordance with the declaration, the author(s) would explain it. In case of experimenting on animals, the author(s) have certified that the author(s) had followed the domestic and foreign guideline related to experiment of animals in a laboratory.

3. Copyright Transfer

The author(s) have received consent from the author or editor about the picture or the table that was quoted from other journals or books. A portion or entire of the article hasn't been published on other journals nor contributed to other journals and under review. The author(s) undersigned hereby transfer all rights, interest, copyright and digital copyright related to the journal to the Korean Society of Plastic and Reconstructive Surgeons when it is published on *Archives of Plastic Surgery*.

4. Disclosure of Conflict of Interest

Author(s) of the journal have clarified everything that interest may arise such as research expenses, consultant expenses, stock, particularly concerned person of the judges on the document of disclosure of conflict of interest.

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.

Signed:

Date:

_____	_____
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_____	_____

Patient Photographic and Videographic Consent, Authorization and Release Form

I am informed and aware of photographs, videotapes and other images (imaging records) taken by Dr. _____ or his designee(s) of myself or any parts of my body regarding surgical procedures carried out by Dr. _____. I understand and consent that such imaging records may and will be used by Dr. _____ as reference in diagnosing and treating other patients in the future. I further consent to the release and transfer of copyright ownership by Dr. _____ to Archives of Plastic Surgery (APS) of such imaging records.

I understand that by consenting on release of my imaging records, these may and will be used in upcoming issue or issues of the journal, as well as on the journal website, or any other print or electronic media for the purpose of informing medical professionals or other readers about surgical methods.

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. But I, nor any member of my family, will be identified by name in any publication, and any information that may aid in identifying me or my family will not be exposed. (In case of facial photographs, the photo is cropped to only necessary parts in order to make individual identification impossible.)

I understand that whether I consent on this form or not, it bears no consequences whatsoever on any future actions, and that there will be no effect on the medical treatment I receive from Dr. _____ or any subordinates.

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.

I understand that, if I do not revoke this authorization, it will expire ten years from the date written below.

Name _____ **Signature** _____

Hospital _____ **Department** _____

Designated Doctor _____ **Signature** _____