RPPED

INSTRUCTIONS TO AUTHORS

TYPES OF DOCUMENTS ACCEPTED

TYPES OF ARTICLES PUBLISHED

Original articles: mainly include epidemiological and clinical studies. Non-clinical studies may be accepted, but they are not the main focus of the Journal.

Case reports: include articles that describe cases of patients with rare diseases or infrequent or innovative interventions.

Review articles: systematic or scoping reviews of the literature on a selected topic. **RPPed** prioritizes systematic reviews, especially those including meta-analysis. Narrative, integrative, or non-systematic reviews will only be considered when requested by editorial invitation or when the authors provide, in the submission letter, an explicit justification of a methodological gap that prevents or makes a systematic review unsuitable.

Editorials: commissioned by the editors to discuss a controversial, interesting, and/or relevant topic or original article to be published in **RPPed**.

Author Contribution

All articles must describe, on the title page, the contribution of each author using the CRediT taxonomy. Only the roles actually performed by each author should be indicated, using the following nomenclature:

- Conceptualization;
- Methodology;
- Software;
- Formal Analysis;
- Investigation;
- Data Curation;
- Writing – Original Draft;
- Writing – Review & Editing;
- Supervision;
- Funding Acquisition;
- Project Administration.

All authors must have made a significant contribution to the preparation of the article, meet the authorship criteria of the International Committee of Medical Journal Editors (ICMJE), and approve the final submitted version. The declared contributions will be mentioned in the published article. The indication of contributions must be specific for each author and does not replace collective responsibility for the integrity of the manuscript.

Use of Artificial Intelligence

RPPed allows the use of artificial intelligence (AI) tools to support manuscript preparation, including writing assistance, language revision, translation, programming, organization of computational routines, and exploratory data analysis, as recommended by the International Committee of Medical Journal Editors (ICMJE). The use of these tools must be ethical and transparent, under the direct supervision of the authors.

AI tools cannot be listed as authors or coauthors because they do not meet authorship criteria, cannot take responsibility for the content, and cannot be accountable for conflicts of interest, copyright, data integrity, or approval of the final manuscript version.

When AI tools are used, authors must explicitly declare this use in the submission letter, on the title page, and in the manuscript itself, in the Method or Acknowledgments section. The declaration must state which tool was used, its purpose, and the stage of the work in which it was employed.

Authors remain fully responsible for the accuracy, originality, scientific integrity, interpretation of results, appropriateness of references, and ethical compliance of all submitted content, including excerpts, images, codes, analyses, or translations produced with the support of AI tools. Content generated or modified by AI must be carefully reviewed, verified, and edited by the authors before submission.

Form and preparation of manuscripts

The complete content of the original article must comply with the "Uniform Requirements for Originals Submitted to Biomedical Journals", published by the International Committee of Medical Journal Editors. Each of the following sections must start on a new page: summary and keywords,

in English and Portuguese; text and bibliographic references. Tables and figures must be numbered in Arabic numerals and placed at the end of the text. Each table and/or figure must contain a title and footnotes.

Article submission format

ATTENTION:

Each of the items below must be uploaded separately to the system:

1) Submission letter;
2) Opinion of the Institution's Ethics and Research Committee;
3) Copyright Authorization;
4) Open Science Compliance Form;
5) Title page;
6) Main document with abstract/*resumo*, keywords/*descritores*, text, references, tables, figures, and graphs – **Do not include the names of the authors in this file**;
7) Reporting checklist appropriate to the study design, according to EQUATOR Network guidelines, completed and submitted as a separate file;
8) Supplementary files, when applicable.

EQUATOR Checklists

Manuscript submission to **RPPed** must include the reporting checklist appropriate to the study design, according to EQUATOR Network guidelines. The checklist must be completed by the authors and submitted as a separate file, indicating the manuscript pages or sections where each item was addressed.

The main applicable checklists include CONSORT for randomized clinical trials, STROBE for observational studies, PRISMA for systematic reviews and meta-analyses, PRISMA-ScR for scoping reviews, CARE for case reports, STARD for diagnostic accuracy studies, CHERRIES for online surveys, RECORD for observational studies using routinely collected secondary data, TRIPOD for prediction models, SQUIRE for quality improvement studies, CHEERS for economic evaluations, ARRIVE for animal studies, and SRQR or COREQ for qualitative studies. When specific guidelines or extensions are relevant to the study design, they should also be used.

