

Instructions to the Authors

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The Editorial Process



A manuscript will be reviewed for possible publication with the understanding that it is being submitted to Journal of Clinical and Preventive Cardiology alone at that point in time and has not been published anywhere, simultaneously submitted, or already accepted for publication elsewhere. The journal expects that authors would authorize one of them to correspond with the Journal for all matters related to the manuscript. All manuscripts received are duly acknowledged. On submission, editors review all submitted manuscripts initially for suitability for formal review. Manuscripts with insufficient originality, serious scientific or technical flaws, or lack of a significant message are rejected before proceeding for formal peer-review. Manuscripts that are unlikely to be of interest to the Journal of Clinical and Preventive Cardiology readers are also liable to be rejected at this stage itself.

Manuscripts that are found suitable for publication in Journal of Clinical and Preventive Cardiology are sent to two or more expert reviewers. During submission, the contributor is requested to provide names of two or three qualified reviewers who have had experience in the subject of the submitted manuscript, but this is not mandatory. The reviewers should not be affiliated with the same institutes as the contributor/s. However, the selection of these reviewers is at the sole discretion of the editor. The journal follows a double-blind review process, wherein the reviewers and authors are unaware of each other's identity. Every manuscript is also assigned to a member of the editorial team, who based on the comments from the reviewers takes a final decision on the manuscript. The comments and suggestions (acceptance/ rejection/ amendments in manuscript) received from reviewers are conveyed to the corresponding author. If required, the author is requested to provide a point by point response to reviewers' comments and submit a revised version of the manuscript. This process is repeated till reviewers and editors are satisfied with the manuscript.

Manuscripts accepted for publication are copy edited for grammar, punctuation, print style, and format. Page proofs are sent to the corresponding author. The corresponding author is expected to return the corrected proofs within three days. It may not be possible to incorporate corrections received after that period. The whole process of submission of the manuscript to final decision and sending and receiving proofs is completed online. To achieve faster and greater dissemination of knowledge and information, the journal publishes articles online as 'Ahead of Print' immediately on acceptance.

Clinical trial registry



Journal of Clinical and Preventive Cardiology favors registration of clinical trials and is a signatory to the Statement on publishing clinical trials in Indian biomedical journals. Journal of Clinical and Preventive Cardiology would publish clinical trials that have been registered with a clinical trial registry that allows free online access to public. Registration in the following trial registers is acceptable: <http://www.ctri.in/>; <http://www.actr.org.au/>; <http://www.clinicaltrials.gov/>; <http://isrctn.org/>; <http://www.trialregister.nl/trialreg/index.asp>; and <http://www.umin.ac.jp/ctr>. This is applicable to clinical trials that have begun enrollment of subjects in or after June 2008. Clinical trials that have commenced enrollment of subjects prior to June 2008 would be considered for publication in Journal of Clinical and Preventive Cardiology only if they have been registered retrospectively with clinical trial registry that allows unhindered online access to public without charging any fees.

Authorship Criteria



Authorship credit should be based only on substantial contributions to each of the three components mentioned below:

1. Concept and design of study or acquisition of data or analysis and interpretation of data;

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2. Drafting the article or revising it critically for important intellectual content; and
3. Final approval of the version to be published.

Participation solely in the acquisition of funding or the collection of data does not justify authorship. General supervision of the research group is not sufficient for authorship. Each contributor should have participated sufficiently in the work to take public responsibility for appropriate portions of the content of the manuscript. The order of naming the contributors should be based on the relative contribution of the contributor towards the study and writing the manuscript. Once submitted the order cannot be changed without written consent of all the contributors. The journal prescribes a maximum number of authors for manuscripts depending upon the type of manuscript, its scope and number of institutions involved (vide infra). The authors should provide a justification, if the number of authors exceeds these limits.

