The Lancet Neurology considers any original research contribution that advocates change in, or illuminates, neurological clinical practice, and publishes interesting and informative reviews on any topic connected with neurology. Manuscripts must be solely the work of the author(s) stated, must not have been previously published elsewhere, and must not be under consideration by another journal.

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2. Manuscript including tables and panels
3. Figures
4. Author statement form (see next section)
5. Declaration of interests and source of funding statements (see next section)
6. In-press papers—one copy of each with acceptance letters
7. Protocols and CONSORT details for randomised controlled trials (see Articles)
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9. Research in context panel, for all primary research

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Forms and signatures

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### Role of the funding source

- All sources of funding should be declared at the end of the text.
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Please ensure that anything you submit to The Lancet Neurology 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 Neurology prioritises reports of original research that are likely to change clinical practice or thinking about neurology.
- All original research Articles judged eligible for consideration by the journal’s editors will undergo fast-track peer review and, if accepted, published within 8 weeks of submission. All accepted papers will be published online (Online First) before appearing in the print journal.
- We invite submission of all clinical trials, whether phase 1, 2, 3, or 4 (see Lancet 2006; 368: 827–28). For phase 1 trials, we especially encourage those of a novel substance for a novel indication, if there is a strong or unexpected beneficial or adverse response, or a novel mechanism of action.
- Systematic reviews of randomised trials about neurological diseases that have a major effect on human health also might warrant rapid peer review and publication.
- 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.
- Studies of diagnostic accuracy must be reported according to STARD guidelines.
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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).
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- 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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Clinical trials http://clinicaltrials.gov


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Putting research into context
- All research papers (including systematic reviews/meta-analyses) submitted to any journal in The Lancet family must include a panel putting their research into context with previous work in the format outlined below (see Lancet 2014; 384: 2176-77, for the original rationale). This panel should not contain references. Editors will use this information at the first assessment stage and peer reviewers will be specifically asked to check the content and accuracy
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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.

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Authors should describe here how their findings add value to the existing evidence.

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

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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);
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- 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.

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- Commentaries may discuss Articles in The Lancet Neurology or in other journals. Most commentaries are commissioned, but spontaneous commentaries are also welcome on a paper or other report or event within the past month or so, or in the near future. Unsolicited commentaries may be peer reviewed
- Comments should be about 750 words and ten references
- The place to respond to something we have published is in our Correspondence section

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Information for Authors

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Green section (Reviews, Rapid Reviews, Personal Views, Commissions)

Reviews
- Reviews should be either definitive overviews of a major topic in neurology or an update of knowledge in a narrower field of current interest.
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References for this Review were identified by searches of PubMed between 1969 and May, 2019, and references from relevant articles. The search terms “leukoencephalopathy,” “MLC,” “MLC1,” “HEPACAM,” “GliaCAM,” “ClC-2,” and “CLCN2” were used. There were no language restrictions. The final reference list was generated on the basis of relevance to the topics covered in this Review.

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- These short reviews aim to put research findings published in the preceding 6–12 months into context.
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- We encourage use of neuroscience-based nomenclature for psychotrophic drugs

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