

Instructions for Authors

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First revision March 20, 2018

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Recently revised september 1, 2025

General information

To submit a manuscript to the Annals of Clinical Microbiology (ACM), it is advised to first carefully read the aims and the scope section of this journal, as it provides information on the editorial policy and the category of papers it accepts. ACM particularly places value on timely publication, publishing each manuscript without delay after approval. Its regional focus is Korea, but submission of research results from all over the world is strongly encouraged. ACM adheres completely to guidelines and best practices published by professional organizations, including Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals (<https://www.icmje.org/icmje-recommendations.pdf>) from ICMJE and Principles of Transparency and Best Practice in Scholarly Publishing (joint statement by COPE, DOAJ, WAME, and OASPA (<https://doaj.org/apply/transparency/>)) if otherwise not described below. ACM would like to keep the principles and policies of those professional organizations during editing and the publication process.

Research and publication ethics

For the policies on research and publication ethics not stated in the Instructions, Guidelines on Good Publication (<https://publicationethics.org/>) or Good Publication Practice Guidelines for Medical Journals (<https://www.kamje.or.kr/>) can be applied.

1. Conflict-of-Interest statement

Conflict of interest exists when an author or the author's institution, reviewer, or editor has financial or personal relationships that inappropriately influence or bias his or her actions. Such relationships are also known as dual commitments, competing interests, or competing loyalties. These relationships vary from being negligible to having a great potential for influencing judgment. Not all relationships represent true conflict of interest. On the other hand, the potential for conflict of interest can exist regardless of whether an individual believes that the relationship affects his or her scientific judgment. Financial relationships such as employment, consultancies, stock ownership, honoraria, and paid expert testimony are the most easily identifiable conflicts of interest and the most likely to undermine the credibility of the journal, the authors, or of the science itself. Conflicts can occur for other reasons as well, such as personal relationships, academic competition, and intellectual passion (<https://www.icmje.org/recommendations/browse/roles-and-responsibilities/author-responsibilities--conflicts-of-interest.html>). If there are any conflicts of interest, authors should disclose them in the manuscript. The conflicts of interest may occur during the research process as well; however, it is important to provide disclosure. If there is a disclosure, editors, reviewers, and reader can approach the manuscript after understanding the situation and the background of the completed research.

2. Statement of human and animal right

Clinical research should be done in accordance with the Ethical Principles for Medical Research Involving Human Subjects, as outlined in the Helsinki Declaration of 1975 (revised 2013) (available from: <https://www.wma.net/policy/>). Clinical studies that do not meet the Helsinki Declaration will not be considered for publication. For publication, the human subjects' identifiable information, such as the patients' names, initials, hospital numbers, dates of birth, or other protected healthcare information, should not be disclosed. For animal subjects, the research should be performed based on the National or Institutional Guide for the Care and Use of Laboratory Animals, and the ethical treatment of all experimental animals should be maintained.

3. Statement of informed consent and Institutional Review Board approval

Copies of written informed consents should be kept for studies on human subjects. For the clinical studies with human subjects, there should be a certificate, an agreement, or the approval by the Institutional Review Board (IRB) of the author's affiliated institution. If necessary, the editor or reviewers may request copies of these documents to resolve questions about IRB approval and study conduct.

4. Registration of the clinical trial research

Any research that deals with a clinical trial should be registered with the primary national clinical trial registry site such as the Korea Clinical Research Information Service (CRiS, <https://cris.nih.go.kr>), other primary national registry sites accredited by the World Health Organization (<https://www.who.int/clinical-trials-registry-platform>) or ClinicalTrials.gov (<https://clinicaltrials.gov/>), a service of the United States National Institutes of Health.

5. Authorship

Authorship credit should be based on 1) substantial contributions to conception and design, acquisition of data, or analysis and interpretation of data; 2) drafting the article or revising it critically for important intellectual content; 3) final approval of the version to be published, and 4) agreeing to be accountable for all aspects of the work in ensuring that the questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved. The authors should meet these 4 conditions. If the number of authors is equal to or greater than 2, there should be a list of each author's role in the submitted paper. The description of co-first authors or co-corresponding authors is also accepted if the corresponding author believes that such roles existed in contributing to the manuscript. The authors are obliged to participate in the peer review process for other submitters' manuscripts

6. Originality and duplicate publication

All submitted manuscripts should be original and should not be in consideration by other scientific journals for publication. Any part of the accepted manuscript should not be duplicated in any other scientific journal without permission of the Editorial Board, although the figures and tables can be used freely if the original source is verified according to the Creative Commons Attribution License. It is mandatory for all authors to resolve any copyright issues when citing a figure or table from other journal that is not open access.