Contribution Details



Contributors should provide a description of contributions made by each of them towards the manuscript. Description should be divided in following categories, as applicable: concept, design, definition of intellectual content, literature search, clinical studies, experimental studies, data acquisition, data analysis, statistical analysis, manuscript preparation, manuscript editing and manuscript review. One or more author should take responsibility for the integrity of the work as a whole from inception to published article and should be designated as 'guarantor'.

All these details should be included in the cover letter/ title page (please see below).

Conflicts of Interest/ Competing Interests



All authors must disclose any and all conflicts of interest they may have with publication of the manuscript or an institution or product that is mentioned in the manuscript and/or is important to the outcome of the study presented. Authors should also disclose conflict of interest with products that compete with those mentioned in their manuscript.

All these details should be included in the cover letter/ title page (please see below).

Types of Manuscripts



Editorials:

The editors will solicit all editorials. Instructions pertaining to the writing of an editorial will be included with the request from the editorial office.

Original Research Articles:

The Journal of Clinical and preventive cardiology considers all types of original research articles. Specific content areas of interest are as follows: cardiovascular epidemiology, coronary heart disease, cardiovascular risk factors, early detection of cardiovascular disease, preventive cardiology, clinical cardiology, etc.

Review Articles:

The reviews will focus on topics of contemporary interest to the clinician and may include newer diagnostic strategies, management approach of a particular clinical condition, drug therapies, technologies, etc.

Please note that the editors will invite most review articles. However, unsolicited material will also be considered for publication.

Debates:

The purpose of this section is to provide the readers with overall perspective of a challenging and controversial clinical situation. Opposing views from two prominent experts in that field will be presented together with a perspective from the editor to help readers gain clear insights in to different issues involved in the management of the clinical condition discussed.

All the debates will be solicited by the editors.

View Point:

The view point is a focussed, short form of a review article that will present an expert's opinion on a specific clinical situation.

The editors will invite most view-points. However, unsolicited material will also be considered for publication.

Brief report:

This section will include the original research work which has enough scientific and clinical relevance to merit publication but is not adequate enough to be published as full-length original article. The manuscript may be prepared on the lines of an original article.

Correspondence:

Letters to the Editor, which pertain directly to an article published in the journal within the preceding 2 issues, will be considered for publication. A letter must not exceed 500 words in length and must be limited to 3 authors and 5 references. Letters should not have tables or figures. Authors of the original article cited in the letter will be invited to reply.

Case Vignettes:

Case vignettes are intended to discuss important clinical dilemmas, or very unusual findings, accompanied by excellent images and a concise, relevant discussion. Pertinent teaching points, as appropriate, must be highlighted. Each case vignette must be accompanied by a brief abstract (not more than 150 words) and the length of the manuscript should not exceed 1500 words. A maximum of five authors and ten citations are permitted. Specific requirements for images are discussed below in greater detail.

Images in Cardiology:

Clinical images that illustrate either important “classic” or novel findings, emphasize an abnormality, or elucidate a new therapy will be considered for publication. All submissions should be accompanied by a cover letter, a title page and a concise description of no more than 150 words. Only up to three authors are allowed and no citations are permitted.

Students’ page:

This section aims to target medical graduates, post-graduate students and young clinicians. The objective of this section is to provide them with the basic understanding, in a step-by-step and practical manner, of applying a specific diagnostic or management approach in their daily clinical practice. This may include a clinical examination technique, investigation modality or management approach.

This section will also serve as a forum for the students where they can get their clinical queries answered by the experts. The queries can be emailed at editor@jcpconline.org.

This section will usually publish material solicited by the editors.

Books and Trials:

The journal will publish concise, unbiased review of recently published books of high clinical relevance or recent landmark trials. These reviews will usually be solicited by the editors but unsolicited material may also be considered for publication.

Manuscript submission, processing and publication charges

The journal does not charge the authors or authors’ institutions for the submission, processing and or publication of manuscripts.

