



AUTHOR SUBMISSION TEMPLATE & FORM

Authors requesting a Corrigendum or Addendum must complete this form in full and upload it to the manuscript management system alongside all supporting files.

Request Type	☐ Corrigendum (Author Error) ☐ Addendum (Critical Addition)
Original Article Title	
Original Article DOI	
Manuscript ID / Ref No.	
Publication Date / Issue	

Corresponding Author

All Co-Authors Listed

Location of Error/Addition

Page number(s): ____ | Section: _____ |
Paragraph/Table/Figure: ____

Detailed Description of Reason for Correction

Provide a clear explanation of how the error occurred
and why it does not impact primary scientific
outcomes:

Impact Assessment

Does this change affect clinical interpretation or
patient safety? ☐ NO ☐ YES (Explain below)

Standard Text Formatting Requirements

Mandatory Published Format: Corrigendum Statement Text Format (Exact Draft to be Published):

"In the article titled '[_____] ' [1], an error was identified in [_____] . Specifically, [state original incorrect text or numerical value]. This should be corrected to [state exact replacement text or numerical value]. The authors state that this correction does not alter the scientific findings, clinical recommendations, or conclusions of the original article. The authors apologize for any inconvenience caused to the readers."

Co-Author Sign-Off & Declaration

By signing below, all listed co-authors confirm that they have reviewed and approved the exact text of the Corrigendum/Addendum request above and agree with its submission for publication.

Author Name	Signature / Digital Verification	Date	Status / Agreement
Author 1:			☐ Approved
Author 2:			☐ Approved
Author 3:			☐ Approved
Author 4:			☐ Approved