7. Secondary publication

It is possible to republish manuscripts if the manuscripts satisfy the condition of secondary publication of the “Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly work in Medical Journals” by International Committee of Medical Journal Editors (ICMJE), available from <https://icmje.org/recommendations/browse/publishing-and-editorial-issues/overlapping-publications.html>. These are:

- The authors have received approval from the editors of both journals (the editor concerned with the secondary publication must have access to the primary version).
- The priority for the primary publication is respected by a publication interval negotiated by editors of both journals and the authors.
- The paper for secondary publication is intended for a different group of readers; an abbreviated version could be sufficient.
- The secondary version faithfully reflects the data and interpretations of the primary version.
- The secondary version informs readers, peers, and documenting agencies that the paper has been published in whole or in part elsewhere—for example, with a note that might read, “This article is based on a study first reported in the [journal title, with full reference]”—and the secondary version cites the primary reference.
- The title of the secondary publication should indicate that it is a secondary publication (complete or abridged republication or translation) of a primary publication.
- The secondary publication does not modify the original work’s content in a way that would create a derivative (changes should be limited to format or details necessary to target a different audience).
- Full attribution is given to the original work and it is not misrepresented as new original content.

8. Process to manage the research and publication misconduct

When the Journal faces suspected cases of research and publication misconduct such as a redundant (duplicate) publication, plagiarism, fabricated data, changes in authorship, undisclosed conflicts of interest, an ethical problem discovered with the submitted manuscript, a reviewer who has appropriated an author’s idea or data, complaints against editors, and other issues, the resolving process will follow the flowchart provided by the Committee on Publication Ethics (<https://publicationethics.org/guidance>). The Editorial Board of ACM will discuss the suspected cases and reach a decision. ACM will not hesitate to publish errata, corrigenda, clarifications, retractions, and apologies when needed.

Manuscript preparation

1. Style and language

Every manuscript should be written in English. Medical terminology should be followed by the latest version of Dorland’s Illustrated Medical Dictionary (Saunders). Abbreviations should be fully described at first appearance in the text and should be described in parentheses. After that the abbreviation can be used instead of the full term. The first letter of a name, place and a proper noun should be typed in capital letters. Numbers should be in Arabic numerals. Weight and other measurements should be written in the CGS (centimeter-gram-second) system of units. Other units need to be in the International System of Units / le Système international d’unités, SI. Species name and name of a gene should be typed in italic characters. The word of a Latin origin such as

et al., in vivo, etc. needs not to be typed in italic characters. The spelled-out abbreviation followed by the abbreviation in parentheses, should be used on the first mention unless the abbreviation is a standard one. All numbers should be written in Arabic numerals except for in the beginning of a sentence.

2. Reporting guidelines for specific study designs

Research reports frequently omit important information. As such, reporting guidelines have been developed for a number of study designs that some journals may ask authors to follow. Authors are encouraged to also consult the reporting guidelines relevant to their specific research design. A good source of reporting guidelines is the EQUATOR Network (<https://www.equator-network.org/>).

3. Organization of the manuscript

Table 1. Journal article type

Publication type	Word count of abstract ^{a)}	Word count of main text ^{a)}	Number of references	Number of tables and figures
Original article	250 (Structured)	2,500	40	10
Case report	150 (Unstructured)	1,500	20	5
Brief communication	150 (Unstructured)	1,500	20	5
Review/mini review article	250 (Structured/unstructured)	5,000	50	10
Editorial	Not required	1,500	10	5
Perspective/Letter to the editor	Not required	1,500	10	5
Book review	Not required	1,500	10	10
Others				

^{a)} Maximum number of word count is exclusive of the abstract, references, tables, and figure legends. The maximum word count can be negotiated with the editor if the maximum word count is exceeded.

