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## ABOUT THE JOURNAL

### Aims and Scope

Eye seeks to provide the international practising ophthalmologist with high quality articles, of academic rigour, on the latest global clinical and laboratory based research. Its core aim is to advance the science and practice of ophthalmology with the latest clinical- and scientific-based research. Whilst principally aimed at the practising clinician, the journal contains material of interest to a wider readership including optometrists, orthoptists, other health care professionals and research workers in all aspects of the field of visual science worldwide. Eye is the official journal of The Royal College of Ophthalmologists.

Eye encourages the submission of original articles covering all aspects of ophthalmology including:

- external eye disease
- oculo-plastic surgery
- orbital and lacrimal disease
- ocular surface and corneal disorders
- paediatric ophthalmology and strabismus
- glaucoma
- medical and surgical retina
- neuro-ophthalmology
- cataract and refractive surgery
- ocular oncology
- ophthalmic pathology
- ophthalmic genetics

### Journal Details

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ARTICLE DESCRIPTION	ABSTRACT AND KEYWORDS	WORD LIMIT	TABLES/ FIGURES	REFERENCES
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- Results
- Discussion
- References
- Acknowledgements
- Author Contribution statement
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1. Conceived and/or designed the work that led to the submission, acquired data, and/or played an important role in interpreting the results.
2. Drafted or revised the manuscript.
3. Approved the final version.
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Contributions by individuals who made direct contributions to the work but do not meet all of the above criteria should be noted in the Acknowledgments section of the manuscript. Medical writers and industry employees can be contributors. Their roles, affiliations, and potential conflicts of interest should be included in the author list or noted in the Acknowledgments and/or Contributors section concurrent with their contribution to the work submitted. Signed statements from any medical writers or editors declaring that they have given permission to be named as an author, as a contributor, or in the Acknowledgments section is also required. Failure to acknowledge these contributors can be considered inappropriate, which conflicts with the journal's editorial policy.

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Dr Caron’s work has been funded by the NIH. He has received compensation as a member of the scientific advisory board of Acadia Pharmaceutical and owns stock in the company. He also has consulted for Lundbeck and received compensation. Dr Rothman and Dr Jensen declare no potential conflict of interest.

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As defined by the [International Committee of Medical Journal Editors \(ICMJE\)](#), a clinical trial is any research project that prospectively assigns human subjects to intervention and comparison groups to study the cause-and-effect relationship between a medical intervention and a health outcome. A medical intervention is any intervention used to modify a health outcome and includes but is not limited to drugs, surgical procedures, devices, behavioural treatments, and process-of-care changes. A trial must have at least one prospectively assigned concurrent control or comparison group in order to trigger the requirement for registration. Nonrandomized trials are not exempt from the registration requirement if they meet the above criteria.

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- have a validation mechanism for registration data
- be managed by a not-for-profit organization

Examples of registries that meet these criteria include:

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2. the International Standard Randomized Controlled Trial Number Registry ([www.controlled-trials.com](http://www.controlled-trials.com));
3. the Cochrane Renal Group Registry (<http://www.cochrane-renal.org>);
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The trial registry number must be included in the manuscript and provided on submission.

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- suspend review or publication of a paper until the issue has been investigated and resolved;
- request additional information from the author, including original data or images or ethics committee or IRB approval;
- make inquiries of other titles believed to be affected;
- forward concerns to the author's employer or person responsible for research governance at the author's institution;
- refer the matter to other authorities or regulatory bodies (for example, the Office of Research Integrity in the US or the General Medical Council in the UK); or
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For **gels and blots**, positive and negative controls, as well as molecular size markers, should be included on each gel and blot – either in the main figure or an expanded data supplementary figure. The display of cropped gels and blots in the main paper is encouraged if it improves the clarity and conciseness of the presentation. In such cases, the cropping must be mentioned in the figure legend.

- Vertically sliced gels that juxtapose lanes that were not contiguous in the experiment must have a clear separation or a black line delineating the boundary between the gels.
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- the source of the cell line, including when and from where it was obtained,
- whether the cell line has recently been authenticated and by what method, and
- whether the cell line has recently been tested for mycoplasma contamination.

Further information is available from [the International Cell Line Authentication Committee](#) (ICLAC). We recommend that authors check the [NCBI database](#) for misidentification and contamination of human cell lines.

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Papers reporting protein or DNA sequences and molecular structures will not be accepted without an accession number to [Genbank/EMBL/DBJ](#), [SWISS-PROT](#), [ProteinDataBank](#), or other publicly available database in general use in the field that gives free access to researchers from the date of publication.

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- Babichev, S. A., Ries, J. & Lvovsky, A. I. Quantum scissors: teleportation of single-mode optical states by means of a nonlocal single photon. Preprint at <http://arXiv.org/quantph/0208066> (2002).

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