Editorial Policies

Editorial Policies of ***BLOOD CELL THERAPY*** is in one document (PDF).

Compliance with International Standards

BLOOD CELL THERAPY adheres to the industry guidelines and best practices, including Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals by the International Committee of Medical Journals Editors (ICMJE) and the Principles of Transparency and Best Practice in Scholarly Publishing (a joint statement by the Committee on Publication Ethics (COPE), the Directory of Open Access Journals (DOAJ), the World Association for Medical Editors (WAME) and the Open Access Scholarly Publishers Association (OASPA); (http://doaj.org/bestpractice)).

Peer Review

Manuscripts submitted to ***BLOOD CELL THERAPY*** are subject to a single-anonymized peer review process where reviewers can recognize the author of the manuscript while remaining anonymous. Manuscripts sent out for peer review are evaluated by at least two or three independent reviewers with expertise in the field. Authors are allowed to suggest preferred reviewers to evaluate their manuscript, and also non-preferred reviewers to be excluded if a compelling reason is sufficiently provided. However, no guarantee is given that the editors will include or exclude those suggested individuals. A reviewer may decline the invitation, especially when a potential conflict of interest with the author(s) could be present. Note that only manuscripts that are likely to meet our scope are sent for review. The Editorial Office does not reveal reviewers' identities to authors to avoid any author's attempt to contact reviewers directly. Selected reviewers must keep the manuscript and adjacent materials confidential. If reviewers need help reviewing the manuscript from a colleague, confidentiality must be strictly secured. Reviewers are expected to respond promptly to requests to review, and to submit reviews within the time agreed. Reviewers' comments should be constructive, honest, and polite. The reviewers' reports (provide names if the review was assisted by colleagues) are submitted to the Associate Editor, who recommends a decision on the manuscript to the Editor-in-Chief. If inappropriate reviews are received, either the Associate Editor or Editor-in-Chief has the right to ignore and/or find a replacement for them. Authors are informed of the final decision by e-mail, with comments from reviewers and Editors. The types of decisions are as follows: Accept (may require editorial revisions), Minor Revision, Major Revision, and Reject. If the final decision is to

reject, the author cannot resubmit. Throughout the process, any details about submitted manuscripts are kept confidential.

Manuscripts submitted by editors, editorial committee members, or journal staff of ***BLOOD CELL THERAPY*** will follow the same process as outlined above. However, they are excluded from any editorial decision process of their own manuscript and have neither access to that manuscript nor any information about the review process other than what is provided in the editor's decision letter. The editorial office will assign the paper to an editor who is not an author on the paper nor has any conflict of interest with the authors. The manuscript submitted by editors, editorial committee, and journal staff of ***BLOOD CELL THERAPY*** should include a statement that declares their personal conflict of interest with the journal.

Clinical Trials

BLOOD CELL THERAPY will only consider publishing clinical trials that have been registered in a public trial registry at or before the time of the first patient's enrollment. As defined by **the International Committee of Medical Journal Editors (ICMJE)**, a clinical trial is any research project that prospectively assigns people or a group of people to an intervention, with or without concurrent comparison or control groups, to study the cause-and-effect relationship between a health-related intervention and a health outcome. Health-related interventions are those used to modify a biomedical or health-related outcome; examples include drugs, surgical procedures, devices, behavioral treatments, educational programs, dietary interventions, quality improvement interventions, and process-of-care changes. The ICMJE site also states that the purpose of clinical trial registration is to prevent selective publication and selective reporting of research outcomes, to prevent unnecessary duplication of research efforts, to help patients and the public know what trials are planned or ongoing into which they might want to enroll, and to help give ethics review boards considering approval of new studies a view of similar work and data relevant to the research they are reviewing. In this regard, secondary data analyses of primary clinical trials should not be registered as separate clinical trials, but instead should reference the trial registration number of the primary trial. In addition, authors must declare that the procedures or protocols were approved by the Ethical Committee of Human Experimentation (provide the name of committee that reviewed the related research and approval number, if applicable), and written informed consent is obtained from all subjects in accordance with the latest version of the Helsinki Declaration.

Reporting Guidelines

Various reporting guidelines have been developed for different study designs. Authors are encouraged to follow published standard reporting guidelines for the study discipline.