1) Original article

(1) General points

The manuscript should be inputted with any of the following word-processing programs: a recent version of MS Word. Text and spacing requirements are: font size of 12 points, double-spaced and blank space of at least 25 mm from every margin of A4 paper size. The preferred font is Times New Roman. The arrangement of the sections is as follows: Title page, Abstract and Keywords, Introduction, Materials and methods, Results, Discussion, Open Researcher and Contributor ID (ORCID), Conflict of interest disclosure, Funding disclosure, Acknowledgments, Appendix, Supplementary materials, Authors' contributions, References, Tables, and Legend for figures. Graphic files are included separately. Page numbers should be at the bottom center of the page. The word count for the main text should be equal to or less than 2,500 including introduction, methods, results, and discussion. The recommended word counts, number of references, tables, and figures for a given manuscript submitted to ACM according to publication type is presented in Table 1 below. For exceeding the word count, the number of references, tables or figures, it should be negotiated with the Editorial Board. It is recommended to use template files in MS word.

(2) Title page

In this section, the type of manuscript, the title of manuscript, the name of all the authors and their affiliations, address of the corresponding author plus e-mail address, any conflict of interest, and financial assistance should be described. The type of

manuscript should be typed in the top left area of the title page. The title should represent the content of the manuscript in a clear, but concise fashion. The title in both phrase form and sentence form is accepted. The title should be written in small characters except the first word's first character. Avoid abbreviations in the title of the manuscript. Name of authors should be described fully without abbreviation. In author name listing, any title of degree or professions such as M.D. or Ph.D. should not be added. Differentiation of the authors' affiliation can be done with superscript Arabic character numerals – such as 1, 2, 3- after the author's name and before the address of their affiliation. Address of affiliation should comprise at least the institute, city, and country. The authors' e-mail address is strongly recommended to be of their institute rather than that of a commercial one. An e-mail address from a commercial source can be added as a secondary e-mail. The corresponding author has full responsibility on the manuscript's exactness, and this author's name and e-mail address should be described. The corresponding author should submit the manuscript with his or her e-mail. The word count for the abstract and the main text (including introduction, materials and methods, results, and discussion) should be noted.

(3) Abstract

ACM has adopted the structured abstract format, and that is composed of subheadings of background, methods, results, and conclusion. Word count of abstract should be equal to or less than 250. Keywords should be core terminologies that represent the content of the full text. The number of keywords should be equal to or less than five. It is recommended to use Index Medicus (Medical subject headings, MeSH) terms (<https://www.ncbi.nlm.nih.gov/mesh>) as keywords if possible, and the appropriate MeSH terms are available with MeSH on Demand search engine (<https://meshb.nlm.nih.gov/MeSHonDemand>). Keywords should be arranged in alphabetical order. Country check tag should be added in the keywords. Only the first character of the first word of keywords should be in capital letter. A comma separates keywords from each other.

(4) Introduction

It provides a research background and specific purpose or objectives for the research. The hypothesis tested can be stated. The references should be exactly pertinent to the subject presented and they should be provided a reference number. Introduction section should be described in one or two paragraphs.

(5) Methods

- **Ethics statement:** If the study in the article is on human subjects or human-originated material, informed consent for the study and the IRB approval number needs to be provided. If there is no IRB number, it should be discussed with the editor during the review process.
- **Study design:** Whether it is a descriptive analysis, randomized controlled study, cohort study, or meta-analysis, the study design type should be provided.
- **Materials and/or subjects:** The materials used in the research should be clearly stated to allow further follow-up research. Any materials purchased should disclose the source of the manufacturer. Research subjects should also be precisely described with parameters such as age, sex, region, schools, country, date of intervention period, or job, etc. The reason of inclusion or selection of subjects should be explained. If there is exclusion of a certain group, it should be also explained. Questionnaires in non-English languages may also be included in the Appendix.
- **Technical information:** In describing analytic methods, a reporting guideline should be referred to for a better understanding of

the content. If the methods are already well known, cite the method with a reference provided and mention only the modification, if any. If the method is something new, describe it more precisely. Complicated statistical methods can be placed in the Appendix. A methods section derived from previous articles is allowed to be described without consideration of duplicate publication. Duration of observation, survey, experiment, analysis, or follow-up for a study should be clearly stated.

