***The manuscript*** *should not exceed 4,500 words (for* ***all*** *sections).*

Original article

**Title of the Case Report in English: A Case Report (or Case Series)**

**A Self-Sufficient and Precise Title**

**(not exceeding 13 words, reflecting the goal, including min. 1-2 key words over the first 65 characters, study type at the end divided with a colon, e.g. “Case Report” or “Case Series”)**

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**ABSTRACT.** *The abstract should include as much of manuscript data as possible (150-300 words).*

**INTRODUCTION.** Add 1 to 3 sentences justifying the need to publish this case report. Make sure to include area-specific terms in the first sentences (for SEO optimization).

**CASE REPORT.** Describe age, gender, and diagnosis of the patient; treatment facility that handled the patient, and observation period. Briefly describe the case, clinical diagnostic methods (if applicable); key clinical, laboratory, instrumental and other parameters (precise numbers), intervention and/or disease outcomes (if any). Avoid using abbreviations and short words.

**CONCLUSIONS.** Describe the major results. Your conclusions should reflect the aim of the case report and applicability of the obtained results. The conclusions are relevant only for a specific case; be careful when extrapolating them to the large patient groups.

Make sure you choose specific terminology (in BrE). Transliterarion from Russian into English is allowed only for proper names, devices and other objects that cannot be translated. Make sure you use the same terms all over the text. Active Voice is preferred over Passive Voice, i.e.“The study tested”, not “It was tested in this study”.

**Keywords:** 5–12 case-specific words or word combinations (keywords are used to find the article in various databases); not more than three words per phrase; supplementing the terms in the title and the abstract; specifying clinical phenomenon; medical intervention; drug profile; and patient demographics; add “clinical report” to your keywords; no full stop at the end

Check out your keywords in [MeSH on Demand](https://meshb.nlm.nih.gov/MeSHonDemand) (to make sure you chose correct wording)

**For citation:** Ivanova E.V., Petrova M.A., Smirnova M.N., Sidorov V.G. Title of the case report in English. *Safety and Risk of Pharmacotherapy.* 2025;13(\_).

**Funding.** Name the funding source or explain that the study was not funded.

*Examples:*

The study was performed without external funding.

This study was conducted by the Scientific Centre for Expert Evaluation of Medicinal Products as part of applied research funded under State Assignment No. \_\_\_ (R&D Registry No. \_\_\_).

**Disclosure.** Please add any relationships and/ or interests (fill out an [ICMJE Disclosure of Interest form](https://www.icmje.org/disclosure-of-interest/)) that can (in)directly affect your work and objective assessment of the results (patents included).

*Example:*

The authors declare having no conflict of interest.

Elena V. Ivanova has been a member of the Editorial Board of *Safety and Risk of Pharmacotherapy* since 2021. The other authors declare having no conflict of interest.

The authors work for Bacteriophage JSC. However, when writing this paper, the authors were guided by considerations of the scientific value of the material obtained; the authors declare their impartiality in its assessment.

**INTRODUCTION**

You are welcome to describe any unreported or rare adverse drug reactions. Write a literature review describing the case context: epidemiology (prevalence, risk groups), practical significance, as well as knowledge gaps and diagnostics/ treatment issues. Explain why the case is unique (atypical symptoms, unexpected complications, difficult differential diagnosis or an innovative treatment approach).

Every citation should have its reference. It is not recommended to place a large block of citations at the end of a paragraph with several statements: cite each statement separately. All references to indexed sources (e.g. research papers and monographs) should be identified by consecutive Arabic numerals in square brackets (e.g. [1, 2], [3–7]). Non-indexed sources should be referenced in footnotes (MS Word’s Insert/Footnote function).[[1]](#footnote-1) Non-indexed sources include but are not limited to theses and thesis summaries, educational and instructional materials, legal and regulatory documents (e.g. pharmacopoeia chapters and monographs), standards (e.g. GOSTs), guidelines and recommendations, websites, statistical documentation, scientific and technical documentation (e.g. R&D reports), etc. For further information on the format of footnotes and references, please see the [Author Guidelines](https://www.risksafety.ru/jour/about/submissions#authorGuidelines).

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The introduction should not exceed 20% of the article.

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**CASE REPORT**

Describe a clinical case using [The CARE Guidelines: Consensus-based Clinical Case Reporting Guideline Development](https://www.equator-network.org/reporting-guidelines/care/) .

**Draft**

* Patient information.
* Objective data.
* Timeline.
* Diagnostic tests.
* Medical intervention(s).
* Follow-up.

**Patient information.** Make sure the patient remains fully anonymous by concealing their full name(s), digital, biometric and other identifiers. Start your description with the data relevant for a case description, in a natural sequence: complaints → past medical history → examination → diagnosis → treatment → outcome:

• patient demographics (age, sex, ethnicity, work conditions affecting the disease etc.);

• major complaints at admission (symptom localisation, severity, frequency, duration, etc.) relevant to the described clinical situation;

• patient medical, family, and psychosocial history (including dietary habits, lifestyle, familial predispositions, etc.);

• details of comorbid conditions, performed medical interventions and their results.

