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Pages should be in A4 format and numbered.

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<u>COMPULSORY DECLARATIONS</u> (papers submitted without these declarations will not be considered for evaluation).

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**Contribution**: Acknowledgement that all authors have <u>contributed significantly</u> and that all authors agree with the content of the manuscript. EXAMPLE: XL, ZX, experiments concept and design; SX, experiments performing; SY, MZ, analysis and interpretation of experiments results. All the authors have read and approved the final version of the manuscript and agreed to be accountable for all aspects of the work.

**Conflict of interest:** *The authors declare that no conflict of interest / Author One is employed by..... Author Two received grants from ......* 

Availability of data and materials: *Example* 1: All data generated or analyzed during this study are included in this published article. *Example* 2: The data used to support the findings of this study are available from the corresponding author upon request. *Example* 3: The datasets used and/or analyzed during the current study are available from the corresponding author on reasonable request.

**Ethics approval and consent to participate**: *Example*: *The study protocol was approved by the Ethical Review Committee of the University of ...... (protocol no. 123456 dated yy/mm/dd)*; *Example*: *Institutional review board approval was not required for this study as only de-identified compliant data were used in the analysis*; *Example*: *The study trial was approved by the Ethics Committee of the University of .... on June 3, 2020. The committee assessed the planned project as ethically unobjectionable. Written consent to participate were obtained from all study participants.* 

Patient consent for publication: *Example*: Not applicable.

**Informed consent**: *Example*: Written informed consent was obtained from a legally authorized representative(s) for anonymized patient information to be published in this article. The manuscript does not contain any individual person's data in any form.

#### FOR CASE REPORTS:

Availability of data and materials: All data underlying the findings are fully available.

**Ethics approval and consent to participate:** No ethical committee approval was required for this case report by the Department, because this article does not contain any studies with human participants or animals. Informed consent was obtained from the patient included in this study.

**Consent for publication:** *The patient(s) gave his/her/their written consent to use his personal data for the publication of this case report and any accompanying images.* 

### Abstract

1	The abstract should start with a clear statement of the objective and must conclude with
2	one or two sentences that highlight important conclusions and should summarise
3	pertinent results in a brief but understandable form. References or tables are never cited
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6	order to confirm that your manuscript will comply with the journal's requirements.
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10	Key words: Xxxx, Xxxxxx, Xxxxxx, Xxxxx, Xxxxx (maximum 6 key words).

#### 11 Introduction

12 **TEXT** 

13 *Monaldi Archives for Chest Disease* is an international scientific journal of the 14 Istituti Clinici Scientifici Maugeri, Pavia, Italy, dedicated to the advancement of 15 knowledge in all fields of cardiopulmonary medicine and rehabilitation [1].

Monaldi Archives for Chest Disease publishes original articles, new 16 17 methodological approaches, reviews, opinions, editorials, position papers on all aspects of cardiac and pulmonary medicine and rehabilitation, and, in addition, provides a forum 18 19 for the inter-exchange of information, experiences and views on all issues of the 20 cardiology profession, including education [2,3]. Accordingly, original contributions on 21 nursing, exercise treatment, health psychology, occupational medicine, care of the 22 elderly, health economics and other fields related to the treatment, management, 23 rehabilitation and prevention of cardiac and respiratory disease are welcome.

Monaldi Archives for Chest Disease promotes excellence in the profession of cardiology and pneumology through its commitment to the publication of research, support to continuous education, and encouragement and dissemination of best practices [4-6].....

28

#### 29 Materials and Methods\*

#### 30 Subheading(s) if needed (e.g., Patients – Statistical analysis)

32 When reporting experiments on numuri subjects, dutions should indicate whether the

33 procedures followed were in accordance with the ethical standards of the responsible

34 committee on human experimentation (institutional and national)

35	e.g., The ex	periment ha	s been	conducted	under the	e authorization	of the l	Ethic
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36 Committee of the University of ..... (Italy), with document no. 1234567.....

