

BMJ Case Reports

Standard Case Report checklist and template for authors

We cannot process your article until you can meet the following criteria:



I HAVE READ THE INSTRUCTIONS FOR AUTHORS

This important information presents details on preparing your submission and patient consent.

[Instructions for Authors](#)



I AM USING THE CORRECT WORD TEMPLATE

Global health case reports must be submitted using this this Word template. Visit the [Instructions for Authors](#) to find the Full Cases and Images In... templates



I HAVE SIGNED PATIENT CONSENT

You must have signed informed consent from patients (or relatives/guardians) before submitting to BMJ Case Reports. Please note BMJ will not accept case reports which have been previously submitted to a preprint server due patient confidentiality reasons.

For living patients this is a legal requirement under the UK's Data Protection legislation; we will not send your article for review without explicit consent from the patient or guardian.

Consent forms are available in several languages on the [BMJ Author Hub](#).



ALL AUTHORS (MAXIMUM 4 ALLOWED) HAVE APPROVED THE SUBMISSION

[Important information on authorship](#)



THE ARTICLE IS ORIGINAL

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I HAVE A VALID FELLOWSHIP

You or your institution must be a Fellow of BMJ Case Reports in order to submit. This does not however guarantee we will publish your case reports. [Further information](#) is available online on rates and how to purchase your Fellow Membership Subscription. Contact your librarian or head of department to see if your institution already has a Fellowship. Authors wishing to submit a case report reporting adverse drug reactions and complications, novel treatment including a new drug/lifestyle/treatment intervention or the use of an established drug or procedure in a new situation should contact the Editor in Chief with a presubmission enquiry at eic.bmjcases@bmj.com prior to taking out a fellowship

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DO YOU HAVE THE AGREEMENT OF ALL AUTHORS (AND THEIR EMPLOYERS WHERE APPLICABLE) TO GRANT THE RIGHTS TO BMJ?

You must have the right to grant on behalf of all authors (and their employers – where any author is writing the case report in the course of their employment) the assignment of copyright and/or licence set out in **the Intellectual Property Rights Assignment or Licence Statement** and link documents in the template. Please ensure that no one else involved in the case has reported it or plans to report it.



[FOR REVISIONS] I HAVE ANSWERED ALL THE REVIEWERS' COMMENTS

Please consider ALL the reviewers comments before submitting a revised article (**maximum 3 revisions permitted**). Please consider the help of a native English speaker to avoid your article being rejected on the basis of language.

PLEASE DELETE THESE PAGES BEFORE SUBMITTING YOUR ARTICLE

Complete the template below

Please type your report directly into this template. Read the tips and reminders in each section as you type. Use formal US or UK English and scientific terminology.

TITLE OF CASE

TIPS:

- Please use a clinical and straight forward title that mentions the diagnosis
- Do not include “a case report” in the title
- Do not use cryptic, humorous or play-on-word titles
- There should be no exclamation mark in the title
- Do not put the patient’s age or ethnicity in the title

SUMMARY

TIPS:

- This is a summary of the entire manuscript and is freely available online
- It is the equivalent of an abstract
- Use a maximum of 150 words summarising the case presentation and outcome
- Give a good flavour of the case and emphasise the learning points
- The SUMMARY is distinct from the BACKGROUND section below - do not copy and paste

BACKGROUND

TIPS:

- Give the context of your manuscript
- Is this a prevalent health problem?
- Is there a clear message?
- The BACKGROUND is distinct from the SUMMARY section above. Do not copy and paste

CASE PRESENTATION

TIPS:

- Give a comprehensive account of the presenting features, including the medical/social/ family history
- This is the patient’s story – anonymise the manuscript as far as possible. Exact ages are not necessary (“in his 20s” is sufficient). Ethnicities and exact occupations should be avoided unless essential to the manuscript. Place names and calendar dates are to be avoided – use regions of the world and “2 months/days later”, for example, instead.
- How did they present?
- What is the relevant history? Why is this relevant?
- Explain your findings and how they influenced your decisions
- Do not use abbreviations for diseases or investigations
- Use internationally accepted units for measurements

- *Use only scientific names of drugs. Include the manufacturer in brackets when describing equipment*
- *Present information in ways that are easy to follow. Use diagrammatic flowcharts and timelines where appropriate. Results may be tabulated or presented graphically. Make clear that you have drawn figures and that these have not been taken from other publications or Internet sources.*

INVESTIGATIONS *If relevant*

TIPS:

- *All investigations that create a background (baseline) picture are relevant*
- *All investigations that are crucial to management decisions should be discussed in full – include the limitations of investigations and problems in their interpretation*
- *Choose appropriate images and videos to illustrate your point. Remove all details that identify the patient*
- *We do not publish images that include the patient's face*
- *Images and videos should be fully annotated. Use arrows and labels with explanations so that readers may understand easily and may learn from these*