**Objective data.** This section should contain physical examination data (e.g. general examination, palpation, percussion, and auscultation findings), giving a fuller picture of the patient’s health at presentation to the physician in the described clinical situation. The authors are advised to provide only information relevant to the clinical case.

**Timeline.** This section should summarise and chronologically arrange the key events of the clinical case on a timeline (use a table or a figure).

**Diagnostic tests.** The authors should describe relevant investigations, specialised medical consultations, the use of questionnaires of known diagnostic value, etc.This section should include the date (or other time identifier) of testing. The article should report negative findings of diagnostic tests. The authors are required to list the tests cancelled or postponed because of objective limitations (such as the patient’s health and financial, linguistic, cultural, or other limitations).

**Medical interventions.** This section should list all the medical interventions performed (preventive, diagnostic, and medical treatments). Make sure to detail the use of the study medicine(s). The description of medicinal product administration should include (if applicable) international non-proprietary name (INNs), dose, concentration, dosing frequency, treatment duration, and administration sequence. Where appropriate, the authors should justify the use of the medicines described, for example, by referencing relevant guidelines.

**Follow-up.** This section should cover the development of the condition of interest after the first contact with the patient. Taking into account the time intervals, the authors should group or separate the available data, including disease outcomes registered by a healthcare provider or the patient; results of significant investigations (laboratory, instrumental, psychological, etc.); and results of treatment, preventive interventions, and consultations with specialists. Make sure to describe all adverse and unexpected events taking place during medical interventions and note possible relationships and implications.

Study findings may be presented as tables *(Table 1)* or figures *(Fig. 1)*. For tables and figures, the titles, captions, contents, and notes should be provided in Russian and in English. All the abbreviations used in a table or figure should be written out in full in the note for that table or the caption for that figure, even if this has already been done elsewhere in the text. Tabulated data should not duplicate the information given in figures, and *vice versa*. No full stop is used at the end of the title. Avoid repeating the contents of tables and figures in your text.

Try avoiding abbreviations in your tables and figures; if they are indispensable, decipher them in the notes, even if these abbreviations are in the manuscript text. The table should not have any empty cells. Always state the authorship under the figure/ table (see examples for *Table 1* and *Figure 1*). Add the authorship under the table/ figure (see examples under *Table 1* and *Figure 1*).

**Table 1.** Detailed and self-contained table name

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| *Text* | 0.25\* | – |
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\* Explanations for individual results in the table.

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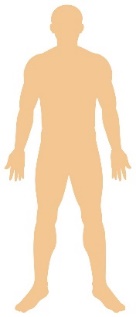
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**Fig. 1.** Figure title in English

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**Fig. 2.** Title of the figure in English. Explanations to the figure

Please email us a separate document with the illustrations (if these are graphs and diagrams, choose an editable format). Add the names of the axes and measurement units to the graphs and diagrams (in Russian and in English). 2D is preferred over 3D; avoid using circular histograms. When choosing colours for your figures, keep in mind the colour-blind users (e.g. use hatching or introduce figures/letters/symbols to name curves/columns of different colours).

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**DISCUSSION**

This section should highlight the key features of the clinical case described. Point out not only the positive aspects of patient management but also the shortcomings of the medical care provided. This section should present the results in light of possible pathogenesis mechanisms, data of observational and clinical studies, and recommendations by professional medical associations. A review of previously published case reports is an important element of this section.

All the articles that describe a non-conventional intervention should include a separate subsection on the experience and expertise of the healthcare institution where the clinical case took place.

If a manuscript describes first-in-human or off-label medical interventions, the interventions must be approved by an independent local ethics committee.

This section should contain recommendations and/or conclusions based on the described clinical case, including successes, errors, and limitations in the healthcare system. Particular attention should be paid to discussing alternative approaches to managing patients in similar clinical situations. Caution should be taken, however, when extrapolating the findings from one clinical case to large patient populations.

**CONCLUSIONS**

The content of this section should correspond to the aim of the study, briefly summarise the results, and explain their contribution to the solution of the research problem.

The section should present a conclusion on the clinical case and suggest possible ways to overcome the limitations and drawbacks of medical care that are presented and discussed in the manuscript. The conclusion should not repeat the text of the paper word for word.

This section may be formatted as a numbered list of conclusions. In this case, its title should be changed to CONCLUSIONS.

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**Additional information.** The authors may provide a link to supplementary materials to the paper (figures, tables, and other files), including those placed in a repository (with their digital object identifiers (DOIs)).

**Authors’ contributions.** All the authors confirm that they meet the ICMJE criteria for authorship. The most significant contributions were as follows. *Elena V. Ivanova* conceptualised the study, drafted the manuscript, formulated the conclusions. *Maria A. Petrova* worked with literature sources. *Marina N. Smirnova* drafted the manuscript. *Vasily G. Sidorov* participated in formulating the conclusions and approved the final version of the manuscript for publication.

**Consent for publication.** The patient gave informed consent for processing of his personal data, as well as for anonymised publication of his medical information and photographs.

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1. Document title and reference, e.g. OFS.1.2.4.0002.18 Microbiological Quality. State Pharmacopoeia of the Russian Federation, ed. X, v. 1. M.; 2018. [↑](#footnote-ref-1)