Submission of Manuscripts

All manuscripts must be submitted on-line through the website <http://www.journalonweb.com/jcpc>. First time users will have to register at this site. Registration is free but mandatory. Registered authors can keep track of their articles after logging into the site using their user name and password. If you experience any problems, please contact the editorial office by e-mail at editor@jcpconline.org.

The submitted manuscripts that are not as per the “Instructions to Authors” would be returned to the authors for technical correction, before they undergo editorial/ peer-review. Generally, the manuscript should be submitted in the form of two separate files:

[1] Title Page cum First Page cum Cover letter:

This file should provide-

1. The type of manuscript (original article, case report, review article, Letter to editor, Images, etc.), title of the manuscript, running title, names of all authors/ contributors (with their highest academic degrees, designation and affiliations) and name(s) of department(s) and/ or institution(s) to which the work should be credited. All information which can reveal your identity should be here. Use text/rtf/doc files. Do not zip the files.

2. The total number of pages, total number of photographs and word counts separately for abstract and for the text (excluding the references, tables and abstract), word counts for introduction + discussion in case of an original article.
3. Source(s) of support in the form of grants, equipment, drugs, or all of these.
4. Acknowledgement, if any. One or more statements should specify 1) contributions that need acknowledging but do not justify authorship, such as general support by a departmental chair; 2) acknowledgments of technical help; and 3) acknowledgments of financial and material support, which should specify the nature of the support. This should be included in the title page of the manuscript and not in the main article file.
5. If the manuscript was presented as part at a meeting, the organization, place, and exact date on which it was read. A full statement to the editor about all submissions and previous reports that might be regarded as redundant publication of the same or very similar work. Any such work should be referred to specifically, and referenced in the new paper. Copies of such material should be included with the submitted paper, to help the editor decide how to handle the matter.
6. Registration number in case of a clinical trial and where it is registered (name of the registry and its URL).
7. Conflicts of Interest of each author/ contributor. A statement of financial or other relationships that might lead to a conflict of interest, if that information is not included in the manuscript itself or in an authors' form.
8. Criteria for inclusion in the authors'/ contributors' list.
9. A statement that the manuscript has been read and approved by all the authors, that the requirements for authorship as stated earlier in this document have been met, and that each author believes that the manuscript represents honest work, if that information is not provided in another form (see below).
10. The name, address, e-mail, and telephone number of the corresponding author, who is responsible for communicating with the other authors about revisions and final approval of the proofs, if that information is not included on the manuscript itself.

Templates provided above for different manuscript types include the template for First page/ Cover letter also. Authors are encouraged to refer to those templates.

[2] **Blinded Article file:** The main text of the article, beginning from Abstract till References (including tables) should be in this file. The file must not contain any mention of the authors' names or initials or the institution at which the study was done or acknowledgements. Page headers/running title can include the title but not the authors' names. Manuscripts not in compliance with the Journal's blinding policy will be returned to the corresponding author. Use rtf/doc files. Do not zip the files. **Limit the file size to 1 MB.** Do not incorporate images in the file. If file size is large, graphs can be submitted as images separately without incorporating them in the article file to reduce the size of the file. The pages should be numbered consecutively, beginning with the first page of the blinded article file.

[3] **Images:** Submit good quality color images. **Each image should be less than 2 MB in size.** Size of the image can be reduced by decreasing the actual height and width of the images (keep up to 1600 x 1200 pixels or 5-6 inches). Images can be submitted as jpeg files. Do not zip the files. Legends for the figures/images should be included at the end of the article file. Print ready hard copies of the images (one set) or digital images should be sent to the journal office at the time of submitting revised manuscript. High resolution images (up to 5 MB each) can be sent by email.

[4] **The contributors' form/ copyright transfer form** (template provided below) has to be submitted in original with the signatures of all the contributors within two weeks of submission via courier, fax or email as a scanned image. Contributors' form / copyright transfer form can also be submitted online from the authors' area on <http://www.journalonweb.com/jcpc>.

Preparation of Manuscripts



Journal of Clinical and Preventive Cardiology accepts manuscripts written in American English.

