

Case report submission checklist

A CARE-aligned checklist of what journals expect from a clinical case report, and what to check before you submit.

The CARE checklist, section by section

Section	What journals expect
■ Title	Includes the words "case report" and the main focus of the case (for example, the condition, intervention or unusual feature).
■ Keywords	2 to 5 keywords identifying the key elements of the case, plus "case report".
■ Abstract	Introduction (what is unique or new), main symptoms and clinical findings, main diagnoses, interventions and outcomes, and a conclusion with the main take-away lesson.
■ Introduction	A brief background explaining why the case matters, with relevant literature.
■ Patient information	De-identified demographics, main concerns and symptoms, medical, family and psychosocial history, and relevant past interventions with outcomes.
■ Clinical findings	Relevant physical examination and other clinical findings.
■ Timeline	Key dates and events in the patient's care, often best shown as a table or figure.
■ Diagnostic assessment	Diagnostic methods, diagnostic challenges, diagnostic reasoning including differential diagnoses, and prognosis where relevant.
■ Therapeutic intervention	Types of intervention, how they were given (dose, strength, duration), and any changes, with reasons.
■ Follow-up and outcomes	Clinician- and patient-assessed outcomes, important follow-up test results, adherence and tolerability, and any adverse or unanticipated events.
■ Discussion	Strengths and limitations of the approach, relevant medical literature, the rationale for conclusions, and the main take-away lessons.
■ Patient perspective	Where possible, the patient's own view of the treatment and experience.
■ Informed consent	Confirmation that the patient (or guardian) gave informed consent for publication.

Before you submit

- Written patient consent is obtained on the form your target journal requires; some journals insist on their own consent form.
- All images are de-identified: names, hospital numbers, dates and faces removed or masked unless consent covers them.
- Institutional or ethics requirements for case reports at your centre are met, and stated in the manuscript.
- Journal-specific sections are included, such as learning points, key messages or a clinical question.
- Word, figure, table and reference limits for case reports are met; they are often much stricter than for research articles.
- The completed CARE checklist is ready to upload, if the journal asks for it.
- Author contributions, conflicts of interest and funding statements are included.
- Writing or editing support is acknowledged, following ICMJE guidelines.
- A short cover letter explains why the case is new or instructive for the journal's readers.

Common reasons case reports are rejected

- The case is not clearly new or instructive, or the learning point is not stated.
- The Discussion reviews the literature at length but does not explain what this case adds.
- Missing consent, or images that could identify the patient.

- The report exceeds the journal's limits or ignores its required structure.

Based on the CARE (CAse REport) guidelines: Gagnier JJ et al., 2013, and Riley DS et al., CARE guidelines for case reports: explanation and elaboration document, J Clin Epidemiol, 2017. See care-statement.org for the official checklist.

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