**Title: use times new roman font, 14 points size, bold style, centralized, spacing 1.0, lowercase**

Principle Authororcid logotipo 16pxa, Corresponding author\*b and Co-authors, First Middle Last names: use times new roman font, 11 points size, centralized, spacing 1.0

*aDepartment Name, Faculty Name, University Name, City, Country; bDepartment Name, Faculty Name, University Name, City, Country (times new roman font, 10 points size, italic style, centralized)*

*\*Corresponding author:* [*add*](mailto:csbona@smail.ufsm.br) *the e-mail address*

*(times new roman font, 10 points size, italic style, centralized)*

The abstract should have no more than 250 words (Review and Original Articles). Write using times new roman font, 10 points size, justified.

**Keywords**: authors should indicate 3 to 5 keywords separated by semicolon. Employ controlled vocabulary as indicated at https://decs.bvsalud.org. Use times new roman font, 10 points size, justified, spacing 1.0.

Article received at mm/dd/yyyy and accepted at mm/dd/yyyy.

[https://doi.org/](https://doi.org/10.22456/2527-2616.101465)

**Introduction (times new roman font, 12 points size, bold style, justified, spacing 1.0)**

Original Articles should contain no more than 25 pages and not exceed 6,000 words. For Review Articles, until 9,000 words will be accepted. Manuscripts must be written using Microsoft Word for Windows, Times New Roman font, 10 points size and black color. Space between lines must be 1.0 without spacing before/after the paragraphs. Pages must be consecutively numbered, in the bottom right-hand corner of the page. Page’s margins should be moderate one (2.5 cm upper/lower, 1.9 cm left/right). The space between columns is 0.7 cm. Section titles must be written in bold style, 12 points size and subtitles in italic plus bold styles, 10 points size. Additional subsections must be written only in italic style.

The manuscript must be clear and concise. The Introduction section should identify in a clear and brief way, through using relevant references, the nature of the problem under investigation and the previous knowledge about it. Extensive literature review will not be accepted. (times new roman font, 10 points size, justified, spacing 1.0 all the text).

**Experimental section**

The Experimental section should precede the Results and Discussion one. The Experimental section must describe in a clear and objective way the methodology used. The purity degree of reagents should be cited. Description of well-established procedures is not necessary. Supplementary section can be adopted and positioned before References. The instrumental applied should only be cited if not usual, indicating their brands and models. Every experimental study on humans or animals must be proven to have the prior approval of the appropriate institutional review body.

**Results and Discussion**

***First******Subsection: Nomenclature******(times new roman font, 10 points size, bold italic, justified, spacing 1.0***

Unities of weight and measurements, names of plants, animals, and chemicals should be mentioned according to the International Rules available. Concentration expressions should be presented like the following example: mg.mL-1, mg.g-1.

***First Subsection in sequence: Figures and Charts******(times new roman font, 10 points size, bold italic, justified, spacing 1.0)***

Illustrations (photographs, charts, drawings, etc.) should be sent in separate files, in JPG format (at a high resolution - at least 300 dpi). They should be numbered consecutively with Arabic numerals, in the order that they are cited in the text and should be clear enough for reproduction and in the same language as the text. If there are figures extracted from other previously published studies, the authors should provide a written permission for their reproduction. This authorization shall accompany the manuscript submitted for publication. The figures must have title and subtitle (if necessary), which should be positions below the figure itself.

*Second subsection: Local for Figures and Charts (times new roman font, 10 points size, only italic, justified, spacing 1.0)*

The figures should be already inserted in the manuscript text body, but this does not exclude their sending in separate files. Large figures can be presented out of two column layout employing section break. When sending illustrations only in separate files, the figure captions should be listed in the last page of the manuscrip. In general, a maximum of 6 figures and 6 tables are accepted in the article.

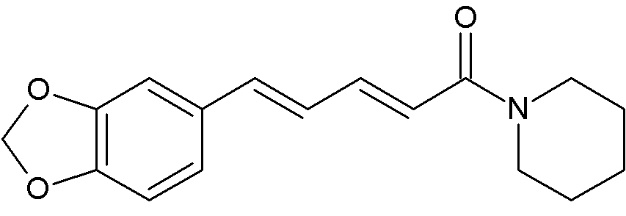
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Figure 1. Chemical structure with its font even when made by the authors (times new roman font, 9 points size, justified).

*Subsection: Tables*

They should be numbered consecutively, with Arabic numerals, in the order they were cited in the text and headed by a suitable title. Any extra information should be in under position in the table, as a footnote. Like illustrations, the tables should be already inserted in the manuscript text body always employing Microsoft Word for Windows and avoiding vertical lines. Large tables can be presented out of two column layout employing section break.

Table 1. (times new roman font, 9 points size, justified; to the title and the table data).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Drug** | **Theoretical**  **(μg.mL-1)** | **Experimental1**  **(μg.mL-1)** | **Accuracy2**  **(%)** | **RSD3**  **(%)** |
|  | 48 | 49.42 | 102.95 | 1.21 |
| A | 60 | 60.29 | 100.49 |
|  | 72 | 73.15 | 101.60 |
|  | 4 | 4.11 | 102.78 | 1.10 |
| B | 5 | 5.03 | 100.56 |
|  | 6 | 6.09 | 101.47 |

1Mean of three replicates, 2Percentage data recoveries, 3RSD (Relative standard deviation).

*Subsection:**Abbreviations*

Must be explained at first mention. On the rest of the article, it is not necessary to repeat the full name. Name of medications: the generic name should be used. In case of citing appliances/equipment: all item cited should include manufacturer's name, model, city, and country of manufacture.