All manuscripts must be prepared in accordance with "Uniform requirements for Manuscripts submitted to Biomedical Journal" developed by International Committee of Medical Journal Editors (www.icmje.org). The specific requirements of the Journal of Clinical and Preventive Cardiology are given below. Before submitting a manuscript, contributors are requested to check for the latest instructions available. Instructions can be accessed either from the website of the journal (<http://www.jcpconline.org>) or from the manuscript submission site (<http://www.journalonweb.com/jcpc>).

Specific instructions for Original Research Articles:

Introduction: State the purpose and summarize the rationale for the study or observation.

Materials and Methods: It should include and describe the following aspects:

- **Ethics:** When reporting studies on human beings, indicate whether the procedures followed were in accordance with the ethical standards of the responsible committee on human experimentation (institutional or regional) and with the Helsinki Declaration of 1975, as revised in 2000 (available at http://www.wma.net/e/policy/17-c_e.html). For prospective studies involving human participants, authors are expected to mention about approval of (regional/ national/ institutional or independent Ethics Committee or Review Board, obtaining informed consent from adult research participants and obtaining assent for children aged over 7 years participating in the trial. The age beyond which assent would be required could vary as per regional and/ or national guidelines. Ensure confidentiality of subjects by desisting from mentioning participants' names, initials or hospital numbers, especially in illustrative material. When reporting experiments on animals, indicate whether the institution's or a national research council's guide for, or any national law on the care and use of laboratory animals was followed.

Evidence for approval by a local Ethics Committee (for both human as well as animal studies) must be supplied by the authors on demand. Animal experimental procedures should be as humane as possible and the details of anesthetics and analgesics used should be clearly stated. The ethical standards of experiments must be in accordance with the guidelines provided by the CPCSEA and World Medical Association Declaration of Helsinki on Ethical Principles for Medical Research Involving Humans for studies involving experimental animals and human beings, respectively). The journal will not consider any paper which is ethically unacceptable. A statement on ethics committee permission and ethical practices must be included in all research articles under the 'Materials and Methods' section.

- **Study design: Selection and Description of Participants:** Describe your selection of the observational or experimental participants (patients or laboratory animals, including controls) clearly, including eligibility and exclusion criteria and a description of the source population. **Technical information:** Identify the methods, apparatus (give the manufacturer's name and address in parentheses), and procedures in sufficient detail to allow other workers to reproduce the results. Give references to established methods, including statistical methods (see below); provide references and brief descriptions for methods that have been published but are not well known; describe new or substantially modified methods, give reasons for using them, and evaluate their limitations. Identify precisely all drugs and chemicals used, including generic name(s), dose(s), and route(s) of administration.

Reports of randomized clinical trials should present information on all major study elements, including the protocol, assignment of interventions (methods of randomization, concealment of allocation to treatment groups), and the method of masking (blinding), based on the CONSORT Statement (<http://www.consort-statement.org>).

- **Reporting Guidelines for Specific Study Designs**

Initiative	Type of Study	Source
CONSORT	Randomized controlled trials	http://www.consort-statement.org
STARD	Studies of diagnostic accuracy	http://www.consort-statement.org/stardstatement.htm
QUOROM	Systematic reviews and meta-analyses	http://www.consort-statement.org/Initiatives/MOOSE/moose.pdf
STROBE	Observational studies in epidemiology	http://www.strobe-statement.org
MOOSE	Meta-analyses of observational studies in epidemiology	http://www.consort-statement.org/Initiatives/MOOSE/moose.pdf

- **Statistics:** Whenever possible quantify findings and present them with appropriate indicators of measurement error or uncertainty (such as confidence intervals). Authors should report losses to observation (such as, dropouts from a clinical trial). When data are summarized in the Results section, specify the statistical methods used to analyze them. Avoid

non-technical uses of technical terms in statistics, such as 'random' (which implies a randomizing device), 'normal', 'significant', 'correlations', and 'sample'. Define statistical terms, abbreviations, and most symbols. Specify the computer software used. Use upper italics (P 0.048). For all P values include the exact value and not less than 0.05. Mean differences in continuous variables, proportions in categorical variables and relative risks including odds ratios and hazard ratios should be accompanied by their confidence intervals.