- CONSORT for randomized clinical trials
- CARE for case reports
- STROBE for observational studies
- PRISMA for systematic reviews and meta-analyses
- STARD for studies of diagnostic accuracy
- SRQR or COREQ for qualitative research
- SAGER guidelines for reporting of sex and gender information

Please access the EQUATOR (Enhancing the QUAlity and Transparency Of health Research) network to determine the guideline that is most appropriate for your study.
It is extremely important that when you complete any reporting guideline checklist, you consider amending your manuscript to ensure your article addresses all relevant reporting criteria issues delineated in the appropriate reporting checklist.

Human and Other Animal Experiments

Clinical research included in articles, which report on human subjects or materials of human origin, must comply with the provisions of the Declaration of Helsinki, and it must be mentioned that the study has been approved by the relevant institutional or equivalent review board (IRB). If no approval from any IRB was required, that must be explicitly stated in the manuscript. Any studies involving human subjects must clearly indicate that written consent has been obtained from participants or relevant persons (such as the parent or legal guardian).

Manuscripts describing animal studies should include a statement giving assurance that the institutional or equivalent committee approved the experiments, and the animals received appropriate care from the viewpoint of animal welfare. When using animal models, the precise genotype, strain, source, number of backcrosses, sex, and age of animals must be provided. Authors are encouraged to follow the Animal Research: Reporting of In Vivo Experiments (**ARRIVE**) guidelines (https://www.nc3rs.org.uk/arrive-guidelines).

Conflicts of Interest

As ***BLOOD CELL THERAPY*** adheres to the definition of Conflicts of Interest set up by ICMJE, the Editors ask all authors to submit a completed **ICMJE Form for Disclosure of Potential Conflicts of Interest** (available at: http://www.icmje.org/disclosure-of-interest/) at the time of submission. Do not submit the form to ICMJE. For Mac users, please make sure the form does not open with the Mac Preview application. If necessary, information on potential conflict(s) of interest may be disclosed to reviewers. Authors also must disclose any potential conflict of interest in relation to the work, including financial interests (such as patent, stock, or honorarium for consultation or speech) or free or discounted materials. Only the existence of COI does not necessarily preclude your submitted

work from publication. Rather, disclosure of any potential COI is essential for transparency and to avoid any suspicion at the time of submission. Do not submit the form to ICMJE. For Mac users, please make sure the form does not open with the Mac Preview application. If necessary, information on potential conflict(s) of interest may be disclosed to reviewers. Authors also must disclose any potential conflict of interest in relation to the work, including financial interests (such as patent, stock, or honorarium for consultation or speech) or free or discounted materials. Only the existence of COI does not necessarily preclude your submitted work from publication. Rather, disclosure of any potential COI is essential for transparency and to avoid any suspicion.

If there are no financial conflicts, add the following sentence here: "The authors declare no conflict of interest."
If there are no financial conflicts, add the following sentence here: "The authors declare no conflict of interest."
Editors (Editor-in-Chief and Associate Editors) are obliged to disclose and annually update any potential Conflict of Interest to ***BLOOD CELL THERAPY*** for keeping the high integrity and transparency of the review process of the journal. Reviewers should declare their conflicts of interest and recuse themselves from the peer-review process if a conflict exists.

Authorship

As ***BLOOD CELL THERAPY*** follows the guideline defined by the International Committee of Medical Journal Editors (**ICMJE**, http://www.icmje.org), please refer to the ICMJE authorship criteria for listing authors. As stated on the ICMJE site, authorship not only confers credit and has important academic, social, and financial implications, but also implies responsibility and accountability for published work. This is why distinguishing authors from other contributors is critical. For this purpose, authors are encouraged to carefully read the criteria "**Defining the Role of Authors and Contributors**" (See the embedded link at http://www.icmje.org/recommendations/browse/roles-and-responsibilities/defining-the-role-of-authors-and-contributors.html) and provide the following information in "Acknowledgement" and "Author's contribution" after the main text of the manuscript. Artificial intelligence (AI)-assisted tools/technologies such as Large Language Models (LLMs), chatbots, or image creators should not be listed as an author.

