

## Medical University of South Carolina ARROW External Editing Application

Today's date		
Full Name	MUSC (	College
Department/Divison	Faculty Rank	
Primary contact email	Primary contact phone number	
Provide justification for how additional re	esponsibilities or other complications due to the	pandemic limited your productivity:
Journal	Article type	
or		
Type of publication		
Publication title		
Deadline		
Level of editing needed copy editi	ing formatting substantive editing *He	ow to determine what level of editing is needed
Is this your final version?  yes	] no,   still have additions/changes (please explai	n below)
Manuscript checklist:		
Author names	Manuscript sections: abstract, introduction,	Conflict of interest statement, if applicable
Author affiliations	methods, results, discussion	Data availability statement, if applicable
Corresponding author address and contact information	Acknowledgments and funding sources References	Reviewer comments (please include if previously submitted to this or other journal)
Title	Figure legends	previously subtritted to this of other journal)
Short title	Figures	
Keywords	☐ Tables	
Any additional information/notes to th	ne editor:	