DIFFERENTIAL DIAGNOSIS *If relevant*

TIPS:

- *Please do not list diagnoses. We want to understand how the final diagnosis was teased out. This is often the most important section and should be discussed in full*
- *All working diagnoses need to be substantiated*

TREATMENT *If relevant*

TIPS:

- *Include pharmacological and non-pharmacological treatment, e.g. surgery, physiotherapy, supportive care*
- *If your patient was treated as part of a clinical trial, please, give full details of licensing, dosage and permission for use of the drug, trial registration data and whether permission was obtained from the patient to receive the drug*
- *We do not publish reports of experimental therapies or drug treatments. If this is a recent therapy, cite all relevant scientific literature*

OUTCOME AND FOLLOW-UP

TIP:

- *Always include comprehensive follow-up data; this gives readers a clear understanding of outcome*
- *Follow up data should include the health of the patient, return to daily activity, work and after care arrangements*

- *The follow-up period should be defined. Please update follow up data after final revision of the article*
- *Please state whether the patient has died and whether this was after discharge*

DISCUSSION *Include a very brief review of similar published cases*

TIPS:

- *This is the opportunity to describe mechanisms of pathology/injury, current guidelines, diagnostic pathways (use original diagrams to illustrate processes), and the points of interest of the case*
- *Cite up-to-date supporting literature*
- *Include a summary of similar published cases. Where appropriate these may be tabulated*
- *A summary of relevant clinical guidelines is important*
- *Please do not copy and paste from existing publications, texts or web resources (including material you have published yourself)*
- *Ensure that any content used from sources are clearly cited, with any significant sections of directly copied text either re-phrased or included as direct quotations and are referenced.*
- *Use software to check for overlapping text before you submit*
- *Please do not reproduce tables or figures from other publications without obtaining permission for reproduction before submission*
- *Do make clear whether you have drawn your own figures*
- *We welcome all figures that illustrate clinical-pathological correlations – these add substantially to the learning value of the article*

Are your conclusions supported by the clinical information described? Do you need to temper your conclusions? Have you described a possible causal association with adequate caution?

LEARNING POINTS/TAKE HOME MESSAGES *3-5 bullet points*

THIS IS A REQUIRED FIELD

Are your conclusions supported by the clinical information described?

TIP: This is the most crucial part of the case – what do you want readers to remember when seeing their own patients?

REFERENCES

TIPS:

- *Include only relevant references, including guidelines, in [Vancouver style](#)*
- *Make sure your references actually support the points you make, are up-to-date and are correctly formatted <https://authors.bmj.com/writing-and-formatting/formatting-your-paper/>*

TIPS:

- *We do not have a limit on illustrations, but choose only what illustrates your case most effectively and ensure that the patient cannot not be recognised by cropping the image as close as possible. We do not accept facial images*
- *We encourage colour images and videos. Please add arrows, captions and annotation. These substantially enhance the manuscript and add learning value*
- *Videos should be of 3-4 minutes duration, include relevant labels and annotation. There should be no background noise or music. If narrated, the audio should be clearly heard and understood. Please do not include animated text. Animations should be used only for the purposes of explanation and should be the authors' work and specific to the case*
- *Please [visit the Author Hub](#) for further information regarding formatting.*

PATIENT'S PERSPECTIVE

TIPS:

- *This is an important section and gives the patient/next of kin the opportunity to comment on their experience. This enhances the case report and is strongly encouraged
This section is written by the patient (or close family) in their **own words**, in the **first-person**. This is an opportunity for us to understand the signs and symptoms the patient experienced, their thoughts and concerns, their experience of the treatment they received, recovery and adjustment to life after or with illness or disability*
- *Spelling and grammar should be corrected where necessary (as per the rest of the manuscript) by the authors and non-English perspectives should be translated by the authors. Please make clear who has written the perspective and indicate when this has been translated by the authors. Patient who prefer to share an audio or video perspective should have this transcribed by the authors. For the purposes of anonymity audio and video recordings are not published*
- *Please check that details that reveal the identity of the patient are avoided. These include calendar dates, locations and details of other family members*
- *Some published articles are picked up by the wider non-medical media and patients should be made aware of this, especially, when they contribute their perspective and when they give consent for publication*

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Date:

PLEASE SAVE YOUR TEMPLATE WITH THE FOLLOWING FORMAT:

Submitting author's last name and date of submission, e.g. Smith_April_2022.doc

EXAMPLE OF A WELL PRESENTED CASE REPORT

Resection of a large carotid paraganglioma in Carney-Stratakis syndrome: a multidisciplinary feat