Failure to submit the mandatory checklist may result in the manuscript being returned to the authors before editorial evaluation begins. Submission of the checklist does not replace the need for a complete, clear, and transparent description of the methods, results, and limitations of the study in the manuscript body.

Participant flow diagram

The submission must include a participant flow diagram as a mandatory figure for clinical trials, cohort studies, and case-control studies. The flow diagram should present, as applicable to the study design, the number of individuals assessed for eligibility, excluded, and the reasons for exclusion, included, allocated or classified into groups, followed up, lost to follow-up, excluded from analyses, and effectively analyzed. For clinical trials, the flow diagram should follow the CONSORT structure. For observational studies, including cohort and case-control studies, the flow diagram should be compatible with STROBE recommendations and allow clear understanding of sample formation and any losses, exclusions, or missing data. When the flow diagram is not applicable, authors must justify this decision in the submission letter.

Data Availability Statement

All manuscripts submitted to **RPPed** must include a Data Availability Statement on the title page. The statement must clearly and verifiably indicate where and how the data supporting the results presented can be accessed, including original data, secondary data, codes, analytical materials, and metadata, when applicable.

The statement must follow one of the following modalities: data publicly available in a repository, with identification of the repository and a persistent identifier, when available; data available upon justified request to the corresponding author, with the conditions of access specified; or impossibility of data sharing, with an objective justification based on ethical, legal, contractual, institutional, or confidentiality restrictions.

Whenever possible, **RPPed** recommends that data be deposited in recognized, publicly accessible repositories capable of assigning persistent identifiers, such as Zenodo, Figshare, Open Science Framework (OSF) and SciELO Data. Sharing must comply with applicable legislation, research ethics standards, protection of personal data, and commitments made to participants, institutions, and funders.

Absence of the Data Availability Statement, or submission of a vague or incomplete statement, may result in the manuscript being returned before editorial evaluation begins. The statement does not replace the need for a complete description

of methods, analytical procedures, and data-handling criteria in the manuscript body.

Study registration

Clinical trials must be prospectively registered in a recognized public platform before inclusion of the first participant. For observational studies, prospective cohorts, implementation studies, quasi-experimental studies, and other designs with hypotheses, outcomes, or analytical plans defined in advance, **RPPed recommends, whenever possible**, prospective protocol registration, preferably before data collection, participant recruitment, or data analysis begins.

Records in recognized and publicly accessible platforms will be accepted, including Registro Brasileiro de Ensaios Clínicos (ReBEC), ClinicalTrials.gov, ISRCTN Registry, Open Science Framework (OSF), and other platforms appropriate to the study design. For systematic reviews, registration in PROSPERO or another appropriate repository is mandatory when the study does not meet PROSPERO eligibility criteria.

When registration exists, the manuscript must inform, on the title page and in the Method section, the platform name, registration number or identifier, and registration date. Relevant differences between the registered protocol and the submitted study must be described and justified in the manuscript.

TITLE PAGE

Format with the following items:

- Title of the article, in English and Portuguese (avoid abbreviations): maximum 20 words; followed by the short title (maximum 60 characters including spaces).
- FULL name of each of the authors, ORCID number (this information is mandatory — the lack of it will make it impossible to publish the article), accompanied by the name of the employment or academic institution to which they belong (there must be only one), city, state, and country. The names of institutions and programs should preferably be presented in full and in the institution's original language; or in English when the script is not Latin (For example: Greek, Mandarin, Japanese...).
- Corresponding author: define the corresponding author and enter full address (address with zip code, telephone and, obligatorily, email address).
- Study registration: for clinical trials and systematic reviews, the public registration platform, registration number or identifier, and registration date must be provided. For observational studies, prospective cohorts, implementation studies, and quasi-experimental studies, the platform used, registration number or identifier, and registration date should be provided when applicable.
- Conflict of interest statement: describe any relationships of any authors with companies or organizations that may have an interest in the dissemination of the manuscript submitted for publication. If there is no conflict of interest, write "The authors declare no conflicts of interest."
- Project funding source: describe whether the work received financial support, the source in full, the country, and the grant or process number. Do not repeat support in the acknowledgments. If there was no funding source, write "This study received no specific funding."
- Total number of words: in the text (exclude abstract, acknowledgment, references, tables, graphs and figures) and in the summary. Also include the total number of tables, graphs and figures and the number of references.
- Author contributions: inform each author's contribution according to the CRediT taxonomy, using the appropriate descriptors.
- Data Availability Statement: indicate, in standardized form, whether the data are available in a repository, available upon justified request to the corresponding author, or cannot be shared, with the respective ethical, legal, or technical justification.
- Ethics approval: for research involving human beings, the title page must state the name of the Research Ethics Committee, Institutional Review Board (IRB), or equivalent body that approved the study, as well as the opinion, protocol, or ethics approval number, code, or identifier. For studies conducted in Brazil, the CAAE number must be provided as stated in the Research Ethics Committee approval, in accordance with Resolution No. 466 of the Brazilian National Health Council, dated December 12, 2012, and, when applicable, Resolution No. 510 of the Brazilian National Health Council, dated April 7, 2016. For studies conducted in other countries, the applicable local and international ethical and regulatory standards must be followed, with indication of the body