- **Statistics:** It should be described very meticulously. If the reviewers want to analyze the data to confirm the results, the raw data may be provided to the Editorial Office. Computer programs used for the statistical analysis should be stated with the name, manufacturer and the software version. Statistical results are encouraged to provide measurement error or uncertainty such as confidence intervals besides providing P-values.

(6) Results

It should be described logically according to the Methods section. Tables and figures are recommended to present the results more rapidly and easily. Do not duplicate the content of a table or a figure within the Results section. Briefly describe the core results related to the conclusion in the text when data are provided in tables or in figures. In the Results section, audio or video files are also welcomed. Supplementary results can be placed in the Appendix.

(7) Discussion

It is important to deduce the conclusion from the results while avoiding statements not described in the Methods or the Results sections. At the first part of the Discussion section, briefly summarize the main findings, then explore possible explanations for these findings, compare, and contrast the results with other relevant studies. Please do not repeatedly mention the results of previous relevant studies, but mention any differences or concordances. Emphasize the core findings and the conclusions drawn from them with the best available evidence. At the last part of the Discussion section, describe the limitations of the study, any future research plans, and conclusions. If there was a research hypothesis mentioned in the Introduction section, it should be addressed and whether it was proven, disproven or remains to be addressed at a later study. It is meaningful to mention the usefulness of the contents to promote medical health education.

(8) ORCID (Open Researcher and Contributor ID)

All authors are recommended to provide an ORCID. To obtain an ORCID, authors should register in the ORCID web site: <https://orcid.org>. Registration is free to every researcher in the world. Example of ORCID description is as follows: Hae-Sun Chung: <https://orcid.org/0000-0001-6382-4099>

(9) Authors' contributions

ACM participates in the CRediT standard for author contributions. The contributions of all authors must be described using the CRediT Taxonomy of author roles. For each of the categories below, please enter the initials of the authors who contributed in that category. If listing more than one author in a category, separate each set of initials with a space. If no one contributed in a category, you may leave that box blank. The corresponding author is responsible for completing this information at submission, and it is expected that all authors will have reviewed, discussed, and agreed to their individual contributions ahead of this time.

(10) Conflict of interest

It should be disclosed here according to the statement in the Research and publication ethics regardless of existence of conflict of interest. If the authors have nothing to disclose, please state: “No potential conflict of interest relevant to this article was reported.”

(11) Funding

Funding to the research should be provided here. Providing a FundRef ID is recommended including the name of the funding agency, country and if available, the number of the grant provided by the funding agency. If the funding agency does not have a FundRef ID, please ask that agency to contact the FundRef registry (e-mail: fundref.registry@crossref.org). Additional detailed policy of FundRef description is available from <https://www.crossref.org/services/funder-registry/>.

(12) Data availability

Raw data or data files produced during the analysis process are important not only for confirming the accuracy of the analysis but also for ensuring the reproducibility of the results. Authors should retain the raw data from their experiments and studies for at least one year after the publication of the article and should be prepared to present these data if requested by the Editorial Board. Data may also be requested by readers or other researchers.

(13) Acknowledgments

Any persons that contributed to the study or the manuscript, but not meeting the requirements of an authorship could be placed here. For mentioning any persons or any organizations in this section, there should be a written permission from them.

(14) Supplementary materials

If there are any supplementary materials to help the understanding of readers or too great amount data to be included in the main text, it may be placed as supplementary data. Not only recording of the abstract, text, audio or video files, but also data files should be added here.

(15) References

The description of the Reference section is provided below. The References follow the NLM Style Guide for Authors, Editors, and Publishers (<https://www.nlm.nih.gov/citingmedicine>) if not mentioned below. Only journal article citation follows house style with description of all authors and digital object identifier (DOI); no issue number and no comma after journal title. Every reference in the Reference section should be cited in the text. The number assigned to the reference citation is according to the first appearance in the manuscript. References in tables or figures are also numbered according to the appearance order. Reference number in the text, tables, and figures should in a bracket ([]). If there is a sequence of reference numbers at a given citation, the number should be described separately as [1, 2, 3]. Personal communication, an abstract, or unpublished data cannot be included not only in the text but also in the Reference section. In the Reference section, journals should be abbreviated according to the style used in the list of journals indexed in the NLM Journal Catalog (<https://www.ncbi.nlm.nih.gov/nlmcatalog/journals>). For journal titles not listed in the Catalog, they should follow the ISO abbreviation as described in “ISO 4:1997 Information and documentation–Rules for the abbreviation of title words and titles of publications” (<https://www.iso.org/standard/3569.html>). The total number of references in the research article

is recommended to be equal or less than 40. If the authors would like to add more references, this is negotiable with the Editorial Board.

