*Type*

**Article title in sentence-case capitalization**

**Running Title**

**Abstract**

The acceptable length of abstract is 200–400 words, which is subject to the article type. The abstract should provide a brief summary of the paper. It should not contain any non-standard abbreviations, acknowledgments of support, references, footnotes.

**Keywords**: Key word 1; Key word 2; Key word 3; Key word 4; Key word 5; Key word 6

**1. Introduction**

American English is desirable throughout the text. Abbreviations should be spelled out when first used. Integers below ten should also be spelled out (“six” instead of “6” for example). If non-English words are used, such as *de facto*, they should be italicized. Authors are encouraged to have their manuscript proofread prior to submission.

Do not use footnotes in every section of the paper. Avoid using sub-sections in Introduction.

Define abbreviations and acronyms upon their first appearance, separately, in the abstract, main text, table legends, and figure captions and legends.

In-text citations that will be listed in the References section at the end of the submission should be numbered consecutively in superscript square brackets. For example: Multidisciplinary research spans many disciplines [1]. This result was later contradicted by McClusky and McCarthy [2,3]. This effect has been widely studied [4-6]. This hypothesis is supported by many schools of thoughts [3, 7-9].

**2. Materials and methods**

**2.1. Materials**

State all the materials used in the study, and include the manufacturer’s name, city and country of origin.

**2.2. Method 1**

Describe the method clearly and concisely.

**2.3. Method 2**

Describe the method clearly and concisely.

Use Roman numerals in parentheses, e.g., (I), (II), (III), (IV), to list equations and formulae.

$E=mc^{2}$ (I)

**2.3.1. Description A**

*Advanced Neurology* allows up to 3 levels of headings.

**2.3.2. Description B**

Avoid introducing further sub-sections after the level 3 (e.g., **2.3.2.1. Sub-description**).

**2.4. Statistical analysis**

Include at least one paragraphs describing the statistical tests and software used for data analysis.

**3. Results**

**3.1. Result A**

Describe the result clearly and concisely. All figures and tables presented in the paper should be cited in the text in chronological order; for instance, **Figure 1** shows CT scan of the heart, and **Table 1** presents the parameters used. Insert figures and/or tables at the back of manuscript.

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**3.2. Result B**

Describe the result clearly and concisely. All figures and tables presented in the paper should be cited in the text in chronological order; for instance, **Figure 2(A)** shows MRI of the kidney, while **Figure 2(B)** shows a schematic diagram depicting the mechanism of apoptosis, and **Table 2** presents the parameters used.

If supplementary figures and/or tables are included, they should be presented in a chronological order on a separate file called “Supplementary File”. Supplementary figures and/or tables should be appropriately cited in the tex. Make use of capital letter “S” to denote the difference between materials presented in the paper and those in the Supplementary File; for example, **Figure S1** (in **Supplementary File**) shows the flowchart of the clinical study.

**3.3. Result C**

**3.3.1. Description A**

*Advanced Neurology* allows up to 3 levels of headings.

**3.3.2. Description B**

Avoid introducing further sub-sections after the level 3 (e.g., **2.3.2.1. Sub-description**).

**4. Discussion**

Discussion can be presented alone, independent of Results section. Alternatively, Discussion can also be merged with Results as **3. Results and Discussion**, and sub-sections can be used for better presentation too.

In-text citations that will be listed in the References section at the end of the submission should be numbered consecutively in superscript square brackets. For example: Negotiation research spans many disciplines [1]. This result was later contradicted by Becker and Seligman [2,3]. This effect has been widely studied [4-6]. This hypothesis is supported by many schools of thoughts [3, 7-10].

**5. Conclusion**

Conclusion should be concise. Present only the most important take-home message in this section.

**References**

References must be numbered. Include DOI if available. Managing references using software, such as EndNote and Mendeley, is strongly recommended. Personal communications and unpublished works should be excluded from this section. Refer to the Instructions for Author Guidelines (<https://accscience.com/journal/AN/instructions>) for more information.