responsible for ethics approval and its respective identifier, when available.

ABSTRACT (ENGLISH) AND RESUMO (PORTUGUÊS)

It must be in English and Portuguese, with a maximum of 250 words. Do not use abbreviations. It must be structured according to the following guidelines:

- Original article abstract: must contain the following sections:
  - Abstract: Objective, Methods, Results, and Conclusions.
  - Resumo: Objetivo, Métodos, Resultados e Conclusões.
- Abstract of review articles: must contain the sections:
  - Abstract: Objective, Data source, Data synthesis, and Conclusions.
  - Resumo: Objetivo, Fontes de dados, Síntese dos dados e Conclusões.
- Case report abstract: must contain the following sections:
  - Abstract: Objective, Case description, and Comments.
  - Resumo: Objetivo, Descrição do caso e Comentários.

For the abstract, it is important to follow the rules of English grammar. For the *resumo*, Brazilian Portuguese grammar should be followed.

KEYWORDS AND DESCRITORES

They must be in English and Portuguese, respectively. Provide 3 to 6 *descritores*/keywords below the abstract/*resumo* to help ensure the appropriate inclusion of the abstract in bibliographic databases. Exclusively use *descritores*/keywords from the list of "Health Sciences Descriptors" prepared by BIREME and available on the website https://decs.bvsalud.org/en/. This list shows the corresponding terms in Portuguese and English.

TEXT

It is important to obey grammatical rules and maintain fluency in English.

- **Original article:** divided into Introduction (succinct with 4-6 paragraphs, with 1 paragraph introducing the topic, 1-2 paragraphs about what is known about the topic, 1 paragraph about what is not known and then placing the objective of the study); Method (specify the study design, describe the population studied and the selection methods, define the procedures used, detail the statistical method. It is mandatory to declare the approval of the procedures by the institution's Research Ethics Committee); Results (clear and objective — the author must not repeat the information contained in tables and graphs in the body of the text); Discussion (interpret the results and compare them with literature data, emphasizing the important aspects of the study and its implications, as well as its limitations — end this section with conclusions relevant to the study objectives).
- **Review articles:** must clearly state the research question, data sources, eligibility criteria, and methods for selecting, extracting, and synthesizing studies. Narrative, integrative, or non-systematic reviews do not follow a rigid section structure, but will only be considered by editorial invitation or when the submission letter provides an explicit justification of a methodological gap that prevents or makes a systematic or scoping review unsuitable. In such cases, the text should present an introduction, justification of relevance and methodological gap, critical literature review, comments, and, when relevant, recommendations.
- **Case reports:** divided into Introduction (succinct with 3 to 5 paragraphs, to highlight what is known and what remains to be known about the disease or procedure in question); Case report itself (do not include data that could identify the patient) and Discussion (in which a comparison is made with other cases in the literature and the innovative or relevant perspective of the case in question).

GENERAL RULES

Submissions must be made in English only. The article must be typed in A4 format (210x297mm), with a 25mm margin on all margins, double-spaced in all sections. Use Times New Roman font size 11, numbered pages in the upper right corner and Microsoft Word® word processor. Manuscripts must contain, at most:

- **Original articles:** 3000 words (not including: abstract in English and Portuguese, tables, graphs, figures and bibliographic references) and up to 30 references.
- **Reviews:** 3500 words (not including: abstract in English and Portuguese, tables, graphs, figures and bibliographic references) and up to 55 references.

- **Case reports:** 2000 words (not including: abstract in English and Portuguese, tables, graphs, figures and bibliographic references) and up to 25 references.