In citing references, journal articles are the most preferable.

Nowadays, web site material is also used frequently. The problem with web site materials is the frequent change of the URL address or sudden disappearance of data. Therefore, it is recommended to cite open access or free access book archived in a public web site such as Bookshelf (<https://www.ncbi.nlm.nih.gov/books>).

Otherwise, the materials equipped with a DOI are also recommended as references. References published within the last 10 years are recommended for inclusion. In special cases, such as history papers or review articles, older references are allowed. Also, references in PubMed and those with a DOI are strongly recommended, allowing a stable hyperlink to access the full text of the reference.

In the reference list, give the names of all authors if six or fewer. For papers with seven or more authors, list only the first six authors followed by et al. For papers with two authors, use the word 'and' between the authors' names. Write last names first, in English, followed by initials. In the case of a supplementary volume, use (S) after the volume number.

Examples of reference descriptions according to type of references are as followings:

[Journal articles]

Author(s). Title. Abbreviated name of journal Year of publication; Volume number: Inclusive page numbers.

Chung HS, Hahm C, Lee M. Risk factors associated with colistin-resistant *Acinetobacter baumannii* infection. Ann Clin Microbiol 2023;26:29-36 <https://doi.org/10.5145/ACM.2023.26.2.1>

[Books]

Author (Editor). Title. Edition number. Place of publication: Publisher; Year of publication: Inclusive page numbers.

Note: If there are three or more authors or editors, name only the first two followed by et al.

Murray PR, Baron EJ, et al. eds. Manual of Clinical Microbiology. 8th ed. American Society for Microbiology; 2003:502-3.

[Book chapter]

Author. Title. In: Author. Title. Edition number. Place of publication: Publisher; Year of publication: Inclusive page numbers. Hall GS and Woods GL. Medical Bacteriology. In: McPherson RA and Pincus MR, eds.

Clinical Diagnosis and Management by Laboratory Methods. 21th ed, Philadelphia; WB Saunders, 2007:1016-47.

[Web site]

Author. Title. Web site address [Online] (Last date accessed).

WHO. Weekly Epidemiological Report. <http://www.who.int/wer/2004/en/> [Online] (last visited on 28 January 2005).

(16) Tables and figures (drawings and pictures)

In digital journals, tables and figures should provide enough information without having to read the main text. Therefore, the explanation of figures and tables should contain enough information to explain the data included and to be self-explanatory. There is

limit of 10 tables or figures per manuscript. If any tables or figures are moved or modified from other papers, authors should obtain permission through the Copyright Clearance Center <https://www.copyright.com/> or from the individual publisher if the materials are not included in open access journal published according to the Creative Commons license. If tables or figures are from open access journal, simply verify the source of the journal precisely in the footnote. Please note that a free access journal is different from that of open access; therefore, it is necessary to obtain permission from the publisher of the free access journal for using tables or figures from these sources.

In tables, remove internal horizontal or vertical lines. The horizontal line is only used for the title field and the bottom line. The line should be single. Explanatory words should be placed in footnotes including explanation of nonstandard abbreviation. To indicate the specific content in the table use the superscript a), b), c), d) consequently and explain them at the footnote. Drawings should be done with a computer program. Scanned drawings are not acceptable. Acceptable figure file formats are BMP, JPG, PSD, TIF, AI, EMF, EPS, WMF, DOC, XLS, PPT, and PDF. Figures are loaded as separate files during the submission process. Other formats of figures are negotiable. Contact the Editorial Office for other formats. Contrast density of figure file should be at least 600 dpi with a size of 82 mm or 164 mm in width. The drawings and pictures are recommended to be in full color.

