


Instructions: How to produce a Case Report video

Thank you for choosing to produce a case report video for the Ecraid Clinical Series. Below you will find useful details, guidance and instructions for making your case report video.

1. Important Details

- Your case report video should be of a duration of between 10 to 15 minutes in total.
- Once you have completed your video presentation, upload it here:  [ECRAID-BASE-CASE-REPORTS](#) and inform Ali Merzouk by email ali.merzouk@ersnet.org
- A brief animated segment will be added to your video by Ali Merzouk.

Please direct any enquiries to:

- Ali Merzouk ali.merzouk@ersnet.org for production related technical enquiries.
- Marko Markov marko.markov@ecraid.eu for promotion and communications of case study.

2. Production Guidance

Please view and refer to these to tutorials on how to record a video presentation with PowerPoint:

1. [How to RECORD a PowerPoint Presentation with AUDIO and VIDEO](#)

<https://www.youtube.com/watch?v=2m60HT3OMOI>

2. [Microsoft PowerPoint Record a presentation](#)

<https://support.microsoft.com/en-us/office/record-a-presentation-2570dff5-f81c-40bc-b404-e04e95ffab33>



Microsoft PowerPoint

Record a presentation

3. Case content and structure

The case reports should make full use of measurements, laboratory results, and images from diagnostic tests. It should be presented chronologically.

The target structure of the case reports is as follows:

1. **Symptoms**
brief description of the patient's appearance on the first visit, ideally accompanied with a video, alternatively with a picture
2. **History and examination**
description of the patient history and results of initial examinations
3. **Clinical diagnosis**
clinical diagnosis and justification
4. **Further investigations**
additional tests performed including, X-rays, CT, MRI, spirometry or any other test that is recommended to make the diagnosis, pictures, videos or sounds can be included
5. **Diagnosis**
conclusion of all tests and investigations
6. **Treatment**
brief description of the treatment and course of the disease
7. **Further reading**
one or two articles leading deeper into the topic.

4. Peer review

It is highly recommended that the case study undergoes peer review before submitting.

5. Patient consent and confidentiality

- Any case report that contains personal medical information about an identifiable living individual requires the patient's explicit consent before it can be published. Authors should be able to produce a patient consent form on request.
- If consent cannot be obtained because the patient cannot be traced then publication will be possible only if the information can be sufficiently anonymised.
- If the patient is deceased, the authors should seek permission from a relative.
- If a patient may be identified from a photograph or other image, the patient must provide consent for publication.
- Images – including, but not limited to, x rays, ultrasound images, or photos of undistinctive parts of the body – may be used without consent so long as they are anonymised by the removal of any identifying marks and are not accompanied by text that could reveal the patient's identity.

6. Conflict of interest

- All authors are expected to disclose any potential competing or conflicting interests in their slides
- Authors must comply to The European Respiratory Society's policy on tobacco industry funding, as detailed in Article X of the ERS Bylaws:

The ERS and the editors adhere to the European Respiratory Society policy on tobacco industry funding. The ERS does not accept contributions from authors who receive funding from the tobacco industry or from electronic nicotine delivery system companies that are wholly or partially owned by tobacco companies. Authors will be asked to disclose any funding and/or conflict of interest related to the tobacco industry. In the case of disclosure of a conflict of interest any time after January 1, 2000 by the person concerned, there will be a 5-year ban from the date of disclosure before that person is allowed to participate actively in an ERS event again. In the case of the discovery of a conflict of interest, which was not disclosed by the person concerned, there will be a ban for life from participating actively in any ERS activity, including all ERS publications and scientific and intellectual contributions of any type. The same principle will apply to any other real or perceived, direct or indirect links with the tobacco industry, such as the holding of shares, speaking at or attending meetings organised by the tobacco industry. Any person found to be maintaining a relationship (as defined above) with, or receiving funding from, the tobacco industry after January 1, 2013 will be banned for life from involvement in any ERS activity including membership, all ERS publications, scientific and intellectual contributions of any type.