It is mandatory to send a submission letter **signed by all authors**. In this letter, authors must mention that the article is original, has never been published and has not been or will not be sent to another journal while its publication is being considered by **RPPed**. Furthermore, the letter must state what role each author played in preparing the study and article and that everyone agrees with the version sent for publication. The letter must also mention that no information was omitted regarding funding for the research or connections with people or companies that may be interested in the data covered by the article or case. Finally, it must contain an indication that the authors are responsible for the content of the manuscript.

Main reasons for immediate rejection

RPPed may reject or immediately return, before peer review begins, manuscripts that do not meet essential editorial, ethical, methodological, or scope requirements. The main reasons include:

- absence of Research Ethics Committee approval when required by the study design;
- absence of the CAAE number for human-subject research conducted in Brazil, when applicable;
- absence of mandatory prospective registration of a clinical trial in a recognized platform;
- absence of the mandatory EQUATOR checklist corresponding to the study design;
- observational study without sample-size justification or calculation when applicable to the objective and design;
- systematic or scoping review without a registered protocol or without adequate justification for absence of registration;
- manuscript outside the pediatric scope or without clear relevance to child and adolescent health or related areas of Pediatrics.

Immediate rejection does not prevent resubmission, provided that the authors fully correct the pending issues and meet the current **RPPed** requirements.

Textual similarity policy

RPPed may use textual similarity detection tools as part of editorial evaluation. Similarity reports will be analyzed qualitatively and contextually, and there will be no automatic rejection based exclusively on global similarity percentages or similarity with a single source.

The editorial decision will consider the nature, extent, and location of similar passages, as well as adequate citation, originality of the research question, data, analyses, and interpretation of results. High similarity in methodological sections, standardized descriptions of instruments, statistical procedures, previously registered protocols, theses, dissertations, preprints, or other materials previously made available by the authors may be considered legitimate when properly identified, cited, and compatible with good editorial practices.

Cases of possible plagiarism, inappropriate self-plagiarism, redundant duplication, inappropriate fragmentation of results, or absence of proper attribution will be evaluated by the editors, who may request clarifications, corrections, text revision, or additional documentation before making an editorial decision. The analysis will consider the scientific and ethical context of the manuscript, not only numerical similarity indicators.

Copyright authorization: when submitting the manuscript for the **RPPed** evaluation process, all authors must sign the form available on the submission website, in which the authors acknowledge that, from the moment of acceptance of the article for publication, the author maintains the copyright over the published article and the Associação de Pediatria de São Paulo holds the right of first publication. Articles are published under the Creative Commons Attribution 4.0 International license (CC BY 4.0), with copyright remaining with the authors. All mandatory documents are available at: https://www.spsp.org.br/publicacoes/revista/

Digital Assets (tables, figures, charts, flowcharts, and other illustrations)

A combined total of up to 6 digital assets per article is allowed, including tables, figures, graphs, flow diagrams, and other illustrations. These items must be submitted in the same file as the article and placed at the end, after the references. The participant flow diagram is mandatory for clinical trials, cohort studies, and case-control studies, and counts toward the combined digital asset limit. If approved, higher-resolution figures and graphs may be requested.

Tables

Tables must be typed in a minimum font size of 11. To avoid horizontal tables, **RPPed** recommends that authors

use a maximum of 100 characters per table line. The combined set of tables, figures, graphs, and other illustrations must respect the limit of up to 6 digital assets per article. Explanations should appear in table footnotes and not in the title. Do not use any space next to the ± symbol. Type tables in Microsoft Word using rows and columns; do not separate columns with tab marks. Do not import tables from Microsoft Excel or Microsoft PowerPoint. **Numerals in tables:** when numbers are integers, use a maximum of one decimal place. For decimal numbers, preferably use two decimal places. For p-values, use 3 decimal places. To report odds ratios or relative risks and confidence intervals, use 2 decimal places.

Graphs and charts

Number graphs according to the order in which they appear in the text and place a title below each graph. Graphs must be two-dimensional and may use colors, provided that they remain legible in print or grayscale versions. They may be created in Microsoft Excel, PowerPoint, or other appropriate software for creating graphs and images, except for artificial intelligence tools. At submission, insert graphs in the text at the end, together with the captions. In addition, submit graphs as a separate file in editable or high-resolution format. **RPPed** does not accept scanned graphs or graphs generated by artificial intelligence (AI).