2) Case report

The main text of a case report is composed of 4 sections: abstract, introduction, case presentation, and discussion. The total number of references for a case report is recommended to be equal to or less than 20. The word count for the main text of a case report should be equal to or less than 1,500. The description should follow the CARE statement (<https://www.care-statement.org/>). In the ethics statement section, the obtaining of informed consent or the institutional review board's waiver of informed consent should be mentioned.

3) Brief communication

Brief Communications are intended for the presentation of brief observations that do not warrant full-length papers, but have sufficient originality and utility to be considered for publication. It deals with the pilot study and could have descriptors such as "simple but an interesting study," "meaningful follow-up study of the previous works," etc. The information must be presented in sufficient detail so that readers can understand and appreciate the material presented. Sections of introduction, methods, results, and discussion are merged into one. The total number of references is recommended to be equal to or less than 20. The word count for the main text should be equal to or less than 1,500. Brief communications undergo the same review process as full-length papers.

4) Review/minireview article

An invited review will be published on an interesting or a new topic. Also submitted reviews are welcomed for the easy presentation of any field. The main text is composed of 3 sections: introduction, text, and conclusion. The total number of references for a review article is recommended to be equal to or less than 50. The word count for the main text should be equal to or less than 5,000.

5) Editorial

An editorial is usually invited by the Editorial Board. It provides the brief review of the articles in the journal and comment on the recent development and events in the field of clinical microbiology. Editorials also may deal with a change in the journal's style and

format and communication with an outside organization or professional. Also, a variety of topics shall be dealt by the Editorial Board. Divisions in the body of an editorial are not required. The total number of references is recommended to be equal to or less than 10. The word count of the main text should be equal to or less than 1,500.

6) Perspective/Letter to the editor

Any opinion or inquiry on a paper published can be addressed to the editor. Title, author, affiliation, main text and the references are the required sections. The total number of references is recommended to be equal to or less than 10. The word count of main text should be equal to or less than 1,500.

7) Book review

Books on the topic of the clinical microbiology can be reviewed in this section. Other topics also can be reviewed after negotiation with Editorial Board. Books in non-English languages can also be introduced. The book's title, author, affiliation, main text, and references are required. The total number of references is recommended to be equal to or less than 10. The word count for the main text should be equal to or less than 1,500. A book review is usually recommended by the Editorial Board; however, unsolicited submission is also possible. If there are any publishing companies that wish to introduce their recent books, please contact the Editorial Office.

8) Others

Other publication types such as history article may be accepted. Recommended format can be discussed with Editorial Board.

Manuscript submission

1. Template file in MS word format or RTF format

It is recommended to use template files for the MS word or the RTF format.

2. Online submission site

Manuscripts must be submitted to ACM web site (<https://www.acm.or.kr> or <https://www.editorialmanager.com/e-acm>).

3. Creative Commons license Agreement

When making the new submission at ACM's web site, there appears the below agreement. Please check all items:

- a. Corresponding author obtained an agreement by the co-authors to submit the papers to ACM.
- b. Co-authors had a meaningful role in the submitted manuscript.
- c. The submitted manuscript is original and not published in other scientific journals and is not being considered by any other scientific journals. All authors have received the policies on research and publication including ethical conduct of ACM.
- d. All authors transfer copyright of their papers published to the Publisher (Korean Society of Clinical Microbiology).
- e. All authors understand that ACM is an open access journal according to the Creative Commons license, and therefore, they agree to the open access provisions of the license.

- f. If a manuscript is accepted for publication, it should not be published in other scientific journals without the permission of ACM's publisher/editor.

Article processing charge

Article processing charges are required for publication in the Annals of Clinical Microbiology (ACM). These cover some of publishing costs, including the processing costs in journal website (<https://www.acm.or.kr>), Synapse (<https://synapse.koreamed.org/journals/1105/>). Support from article processing charges helps your articles attract worldwide attention through free online access. An invoice for article processing charge will be sent to the corresponding author before publication. The payment of article processing charges will enable faster and more efficient publication of manuscripts, which we appreciate.

Article: KRW 250,000 (USD 200.00) per article.

Editorial and Opinion: no article processing charges

The currency unit is Korean won.

Peer review and publication process

The review and publication processes that are not described below will be incorporated into the Editorial Policy Statements, approved by the Council of Science Editors Board of Directors available from <https://www.councilscienceeditors.org/>.