1. Hart RG, Catanese L, Perera KS, Ntaios G, Connolly SJ. Embolic stroke of undetermined source: A systematic review and clinical update. *Stroke.* 2017;48(4):867-872. doi: 10.1161/STROKEAHA.116.016414
2. Kleindorfer DO, Towfighi A, Chaturvedi S, *et al.* 2021 guideline for the prevention of stroke in patients with stroke and transient ischemic attack: A guideline from the American Heart Association/American Stroke Association. *Stroke.* 2021;52(7):e364-e467. doi: 10.1161/STR.0000000000000375
3. Diener HC, Easton JD, Hart RG, Kasner S, Kamel H, Ntaios G. Review and update of the concept of embolic stroke of undetermined source. *Nat Rev Neurol.* 2022;18(8):455-465. doi: 10.1038/s41582-022-00663-4
4. Toi S, Shirai Y, Ishizuka K, *et al.* Recurrent stroke incidence and etiology in patients with embolic stroke of undetermined source and other stroke subtypes. *J Atheroscler Thromb*. 2022;29(3):393-402. doi: 10.5551/jat.61895
5. Veltkamp R, Pearce LA, Korompoki E, *et al.* Characteristics of recurrent ischemic stroke after embolic stroke of undetermined source: Secondary analysis of a randomized clinical trial. *JAMA Neurol.* 2020;77(10):1233-1240. doi: 10.1001/jamaneurol.2020.1995
6. Leventis I, Perlepe K, Sagris D, *et al.* Characteristics and outcomes of Embolic Stroke of Undetermined Source according to stroke severity. *Int J Stroke.* 2020;15(8):866-871. doi: 10.1177/1747493020909546
7. Ntaios G, Perlepe K, Lambrou D, *et al.* Prevalence and overlap of potential embolic sources in patients with embolic stroke of undetermined source. *J Am Heart Assoc.* 2019;8(15):e012858. doi: 10.1161/JAHA.119.012858
8. Ntaios G, Papavasileiou V, Milionis H, *et al.* Embolic strokes of undetermined source in the Athens stroke registry: An outcome analysis. *Stroke.* 2015;46(8):2087-2093. doi: 10.1161/STROKEAHA.115.009334
9. Rubiera M, Aires A, Antonenko K, *et al.* European stroke organisation (ESO) guideline on screening for subclinical atrial fibrillation after stroke or transient ischaemic attack of undetermined origin. *Eur Stroke J*. 2022;7(3):6. doi: 10.1177/23969873221099478
10. Schnabel RB, Haeusler KG, Healey JS, *et al.* Searching for atrial fibrillation poststroke: A white paper of the AF-SCREEN international collaboration. *Circulation.* 2019;140(22):1834-1850. doi: 10.1161/CIRCULATIONAHA.119.040267

**Figures and Tables**



**Figure 1.** Give title of Figure 1 and figure caption should be beneath the image.



**Figure 2.** Title of Figure 2. (A) Give a proper title to each panel of the figure. (B) Give a proper title to each panel of the figure.

**Table 1.** Table caption should be placed on top of the table.

|  |  |
| --- | --- |
| **Parameters** | **Temperature** |
| **55°C** | **80°C** | **100°C** |
| Parameter A | 414 | 212 b | 313 |
| Parameter B | 666 a | 777 | 888 |

Add legend below the table. Define all abbreviations used in the table in alphabetical order and define the symbols used. a P<0.05, b P<0.01.

**Table 2.** Table caption should be placed on top of the table.

|  |  |
| --- | --- |
| **Parameters** | **Light intensity** |
| **Low** | **Moderate** | **High** |
| Parameter A | 414 | 212 b | 313 |
| Parameter B | 666 a | 777 | 888 |

Add legend below the table. Define all abbreviations used in the table in alphabetical order and define the symbols used. a P<0.05, b P<0.01.