The Journal of Adhesive Dentistry
GUIDELINES FOR AUTHORS

The Journal of Adhesive Dentistry is a bimonthly journal that publishes scientifically sound articles of interest to practitioners and researchers in the field of adhesion to hard and soft dental tissues. The Journal publishes several types of peer-reviewed original articles:

1. Clinical and basic science research reports based on original research in adhesive dentistry and related topics.
2. Reviews – on topics related to adhesive dentistry
3. Short communications – of original research in adhesive dentistry and related topics. Max. 4 printed pages, including figures and references (max. characters 18,000). High priority will be given to the review of these papers to speed publication.
4a. Invited focus articles – presenting a position or hypothesis on a basic science or clinical subject of relevant related topics. These articles are not intended for the presentation of original results, and the authors of the articles are selected by the Editorial Board.
4b. Invited commentaries – critiquing a focus article by addressing the strong and weak points of the focus article. These are selected by the Editorial Board in consultation with the focus article author, and the focus article and the commentaries on it are published in sequence in the same issue of the Journal.
5. Invited guest editorials – may periodically be published by the Editorial Board.
6. Proceedings of symposia, workshops, or conferences – covering topics of relevance to adhesive dentistry and related topics.
7. Letters to the Editor – may be submitted to the editor-in-chief; these should normally be no more than 500 words in length.

SUBMISSION INSTRUCTIONS
Submission of manuscripts in order of preference:
Submission via online submission service: Review/editing of manuscripts. Manuscripts will be reviewed by the editor-in-chief and at least two reviewers with expertise within the scope of the article. The publisher reserves the right to edit accepted manuscripts to fit the space available and to ensure conciseness, clarity, and stylistic consistency, subject to the author’s final approval.

Adherence to guidelines: Manuscripts that are not prepared in accordance with these guidelines will be returned to the author before review.

MANUSCRIPT PREPARATION
- The Journal will follow as much as possible the recommendations of the International Committee of Medical Journal Editors (Vancouver Group) in regard to preparation of manuscripts and authorship (Uniform requirements for manuscripts submitted to biomedical journals. Ann Intern Med 1997;126: 36-47).
- Title page. The first page should include the title of the article (descriptive but as concise as possible) and the name, degrees, job title, professional affiliation, contribution to the paper (e.g., idea, hypothesis, experimental design, performed the experiments in partial fulfillment of requirements for a degree, wrote the manuscript, proofread the manuscript, performed a certain test, consulted on and performed statistical evaluation, contributed substantially to discussion, etc.) and full address of all authors. Phone, fax, and e-mail address must also be provided for the corresponding author, who will be assumed to be the first listed author unless otherwise noted. If the paper was presented before an organized group, the name of the organization, location, and date should be included.
- 3-8 keywords.
- Structured abstract. Include a maximum 250-word structured abstract (with headings: Purpose, Materials and Methods, Results, Conclusion).
- Introduction. Summarize the rationale and purpose of the study, giving only pertinent references. Clearly state the working hypothesis.
- Materials and Methods. Present materials and methods in sufficient detail to allow confirmation of the observations. Published methods should be referenced, although used only briefly, unless modifications have been made. Indicate the statistical methods used, if applicable.
- Results. Present results in a logical sequence in the text, tables, and illustrations. Do not repeat the text all the data in the tables or illustrations; emphasize only important observations.
- Discussion. Emphasize the new and important aspects of the study and the conclusions that follow from it. Do not repeat in detail data or other material given in the Introduction or Results section. Relate observations to other relevant studies and point out the implications of the findings and their limitations.
- Acknowledgments. Acknowledge persons who have made substantive contributions to the study. Specify grant or other financial support, citing the name of the supporting organization and grant number.
- Abbreviations. The full term for which an abbreviation stands should precede its first use in the text unless it is a standard unit of measurement.
- Trade names. Generic terms are to be used whenever possible, but trade names and manufacturer should be included parenthetically at first mention.
- Clinical Relevance. Please include a very brief (2 sentences or 3 lines) clinical relevance statement.

REFERENCES
- All references must be cited in the text, according to the alphabetical and numerical reference list.
- The reference list should appear at the end of the article, in alphabetical and numerical sequence.
- Do not include unpublished data or personal communications in the reference list. Cite such references parenthetically in the text and include a date.
- Avoid using abstracts as references.
- Provide complete information for each reference, including names of all authors. If the reference is part of a book, also include title of the chapter and names of the book’s editor(s).

ILLUSTRATIONS
- All illustrations must be numbered and cited in the text in order of appearance.
- Subfigures must be labeled so that they meet the following minimum requirements:
  - High-resolution images should have a width of 83 mm and 300 dpi (for column size).
  - Graphics (bar diagrams, schematic representations, drawings) wherever possible should be produced in Adobe Illustrator and saved as AI or EPS files.
- All figures and graphics should be separate files – not embedded in Word or Power Point documents.

Upon article acceptance, high-resolution digital image files must be sent via one of the following ways:
1. As an email attachment, if the files are not excessively large (not more than 10 MB), to our production department
2. Online File Exchange Tool: Please send your figures with our Online File Exchange Tool. This web tool allows you to upload large files (~500 MB) to our server. Please archive your figures with a maximum size of 500 MB first. Then upload these archives with the following link: http://files.qinet.de/IAQ/, password: IADQ. Please name the archive with your name and article number so we can identify the figures.

Line drawings – Figures, charts, and graphs should be professionally drawn and lettered large enough to be read after reduction. Good-quality computer-generated laser prints are acceptable (no photocopied); also provide electronic files (eps, ai) if possible. Lines within graphs should be of a single weight unless special emphasis is needed.

Legends – Figure legends should be grouped on a separate sheet and typed double-spaced.

TABLES
- Each table should be logically organized, on a separate sheet, and numbered consecutively.
- The title and footnotes should be typed on the same sheet as the table.

MANDATORY SUBMISSION FORM
The Mandatory Submission Form, signed by all authors, must accompany all submitted manuscripts before they can be reviewed for publication. Electronic submission: scan the signed form and submit as JPG, TIF or PDF file.

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- Permission of author and publisher must be obtained for the direct use of material (text, photos, drawings) under copyright that does not belong to the author.
- Waivers must be obtained for photographs showing persons. When such waivers are not supplied, faces will be masked to prevent identification. For clinical studies the approval of the ethics committee must be presented.

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