Results: Present your results in a logical sequence in the text, tables, and illustrations, giving the main or most important findings first. Do not repeat in the text all the data in the tables or illustrations; emphasize or summarize only important observations. Extra- or supplementary materials and technical detail can be placed in an appendix where it will be accessible but will not interrupt the flow of the text; alternatively, it can be published only in the electronic version of the journal.

When data are summarized in the Results section, give numeric results not only as derivatives (for example, percentages) but also as the absolute numbers from which the derivatives were calculated, and specify the statistical methods used to analyze them. Restrict tables and figures to those needed to explain the argument of the paper and to assess its support. Use graphs as an alternative to tables with many entries; do not duplicate data in graphs and tables. Where scientifically appropriate, analyses of the data by variables such as age and sex should be included.

Discussion: Include summary of *key findings* (primary outcome measures, secondary outcome measures, results as they relate to a prior hypothesis); *Strengths and limitations* of the study (study question, study design, data collection, analysis and interpretation); *Interpretation and implications* in the context of the totality of evidence (is there a systematic review to refer to, if not, could one be reasonably done here and now?, what this study adds to the available evidence, effects on patient care and health policy, possible mechanisms); *Controversies* raised by this study; and *Future research directions* (for this particular research collaboration, underlying mechanisms, clinical research).

Do not repeat in detail data or other material given in the Introduction or the Results section. In particular, contributors should avoid making statements on economic benefits and costs unless their manuscript includes economic data and analyses. Avoid claiming priority and alluding to work that has not been completed. New hypotheses may be stated if needed, however they should be clearly labeled as such. About 30 references can be included.

Instructions common to all types of manuscripts:

Presentation format, Language and Grammar

- Double spacing
- Margins 2.5 cm from all four sides
- Page numbers included at bottom
- Uniformly American English
- Write the full term for each abbreviation at its first use in the title, abstract, keywords and text separately unless it is a standard unit of measure. Numerals from 1 to 10 spelt out
- Numerals at the beginning of the sentence spelt out
- If a brand name is cited, supply the manufacturer's name and address (city and state/country).
- Species names should be in italics

References

References should be *numbered* consecutively in the order in which they are first mentioned in the text (not in alphabetic order). Identify *references in text*, tables, and legends by Arabic numerals in superscript with square bracket after the *punctuation marks*. *References cited only* in tables or figure legends should preferably be numbered in accordance with the sequence established by the first identification in the text of the particular table or figure. Use the style of the examples below, which are based on the formats used by the NLM in *Index Medicus*. The titles of journals *should be abbreviated* according to the style used in *Index Medicus*. Use complete name of the journal for non-indexed journals. Avoid using abstracts as references. Information from manuscripts submitted but not accepted should be cited in the text as "unpublished observations" with written permission from the source. Avoid citing a "personal communication" unless it provides essential information not available from a public source, in which case the name of the person and date of communication should be cited in parentheses in the text.

The commonly cited types of references are shown here, for other types of references such as newspaper items please refer to ICMJE Guidelines (<http://www.icmje.org> or http://www.nlm.nih.gov/bsd/uniform_requirements.html).

Articles in Journals

1. Standard journal article (for up to six authors): Parija S C, Ravinder PT, Shariff M. Detection of hydatid antigen in the fluid samples from hydatid cysts by co-agglutination. *Trans. R.Soc. Trop. Med. Hyg.* 1996; 90:255–256.
2. Standard journal article (for more than six authors): List the first six contributors followed by *et al.* Roddy P, Goiri J, Flevaud L, Palma PP, Morote S, Lima N. *et al.*, Field Evaluation of a Rapid Immunochromatographic Assay for Detection of *Trypanosoma cruzi* Infection by Use of Whole Blood. *J. Clin. Microbiol.* 2008; 46: 2022-2027.
3. Volume with supplement: Otranto D, Capelli G, Genchi C: Changing distribution patterns of canine vector borne diseases in Italy: leishmaniosis vs. dirofilariosis. *Parasites & Vectors* 2009; Suppl 1:S2.

