The Lancet Microbe publishes high-quality original research, commentary, and correspondence on clinically relevant microbes at all scales—from the nature of the microbe (eg, antimicrobial resistance genes/plasmids, virulence factors) to the microbiome to pathology (including immunology) to population level effects (eg, outbreaks, epidemiology). Furthermore, it includes early phase clinical trials and other interventional studies where the outcomes are focused on the pathogen. Wherever possible, figures and good quality photographs (colour or black and white) should be used to supplement and to enhance the text. We also welcome videos. Further details on the different sections of The Lancet Microbe, and how to submit to the journal, are provided below. If you require further clarification, the journal’s editorial staff will be pleased to help (email microbe@lancet.com).

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- All sources of funding should be declared as an acknowledgment at the end of the text
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Types of article and manuscript requirements
Please ensure that anything you submit to The Lancet Microbe follows the guidelines provided for each article type. For instruction on how to format the text of your paper, including tables, figures, panels, and references, please see our Formatting guidelines.

Red section (Articles)
Articles
- The Lancet Microbe prioritises reports of original research that are likely to change practice or thinking
- We invite submission of all trials, whether phase 1, 2, 3, or 4.
- We require the registration of all interventional trials, whether early or late phase, in a primary register that participates in WHO’s International Clinical Trial Registry Platform (see Lancet 2007; 369: 1909–11) or in ClinicalTrials.gov, in accord with ICMJE recommendations. We also encourage full public disclosure of the minimum 21-item trial registration dataset at the time of registration and before recruitment of the first participant (see Lancet 2006; 367: 1631–35). The registry must be independent of for-profit interest
- Reports of trials must conform to CONSORT 2010 guidelines and should be submitted with their protocols
- All reports of randomised trials should include a section entitled Randomisation and masking, within the Methods section. Please refer to The Lancet’s formatting guidelines for randomised trials
- Cluster-randomised trials must be reported according to CONSORT extended guidelines
- Randomised trials that report harms must be described according to extended CONSORT guidelines
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- Studies of diagnostic accuracy must be reported according to STARD guidelines
- Observational studies (cohort, case-control, or cross-sectional designs) must be reported according to the STROBE statement, and should be submitted with their protocols
- We encourage the registration of all observational studies on a WHO-compliant registry (see Lancet 2010; 375: 348)
- Genetic association studies must be reported according to STREGA guidelines
- Systematic reviews and meta-analyses must be reported according to PRISMA guidelines. Please refer to The Lancet’s formatting guidelines for systematic reviews and meta-analyses.
- Reports of studies of global health estimates should be reported according to the GATHER statement (see Lancet 2016; 388: e19–23)
- Clinical trials that report interventions using artificial intelligence must be described according to the CONSORT-AI Extension guidelines and their protocols must be described according to the SPIRIT-AI Extension guidelines
- To find reporting guidelines, see: http://www.equator-network.org
- The Lancet Microbe commissions independent Comments to accompany published Articles and Meta-Analysis to add context and insight.

All Articles should, as relevant:
- Be up to 3500 words (4500 for randomised controlled trials) with 30 references (the word count is for the manuscript text only)
- Include an abstract (semistructured summary), with five paragraphs (Background, Methods, Findings, Interpretation, and Funding), not exceeding 300 words. Our electronic submission system will ask you to copy and paste this section at the “Submit Abstract” stage
- For randomised trials, the abstract should adhere to CONSORT extensions: abstracts (see Lancet 2008; 371: 281–83)
- When reporting Kaplan-Meier survival data, at each timepoint, authors must include numbers at risk, and are encouraged to include the number of censored patients.
- For intervention studies, the abstract should include the primary outcome expressed as the difference between groups with a confidence interval on that difference (absolute differences are more useful than relative ones). Secondary outcomes can be included as long as they are clearly marked as secondary and all such outcomes are reported
- Use the recommended international non-proprietary name (rINN) for drug names. Ensure that the dose, route, and frequency of administration of any drug you mention are correct
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- Include any necessary additional data as part of your EM submission
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Research in context

Evidence before this study
This section should include a description of all the evidence that the authors considered before undertaking this study. Authors should briefly state the sources (databases, journal or book reference lists, etc) searched, the criteria used to include or exclude studies (including the exact start and end dates of the search), which should not be limited to English language publications; the search terms used; the quality (risk of bias) of that evidence; and the pooled estimate derived from meta-analysis of the evidence, if appropriate.

