Title

First author first name followed by surname, [1] *second author first name followed by surname, [2] third author first name followed by surname, [3] etc… according to the number of authors

[1] Affiliation of the first author, [2] Affiliation of the second author, [3] Affiliation of the second author. * Corresponding Author's e-mail: xxx@gmail.com

A single paragraph of 150-250 words maximum and not broken down into separate headings; objectives, methods, results, and conclusion. The same contents are squeezed into a single paragraph without headings and references.

Example:

First Clinical Case of VIM-1-Producing Leclercia adecarboxylata: A case report and literature review

*Mohammed Abdullah Al Shuhoumi,[1–3] Abdulrahman Al Mhrooqi,[1] Azza Al-Rashdi,[4] Rajesh Kumar,[5] Ahood Al-Jabri,[5] Amal Al-Kalbani,[5] Amina Al-Jardani[4,6]
[1]Laboratory Department, Ibri Hospital, Ibri, Oman; [2]Academic lecturer, Oman College of Health Sciences, Muscat, Oman; [3]Center of Studies and Research, Muscat, Oman; [4]Central Public Health Laboratories, Directorate General of Disease Surveillance and Control (DGDSC), Muscat, Oman; [5]Central Public Health Laboratory, Muscat, Oman; [6]WHO Collaborating Center for Emerging & Re-emerging Infections, Central Public Health Laboratories, DGDSC, Ministry of Health, Muscat, Oman. *Corresponding Author's e-mail: MLS971.ihs@gmail.com

Leclercia adecarboxylata is a recently recognised emerging pathogen. We describe the first emergence of L. adecarboxylata generating VIM-1 in an immunocompetent 63-year-old female patient with an abrupt intracerebral haemorrhage. This case report aimed to narrate the course of infection, management, outcomes and the unique morphological and molecular characteristics of the VIM-1-producing L. adecarboxylata. The local laboratory used API E to identify the multi-drug resistant strain in the patient's sample. It was identified using Vitek 2, MALDI-TOF MS and 16S rRNA sequencing after being sent to the central public health laboratory. Vitek 2 was used to conduct antimicrobial susceptibility testing (AST), which employed the AST GN card 215 and the E test. The Clinical and Laboratory Standards Institute served as the foundation for the data interpretation. To validate the isolate's phenotype as a Carbapenem producing Enterobacterals (CPE), the modified Hodge test and the modified Carbapenem inactivation technique were used. Furthermore, multiplex PCR targeting blaOXA-48, blaNDM, blaKPC, blaIMP and blaVIM was used to characterise the CPE genes on a molecular level. Finally, the sanger cycle sequencing technique (BigDyeTM Terminator v3.1 - Cycle Sequencing) was used for VIM amplicon to confirm VIM-1. The strain was incorrectly classified as Citrobacter koseri by API E (99.9%) and Pantoea species by Vitek 2, however L. adecarboxylata was verified by MALDI-TOF MS (score 2) and 16S ribosomal RNA analysis. The existence of two populations of resistance genes, VIM- 1 and OXA-48, was detected using conventional PCR.