1. Screening before review

If the manuscript does not fit the aims and scope of the Journal or does not adhere to the Instructions to authors, it may be returned to the author immediately after receipt and without a review. Before reviewing, all submitted manuscripts are inspected by Similarity Check powered by iThenticate (<https://www.crossref.org/services/similarity-check/>), a plagiarism-screening tool. If a too high a degree of similarity score is found, the Editorial Board will do a more profound content screening. The criterion for similarity rate for further screening is usually 15%; however, the excess amount of similarity in specific sentences may be also checked in every manuscript. The settings for Similarity Check screening are as follows: It excludes quotes, bibliography, small matches of 6 words, small sources of 1%, and the Methods section.

2. Number of reviewers

One or two reviewers will be selected from the list of reviewers recommended by the corresponding author. Manuscripts are then peer reviewed by at least two experts in the corresponding field. A third reviewer will be assigned if there is a discrepancy between the two reviewers. The Editorial Board selects and recruits reviewers based on expertise, publication history, and past reviews.

3. Peer review process and the author response to the reviewer comments

Type of peer review is a double-blind peer review. The author and reviewer cannot identify each other. The names of reviewers are not posted in the published article. Reviewers are anonymous. The review period is 3 weeks. Usually the first decision is made within a week after completion of the review. The Editorial Board's decision after the review will be one of followings: Accept, Minor revision, Major revision, or Rejection. The Editorial Board may request the authors to revise the manuscript according to the

reviewers' comments. If there are any requests for revision of the manuscript by the reviewers, the authors should do their best to revise the manuscript. If the reviewer's opinion is not acceptable or is believed to misinterpret the data, the author should reasonably indicate that. After revising the manuscript, the author should upload the revised files with a reply to each item of the reviewer's commentary. The author's revisions should be completed within 3 weeks after the request. If it is not received by the due date, the Editorial Board will notify the author. To extend the revision period beyond 3 weeks, the author should negotiate that with the Editorial Board. The manuscript review process can be provided for up to two rounds. If the authors wish further review, the Editorial Board may consider it. The Editorial Board will make a final decision on the approval of the submitted manuscript for publication and can request any further corrections, revisions, and deletions of the article text if necessary. Statistical editing is also performed if the data requires professional statistical review by a statistician.

4. Review process for in-house submissions

All manuscripts from editors, staff, or Editorial Board members are subject to the same review process as other submissions. During the review process, they will not be involved in the selection of reviewers or the decision-making process. Editors will not handle their manuscripts even if they have been commissioned.

5. Processing after acceptance

If the manuscript is finally accepted, the proofreading will be sent to the corresponding author after professional manuscript editing and/or English proofreading. Proofreading should be performed again for any misspellings or errors by the authors. Before final proofreading, the manuscript may appear at the journal homepage as an Epub ahead of print with a unique DOI number for rapid communication. The Epub ahead of print version will be replaced by the replacement XML file and a final PDF.

6. How the journal handles complaints and appeals

The policy of ACM is primarily aimed at protecting the authors, reviewers, editors, and the publisher of the journal. If not described below, the process of handling complaints and appeals follows the guidelines of the Committee of Publication Ethics available from: <https://publicationethics.org/appeals>

Who complains or makes an appeal?

Submitters, authors, reviewers, and readers may register complaints and appeals in a variety of cases as follows: falsification, fabrication, plagiarism, duplicate publication, authorship dispute, conflict of interest, ethical treatment of animals, informed consent, bias or unfair/inappropriate competitive acts, copyright, stolen data, defamation, and legal problem. If any individuals or institutions want to inform the cases, they can send a letter via the contact page on our website: <https://www.acm.or.kr>. For the complaints or appeals, concrete data with answers to all factual questions (who, when, where, what, how, and why) should be provided.

Who is responsible to resolve and handle complaints and appeals?

The Editor, Editorial Board, or Editorial Office is responsible for them. A legal consultant or ethics editor may be able to help with the decision making.

What may be the consequence of remedy?

It depends on the type or degree of misconduct. The consequence of resolution will follow the guidelines of the Committee of Publication Ethics (COPE).

7. Direct marketing

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Copyrights, open access, archiving, preprint, and clinical data sharing policy

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