Figures

Figures must be numbered in the order in which they appear in the text. Explanations must appear in the caption. Figures reproduced from other sources must indicate this condition in the caption and have written permission from the source for reproduction. Obtaining permission to reproduce images is the sole responsibility of the author. Patient photographs must not allow identification of the individual; if identification is possible, a consent letter signed by the photographed individual or their guardian authorizing dissemination of the material is mandatory. Figures may be created in software appropriate for image creation or editing, provided they do not use artificial intelligence (AI) tools. Figures should not be created directly using Microsoft Word drawing tools, because these elements often undergo positioning and formatting changes during editing, review, layout, and file conversion. Flow diagrams, schemes, illustrations, and composite figures should be created in more appropriate programs, such as Microsoft PowerPoint, and then exported or copied as static images, such as .png, .tif, or .jpg, for insertion in the manuscript. At submission, insert figures in the text at the end, together with the captions. In addition, submit figures as a separate file in editable or high-resolution format. Computer-generated images must be attached in .jpg, .gif, .tif, .eps, or .pdf formats, with minimum resolution of:

- 300 dpi for color or grayscale halftone images;
- 600 dpi for combined line and halftone art;
- 800 to 1200 dpi for pure line art (charts and diagrams).

RPPed does not accept scanned figures or figures generated by artificial intelligence (AI). Contrast adjustments, background removal, or software with embedded AI features are permitted when explicitly declared and when they do not alter the scientific content of the image.

CITATIONS AND REFERENCES

REFERENCES

RPPed encourages the use of reference management software and, when appropriate, artificial intelligence tools to support the organization, formatting, and initial checking of citations and references. However, all references must be manually checked by the authors before submission, including authorship, title, journal or source, year, volume, pages, DOI, identifiers, and correspondence between in-text citations and items in the final list.

RPPed adopts Vancouver style, according to ICMJE recommendations and examples from the National Library of Medicine. References must be numbered consecutively in the order in which they appear in the text, and the final list must follow the same numerical order.

- In the body of the text: citations must be numbered in ascending order according to their first mention in the manuscript. Use superscript Arabic numerals, without parentheses, preferably after punctuation. When the same source is cited again, repeat the previously assigned number.
- In the reference list: use abbreviated journal titles according to the National Library of Medicine standard. List up to six authors; when there are seven or more, list the first six followed by *et al.* Include DOI, persistent identifier, or electronic address only when applicable and according to document type.

1. **Preprints:** if the manuscript has been made available in a preprint repository, that version must be cited in the reference list, with the indication [Preprint], date of availability, citation date when applicable, and DOI or electronic address.

   Li X, Lidsky P, Xiao Y, Wu CT, Garcia-Knight M, Yang J, et al. Ethacridine inhibits SARS-CoV-2 by inactivating viral particles in cellular models. bioRxiv [Preprint]. 2020 Nov 2 [cited 2026 Jun 21]. Available from: https://doi.org/10.1101/2020.10.28.359042

2. **Articles in periodicals**

   Up to 6 authors:

   Jih WK, Lett SM, des Vignes FN, Garrison KM, Sipe PL, Marchant CD. The increasing incidence of pertussis in Massachusetts adolescents and adults, 1989-1998. J Infect Dis. 2000;182(5):1409-16.

   More than 6 authors:

   Rose ME, Huerbin MB, Melick J, Marion DW, Palmer AM, Schiding JK, et al. Regulation of interstitial excitatory amino acid concentrations after cortical contusion injury. Brain Res. 2002;935(1-2):40-6.

   Research groups:

   a. No personal author defined: Diabetes Prevention Program Research Group. Hypertension, insulin, and proinsulin in participants with impaired glucose tolerance. Hypertension. 2002;40(5):679-86.

   b. With personal authors and research group: Vallancien G, Emberton M, Harving N, van Moorselaar RJ; Alf-One Study Group. Sexual dysfunction in 1,274 European men suffering from lower urinary tract symptoms. J Urol. 2003;169(6):2257-61.

   c. No authors indicated: 21st century heart solution may have a sting in the tail. BMJ. 2002;325(7357):184.

   Volume with supplement:

   Géraud G, Spierings EL, Keywood C. Tolerability and safety of frovatriptan with short- and long-term use for treatment of migraine and in comparison with sumatriptan. Headache. 2002;42 Suppl 2:S93-9.

   Article published electronically, before the printed version:

   Yu WM, Hawley TS, Hawley RG, Qu CK. Immortalization of yolk sac-derived precursor cells. Blood. 2002 Jul 5 [Epub ahead of print].