Acknowledgement

The following should be briefly described: individuals who provided substantial contributions to the research but did not qualify as authors, all organizational support (e.g. grants, fellowships, chairs; see an example below), and sources of materials (e.g. drugs, reagents, equipment).
Example: This work was supported by Grant-in-Aid for Scientific Research (grant number) from the Ministry of Education, Culture, Science, Sports, and Technology, Japan (initial of grant holder).

Author's contribution

Authors should carefully consider the list and order of authors before submission. The authorship contribution statement should contain a list of authors' initials and brief explanations of contributions each made in the submitted work.
Example: J.D., and A.B.C. performed experiments; S.H. analyzed results and X.Y.Z. designed the research and wrote the manuscripts.

Duplicate Publication

Manuscripts (or its essential substance) must be original and has not been published other than as an abstract in any language or format and has not been submitted elsewhere for print or electronic publication consideration. This rule also applies to non-English language publications. Any manuscripts that might be regarded as duplicate publications of the same or very similar work must be avoided. Rather, any such work should be referred to and referenced in the current manuscript. To facilitate this understanding, copies of such work should be also uploaded on submission. This recommendation does not prevent considering a complete report that follows publication of a preliminary report, such as a letter to the editor, an abstract, or a poster displayed at a scientific meeting. In addition, secondary publication of material published in other journals or online may be justifiable and beneficial, especially when intended to disseminate important information to the widest possible audience. Conditions where secondary publication for various other reasons may also be justifiable are listed under "Acceptable Secondary Publication" at the **ICMJE website** (See embedded link at http://www.icmje.org/recommendations/browse/publishing-and-editorial-issues/overlapping-publications.html).
Authors who attempt duplicate publication without such notification should expect prompt rejection of the submitted manuscript. If the editor was not aware of the violations and the article has already been published, then the article might warrant retraction with or without the author's explanation or approval. ***BLOOD CELL THERAPY*** encourages authors to consult the **COPE flowcharts** (http://publicationethics.org/resources/flowcharts) for details.

Permissions

If a Figure or a Table has been published previously, acknowledge the original source and obtain written permission from the copyright holder to reproduce it. Permission is required irrespective of authorship or publisher, except for documents in the public domain. Note that these rules also apply to authors of (invited) review articles. Information from manuscripts submitted, but not accepted, should be cited in the text as "unpublished observations" with written permission from the source. For scientific articles, obtain written permission and confirmation of accuracy from the source for a personal communication.

Research Data Policy

Authors are encouraged to deposit their datasets (e.g. gene expression microarrays, SNP arrays, and high-throughput sequencing) into relevant public repositories or present all of them in the main manuscript or in the supplementary files, if possible. Authors should state information such as data set name and repository name in their manuscript. Alternatively, any datasets or other relevant information must be available upon request. It is always good practice for authors to keep the primary data and associated procedures used to conclude the reported research for at least 10 years. In addition to obtained datasets, information about the methods or analytical design taken to obtain data is also fully described in the manuscript and maintained for transparency and reproducibility of the published results.

Plagiarism and Fabrication/Correction and Retraction

Plagiarism refers to the misconduct of passing off someone else's work as one's own original work without providing credit to the original source. Fabrication refers to the misconduct of falsifying data or manipulating images to deceive others. Reuse of a limited part of the introduction or methods from an earlier paper may be relatively acceptable. When scientific misconduct is alleged, or such concerns are raised in submitted manuscripts or published articles, the Editors will conduct an investigation by following the **COPE guideline** (https://publicationethics.org/resources/guidelines). If plagiarism is proven during review, the manuscript will be promptly rejected. If plagiarism is proven after publication, the article may be formally retracted or subjected to correction or errata, depending upon the circumstances. In case of proven scientific fraud, the Editors will also contact the appropriate official(s) at the authors' institution(s) and/or funding agencies, if necessary. The authors should assert that there is no plagiarism in their manuscript, including AI-produced text or images.

Preprint

BLOOD CELL THERAPY allows submissions of manuscripts that have been previously posted on the preprint server. Authors submitting preprints to ***BLOOD CELL THERAPY*** must state clearly in writing in the cover letter to the editors that the manuscript is a preprint. If the manuscript is accepted and published in ***BLOOD CELL THERAPY***, authors must update the preprint listing with the full citation line in ***BLOOD CELL THERAPY*** and a link to the final published version.

Copyright Policy