Thank you for your interest in the Journal of Diabetes Investigation. Please take a moment to consult the following instructions to help you prepare your manuscript, and feel free to contact us with any questions. To ensure fast peer review and publication, manuscripts that do not adhere to the following instructions will be returned to the corresponding author for technical revision before undergoing peer review.

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Scope Journal of Diabetes Investigation is your core diabetes journal from Asia; the official journal of the Asian Association for the Study of Diabetes (AASD). The journal publishes a variety of original research, country reports, commentaries, reviews, mini-reviews, case reports, letters, as well as editorials and news. The journal embraces clinical and experimental research in diabetes and related areas. This includes aspects of prevention, treatment, education, nutrition, metabolic risk, psychosocial and socioeconomic research, as well as molecular aspects and pathophysiology. Translational research focused on the exchange of ideas between clinicians and researchers is also welcomed. Authors and readers from all countries are welcome, and are provided with an international editorial team of experts from AASD countries and beyond.

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2. EDITORIAL REVIEW AND ACCEPTANCE
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3. MANUSCRIPT CATEGORIES
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Word limit: 4,000 words including title page, abstract but excluding references, tables and figures.

Abstract: 250 words maximum, structured (sub-headers): Aims/Introduction, Materials and Methods, Results, Conclusions.

References: No limit.

Description: Full-length reports of current research in either basic or clinical science. Arrange text as follows: Abstract; Introduction; Materials and Methods; Results; Discussion; Acknowledgment; References; and when relevant Supporting Information. Video is welcome as Supporting Information.

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References: Maximum 20.

Figures/tables: Maximum 4.

Description: New findings that will substantial-
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References: Maximum 10.

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Figures/tables: Minimum 1 image or figure.

Description: Mini reviews are comprehensive analyses of specific topics. They are submitted upon invitation by the Editor. Proposals for reviews may be submitted; however, in this case authors should only send an outline of the proposed paper for initial consideration. Both solicited and unsolicited review articles will undergo peer review prior to acceptance.

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Word limit: 5,000 words including abstract but excluding references, tables and figures.

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Word limit: 5,000 words, or to be determined in consultation with Editors if longer.

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Description: Guidelines designed to help clinicians make decisions about appropriate diagnosis and treatment for specific circumstances.

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Abstract: 250 words maximum, structured (sub-headers): Introduction, Materials and Methods, Results, Discussion.

References: No limit.

Figures/tables: Maximum 5 (1a, 1b, 1c are counted as 3 figures not 1 figure). A flow diagram should be included.

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Authors should declare any financial support or relationships that may pose conflict of interest in the Covering Letter and Acknowledgments.

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Authors must state that the protocol for the research project has been approved by a suitably constituted Ethics Committee of the institution within which the work was undertaken and that it conforms to the provisions of the Declaration of Helsinki (as revised in Edinburgh 2000), available at: http://www.wma.net/e/policy/b3.htm. All investigations on human subjects must include a statement that the subject gave informed consent. Patient anonymity should be preserved. Photographs need to be cropped sufficiently to prevent human subjects being recognized (or an eye bar should be used). In general, submission of a case report should be accompanied by the written consent of the subject (or parent/guardian) before pub-
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We strongly recommend, as a condition of consideration for publication, registration in a public trials registry. Trials register at or before the onset of patient enrollment. This policy applies to any clinical trial starting enrollment after January 1, 2006. For trials that began enrollment before this date, we request registration by April 1, 2006, before considering the trial for publication. We define a clinical trial as any research project that prospectively assigns human subjects to intervention or comparison groups to study the cause-and-effect relationship between a medical intervention and a health outcome. Studies designed for other purposes, such as studies on pharmacokinetics or major toxicity (e.g., phase 1 trials), are exempt.

We do not advocate one particular registry, but registration are with a registry that meets the following minimum criteria: (1) accessible to the public at no charge; (2) searchable by standard, electronic (Internet-based) methods; (3) open to all prospective registrants free of charge or at minimal cost; (4) validates registered information; (5) identifies trials with a unique number; and (6) includes information on the investigator(s), research question or hypothesis, methodology, intervention and comparisons, eligibility criteria, primary and secondary outcomes measured, date of registration, anticipated or actual start date, anticipated or actual date of last follow-up, target number of subjects, status (anticipated, ongoing or closed) and funding source(s).

Registries that currently meet these criteria include: (1) the registry sponsored by the United States National Library of Medicine (http://www.clinicaltrials.gov); (2) the International Standard Randomized Controlled Trial Number Registry (http://www.controlled-trials.com); (3) the Australian New Zealand Clinical Trials Registry (http://www.anzctr.org.au); (4) the Chinese Clinical Trials Register (http://www.chictr.org); (5) the Clinical Trials Registry - India (http://www.ctri.in); and (6) University hospital Medical Information Network (UMIN) (http://www.umin.ac.jp/ctr/).

7. RANDOMIZED CONTROLLED TRIALS (contents)
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Spelling The Journal uses US spelling and authors should therefore follow the latest edition of the Merriam–Webster’s Collegiate Dictionary. Foreign names and terms, such as names of chemicals should be written in the original language. Proper nouns and German nouns should be capitalized.

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Trade names Drugs should be referred to by their generic names. If proprietary drugs have been used in the study, refer to these by their generic name, mentioning the proprietary name, and the name and location of the manufacturer, in parentheses.

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