   Articles accepted for publication still in press:

   Tian D, Araki H, Stahl E, Bergelson J, Kreitman M. Signature of balancing selection in Arabidopsis. Proc Natl Acad Sci U S A. Forthcoming 2002.

3. **Books and other monographs - Books:**

   Gilstrap LC 3rd, Cunningham FG, Van Dorsten JP. Operative obstetrics. 2nd ed. New York: McGraw-Hill; 2002.

   Note: If it is the 1st edition, it is not necessary to cite the edition.

4. **Book chapters:**

   Meltzer PS, Kallioniemi A, Trent JM. Chromosome alterations in human solid tumors. In: Vogelstein B, Kinzler KW, editors. The genetic basis of human cancer. 2nd ed. New York: McGraw-Hill; 2002. p. 93-113.

   Note: If it is the 1st edition, it is not necessary to cite the edition.

5. **Conference published in Congress annals:**

   Christensen S, Oppacher F. An analysis of Koza's computational effort statistic for genetic programming. In: Foster JA, Lutton E, Miller J, Ryan C, Tettamanzi AG, editors. Genetic programming. EuroGP 2002: Proceedings of the 5th European Conference on Genetic Programming; 2002 Apr 3-5; Kinsale, Ireland. Berlin: Springer; 2002. p. 182-91.

6. **Abstracts published in conference proceedings:**

   Blank D, Grassi PR, Schlindwein RS, Melo JL, Eckhert GE. The growing threat of injury and violence against youths in southern Brazil: a ten year analysis. In: Abstracts of the Second World Conference on Injury Control; 1993 May 20-23; Atlanta, GA. p. 137-8.

7. **Master's or doctoral theses:**

   Afiune JY. Avaliação ecocardiográfica evolutiva de recém-nascidos pré-termo, do nascimento até o termo [master's thesis]. São Paulo: Universidade de São Paulo; 2000.

8. **Other published materials:**

   Articles in newspapers, bulletins, and other written media: Tynan T. Medical improvements lower homicide rate: study sees drop in assault rate. The Washington Post. 2002 Aug 12;Sect. A:1.

9. **Laws, ordinances and recommendations:**

   Brazil. Ministério da Saúde. Portaria SAS/MS nº 96, de 14 de junho de 1994. Recursos humanos e material mínimo para assistência ao recém-nascido na sala de parto. Diário Oficial da União. 1994 Jun 15.

   Note: If the material is available online, add, at the end of the reference, the citation date and "Available from:" followed by the electronic address.

10. **Electronic material - Electronic periodical article:**

    Abood S. Quality improvement initiative in nursing homes: the ANA acts in an advisory role. Am J Nurs [Internet]. 2002 Jun [cited 2002 Aug 12];102(6). Available from: http://www.nursingworld.org/AJN/2002/june/Wawatch.htm

11. **Monograph on the internet or electronic book:**

    Foley KM, Gelband H, editors. Improving palliative care for cancer [Internet]. Washington: National Academy Press; 2001 [cited 2002 Jul 9]. Available from: http://www.nap.edu/books/0309074029/html/

12. **Homepage/website:**

    Cancer-Pain.org [Internet]. New York: Association of Cancer Online Resources; c2000-01 [cited 2002 Jul 9]. Available from: http://www.cancer-pain.org/

13. **Part of a homepage or website:**

    American Medical Association [Internet]. Chicago: American Medical Association; c1995-2002. AMA Office of Group Practice Liaison; [cited 2002 Aug 12]. Available from: http://www.ama-assn.org/ama/pub/category/1736.html

    Note: Personal communications should not be cited as references.

Supplementary Documents

Supplementary documents and materials must be submitted separately from the manuscript file when they are necessary for editorial evaluation. There is no predefined limit to the amount of supplementary material, provided that its use is justified and the files are organized, identified, and referred to in the manuscript. **RPPed** does not host or publish supplementary materials; when relevant, these should be made available to readers by the authors themselves, preferably through appropriate repositories or upon request to the corresponding author.

Mandatory supplementary documents must be prepared according to the available templates:

- Open Science Compliance Form
- Title Page
- Submission Letter
- Copyright Clearance

Financing Statement

Describe whether the work received financial support, the source in full, the country, and the grant or process number. Do not repeat support in the acknowledgments.

All sponsors must be mentioned, whether there was financial or other support. This information must appear on the Title Page.

Additional Information

The complete content of the original article must comply with the "Uniform Requirements for Originals Submitted to Biomedical Journals", published by the International Committee of Medical Journal Editors (ICMJE).