37	The inclusion criteria were: i), ii) Clinical signs and symptoms of
38	, and iii) comorbidities Exclusion criteria were: (Table 1)
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43	Subheading
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48	(Table 3).
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### 50 **Results**

51 52	Subheading(s) if needed ( <i>e.g.</i> , Radiographic findings) TEXT
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55	(Figure 1).
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57	(Table 3 - Figure 2).
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61	(Table 4).
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67	Discussion
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### 74 Conclusions

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#### 106 Table 1. Adult fixation protocols xxxxxx.

Patients (age)	Intraepithelial, tn/l Total number	Intraepithelial, an/l Average number	Subepithelial, tn/l Total number	Subepithelial, an/l Average number
1 (61)	54/12.2	8/1.5	3/12.2	2/1.5

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<sup>°</sup>Xxxxx xxxxx xxxxx, <sup>#</sup>Premix supplies per kg: .....DM, dry matter; DE, digestible energy.

#### 108

#### 109 Table 1. Mander's co-localization coefficients, at 30 min and 24 h.

Mander's co-localization coefficients	Control 30 min	10 ng/mL leptin 30 min	100 ng/mL leptin 30 min	Control 24 h	10 ng/mL leptin 24 h	100 ng/mL leptin 24 h
tM1	0.572 (57%) ± 0.049 (5%)	0.577 (58%) ± 0.042 (4%)	0.529 (53%) ± 0.046 (5%)	0.452 (45%) ± 0.050 (5%)	0.456 (46%) ± 0,040 (4%)	0.487 (49%) ± 0.044 (4%)
tM2	0.497 (50%) ± 0.030 (3%)	0.561 (56%) ± 0.020 (2%)	0.542 (54%) ± 0.022 (2%)	0.536 (54%) ± 0.028 (3%)	$\begin{array}{c} 0.480\ (48\%)\\ \pm\ 0.024\ (2\%)\end{array}$	0.511 (51%) ± 0.020 (2%)

 $\frac{110}{111}$  tM1, fractional co-localization coefficient for F-actin; tM2, fractional co-localization coefficient for cofilin; mean  $\pm$  SEM; n=28-30 per group.

\***Tables**: Tables are numbered consecutively in Arabic numbers without "no." before the number. References should be made in the text to each table. The desired style of presentation can be found in the above sample and in published articles. Titles of tables should be descriptive enough to be able to stand alone. **Do not present the same data in tabular and graphic form**. There's no limited tables number, but they must be in a reasonable number. **Table footnotes**: please use the following symbols, in this order, for callouts:

- ...
- #
- §
- \$

- 112 Table 3. Xxxxxxxxxxxxx xxxxx
- 113 Table 4. Xxxxxxxxxxxxx xxxxx xxxxx



114 Figure 1. xxxxxxxxxxxx.

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**\*Figures:** Figures are numbered consecutively in Arabic numbers. References should be made in the text to each figure. Each figure should have a caption. The term "figure" is used also for graphs and photos. Symbols and abbreviations used in figures can be defined in the figure caption or note or within the figure itself. Lettering of figures (letters, numbers, symbols, etc.) must be clearly labelled <u>and sized in order to remain legible after the image is reduced for publication</u>. Please avoid the use of **bold** face or greater size for the characters. The figures must be submitted as .tiff or .jpg files, with the following digital resolution:

Colour (saved as CMYK):minimum 300 dpiBlack and white/grays:minimum 600 dpione column width (8.5 cm) or 2 column widths (17.5 cm).

**Combined figures:** if the figure contains two or more panels or subpanels, make sure a description for each panel is provided, in the order in which they are presented. Different panels should be identified by capital letters and a description of each panel should be identified in the figure legend by the related capital letter in brackets.

If symbols are used, make sure such symbols are clearly distinguished from the letters used to identify each panel. See Figure 2 below as an example.



- 117 Figure 2. Human adult XXXXXX staining of XXXXX neurodegeneration, magnification
- 118 20x. A) Monolateral temporal post-traumatic epilepsy with left mesial temporal sclerosis;
- B) Controlateral temporal lobe in absence of neurodegeneration; C) DAPI in blue of left
- 120 MTS; D) DAPI in blue of contralateral side. E, F) merged view of A-C and B-D.