Added value of this study
Authors should describe here how their findings add value to the existing evidence.

Implications of all the available evidence
Authors should state the implications for practice or policy and future research of their study combined with existing evidence.

Research in context panels should not contain references; key studies mentioned here should be referenced in the main text.

Data sharing
From September 21, 2020, all submitted research Articles must contain a data sharing statement, to be included at the end of the manuscript. Data sharing statements must include:

- Whether data collected for the study, including individual participant data and a data dictionary defining each field in the set, will be made available to others (“undecided” is not an acceptable answer);
- What data will be made available (deidentified participant data, participant data with identifiers, data dictionary, or other specified data set);
- Whether additional, related documents will be available (eg, study protocol, statistical analysis plan, informed consent form);
- When these data will be available (beginning and end date, or “with publication”, as applicable);
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- By what access criteria data will be shared (including with whom, for what types of analyses, by what mechanism – eg, with or without investigator support, after approval of a proposal, with a signed data access agreement - or any additional restrictions).

See table for examples. Clinical trials that begin enrolling participants on or after Jan 1, 2019, must include a data sharing plan in the trial’s registration. If the data sharing plan changes after registration, this should be reflected in the statement submitted and published, and updated in the registry record. Mendeley Data is a secure online repository for research data, permitting archiving of any file type and assigning a permanent and unique digital object identifier (DOI) so that the files can be easily referenced. If authors wish to share their supporting data, and have not already made alternative arrangements, a Mendeley DOI can be referred to in the data sharing statement.

Blue section (Comment, Correspondence)

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- Editorials are the voice of The Lancet Microbe, and are written in-house by the journal’s editorial-writing team and signed “The Lancet Microbe”

Comment
- This section contains Commentaries that accompany papers published in The Lancet Microbe or on issues of wide-reaching concern in any clinically relevant area of microbiology. Comments linked to policy decisions are welcomed. Most Comments are commissioned, but unsolicited Comments (no more than 750 words, ten references, and one figure, panel, or small table) are also welcome. Comments may be peer reviewed
- At the Editor’s discretion, commentaries may be shortened in the interests of space.
- The place to respond to something we have published is in our Correspondence section

Correspondence
- Letters should be written in response to previous content published in The Lancet Microbe
- Letters for publication in response to previous published content must reach us within 8 weeks of publication of the original item and should be no longer than 400 words.
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Correspondence letters are not usually peer reviewed, but they will be subject to editorial assessment before any decision to publish is made; we might consult authors of the original publication for advice; and occasionally invite formal replies from the authors of the original publication for inclusion alongside the submitted letter.

Only one table or figure is permitted, and there should be no more than five references and five authors.

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Type a single space at the end of each sentence

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Do not worry about type of font or point size.

We use a comma before the final “and” or “or” in a list of items

Type decimal points midline (ie, 23.4, not 23.4). To create a midline decimal on a PC, hold down ALT key and type 0183 on the number pad, or on a Mac: ALT shift 9

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Use single hard-returns to separate paragraphs. Do not use tabs or indents to start a paragraph

Do not use the automated features of your software, such as hyphenation, endnotes, headers, or footers (especially for references). Please use page numbering

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Cite references in the text sequentially in the Vancouver numbering style, as a superscripted number after any punctuation mark. For example:

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Two references are cited separated by a comma, with no space.

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If there are seven or more give the first three in the same way, followed by et al

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For a chapter or section of a book, also give the authors and title of the section, and the page numbers.

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- Main heading for the web extra material should be in 12 point Times New Roman font BOLD
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Drug names

- Recommended international non-proprietary name (rINN) is required
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References

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