**Conclusions**

Conclusions should summarize the main finding of the work and be written before Acknowledgements.

**Acknowledgments**

Should include the collaboration of people, groups or institutions that have contributed to the study, but whose contributions do not justify their inclusion as authors; this item should also include the acknowledgments for financial support, technical assistance, etc. This item should come before the References.

**Conflict of interest**

If there is any conflict of interest, it should be declared. In case there is not, place in this section: "The authors declare no conflicts of interest" or "None to declare".

**Sources of funding**

Sources of funding may be cited here.

**Supplementary sections**

Supplementary sections, if necessary, must contain relevant and complementary information, besides those presented in the manuscript. This information must be sent in a separate file.

**References**

Should be numbered consecutively, in the order in which they are mentioned in the text between parentheses, any identified with Arabic numerals (for example: 1-3, 5, 7). No spacing between paragraphs are required (DAR references style). The authors should ensure that the cited references in the text appear in the Reference list with exact dates and author's names correctly spelled. The accuracy of references is the author's responsibility. The recommended style for references is based on the National Information Standards Organization NISO Z39.29-2005 (R2010) Bibliographic References as adapted by the National Library of Medicine. Fuller explanations are in Citing Medicines <https://www.nlm.nih.gov/bsd/uniform_requirements.html>.Examples of citing references:

***Journal articles (from one to six authors)***

1. Raju CK, Pandey AK, Gururaj S, Ghosh K, Pola A, Goud PSK, et al. Isolation and characterization of novel degradation products of doxofylline using HPLC, FTIR, LCMS and NMR. J Pharm Biomed Anal. 2017; 140:1-10.

***Articles without the author’s name***

1. Cancer in South Africa [editorial]. S Afr Med J. 1994; 84:15.

***Chapters from a book***

1. Gonçalves JE, Storpirtis, S. O Sistema de Classificação Biofarmacêutica: conceitos, determinação da solubilidade e permeabilidade e aplicações na área farmacêutica. In: Vieira NR, Campos DR, editors. Manual de bioequivalência. 2nd ed. São Paulo: Dendrix; 2011. p. 137-70. Série Pesquisa Clínica. Portuguese.

***Books/E-books in which editors (organizers) are authors***

1. Norman IJ, Redfern SJ, editors. Mental health care for elderly people. New York: Churchill Livingstone; 1996.
2. Gilstrap LC 3rd, Cunningham FG, VanDorsten JP, editors. Operative obstetrics. 2nd ed. New York: McGraw-Hill; 2002. E-book.

***Organization as author***

1. International Conference on Harmonization (ICH) of Technical Requirements for the Registration of Pharmaceutical for Human Use. Validation of analytical procedures: text and methodology Q2(R1). Geneva; 2005.
2. Agência Nacional de Vigilância Sanitária (BR). Resolução RDC n° 166 de 27 de julho de 2017. Dispõe sobre a validação de métodos analíticos e dá outras providências. Brasília, DF: Diário Oficial da União; 2017. Portuguese.

***Pharmacopeia/ Legal material***

1. United States Pharmacopeia. USP 43–NF 38. Rockville: The United States Pharmacopoeial Convention; 2020.
2. Health Canada. Drug Product Database [Internet]. Canada [updated 2021 Mar 15; cited 2021 Jul 09] Available from: https://health-products.canada.ca/dpd-bdpp/index-eng.jsp.

***Patent***

1. Pagedas AC, inventor; Ancel Surgical R&D Inc., assignee. Flexible endoscopic grasping and cutting device and positioning tool assembly. United States patent US 20020103498. 2002 Aug 1.

***Electronic Journal Articles***

1. Abood S. Quality improvement initiative in nursing homes: the ANA acts in an advisory role. Am J Nurs. 2002 Jun [cited 2002 Aug 12];102(6):[about 1 p.]. Available from: https://ovidsp.tx.ovid.com/ Subscription required.

***Theses***

1. Kaplan SJ. Post-hospital home health care: the elderly’s access and utilization [dissertation]. St. Louis (MO): Washington University; 1995.

***Papers presented at conferences***

1. Bengtsson S, Solheim BG. Enforcement of data protection, privacy and security in medical informatics. In: Lun KC, Degoulet P, Piemme TE, Rienhoff O, editors. MEDINFO 92. Proceedings of the 7th World Congress on Medical Informatics; 1992 Sep 6-10; Geneva, Switzerland. Amsterdam: North-Holland; 1992. p. 1561-5.



If necessary, large figures and large tables can be insert at the end of the text, employing one column layout, like this example:

Table 2. (times new roman font, 9 points size, justified; to the title and the table data).

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Skin layers** | **Drug**  **Level** | **Day 1** | | **Day 2** | | **RSD (%) inter-day** |
| **Average**  **recovery (%)** | **RSD (%)**  **intra-day** | **Average**  **recovery (%)** | **RSD (%)**  **intra-day** |
|  | Low | 93.47 | 12.48 | 96.10 | 0.86 | 7.97 |
| Epidermis | Intermediate | 95.84 | 6.74 | 92.99 | 7.08 | 6.40 |
|  | High | 98.99 | 1.43 | 93.99 | 5.69 | 4.61 |
|  | Low | 104.44 | 5.34 | 101.45 | 3.15 | 4.50 |
| Dermis | Intermediate | 89.70 | 8.47 | 89.90 | 1.96 | 5.57 |
|  | High | 96.74 | 4.16 | 98.33 | 0.82 | 5.03 |