Books and Other Monographs

1. Personal author(s): Parija SC. Textbook of Medical Parasitology. 3rd ed. All India Publishers and Distributors. 2008.
2. Editor(s), compiler(s) as author: Garcia LS, Filarial Nematodes In: Garcia LS (editor) Diagnostic Medical Parasitology ASM press Washington DC 2007: pp 319-356.
3. Chapter in a book: Nesheim M C. Ascariasis and human nutrition. *In Ascariasis and its prevention and control*, D. W. T. Crompton, M. C. Nesbemi, and Z. S. Pawlowski (eds.). Taylor and Francis, London, U.K. 1989, pp. 87–100.

Electronic Sources as reference

Journal article on the Internet: Parija SC, Khairnar K. Detection of excretory *Entamoeba histolytica* DNA in the urine, and detection of *E. histolytica* DNA and lectin antigen in the liver abscess pus for the diagnosis of amoebic liver abscess. *BMC Microbiology* 2007, 7:41. doi:10.1186/1471-2180-7-41. <http://www.biomedcentral.com/1471-2180/7/41>

Tables

- Tables with their legends should be placed at the end of the text after the references. All tables must be cited in text.
- Number tables, in Arabic numerals, consecutively in the order of their first citation in the text and supply a brief title for each.
- Tables should be self-explanatory and should not duplicate textual material.
- Tables with more than 10 columns and 25 rows are not acceptable.
- Place explanatory matter in footnotes, not in the heading.
- Explain in footnotes all non-standard abbreviations that are used in each table.
- Obtain permission for all fully borrowed, adapted, and modified tables and provide a credit line in the footnote.
- For footnotes use the following symbols, in this sequence: *, †, ‡, §, ||, ¶, **, ††, ‡‡.

Illustrations (Figures)

- Upload the images in JPEG format. The file size should be within 1024 kb in size while uploading.
- Figures should be numbered consecutively according to the order in which they have been first cited in the text.
- Labels, numbers, and symbols should be clear and of uniform size. The lettering for figures should be large enough to be legible after reduction to fit the width of a printed column.
- Symbols, arrows, or letters used in photomicrographs should contrast with the background and should be marked neatly with transfer type or by tissue overlay and not by pen.
- Titles and detailed explanations belong in the legends for illustrations and not on the illustrations themselves.
- When graphs, scatter-grams or histograms are submitted, the numerical data on which they are based should also be supplied.
- The photographs and figures should be trimmed to remove all the unwanted areas.
- If photographs of individuals are used, their pictures must be accompanied by written permission to use the photograph.
- If a figure has been published elsewhere, acknowledge the original source and submit written permission from the copyright holder to reproduce the material. A credit line should appear in the legend for such figures.
- Legends for illustrations: Type or print out legends (maximum 40 words, excluding the credit line) for illustrations using double spacing, with Arabic numerals corresponding to the illustrations. When symbols, arrows, numbers, or letters are used to identify parts of the illustrations, identify and explain each one in the legend. Explain the internal scale (magnification) and identify the method of staining in photomicrographs.
- Final figures for print production: Send sharp, glossy, un-mounted, color photographic prints, with height of 4 inches and width of 6 inches at the time of submitting the revised manuscript. Print outs of digital photographs are not acceptable. If digital images are the only source of images, ensure that the image has minimum resolution of 300 dpi or 1800 x 1600 pixels in TIFF format. Send the images on a CD (alternatively, the images can be emailed to editor@jcpconline.org). Each figure should have a label pasted (avoid use of liquid gum for pasting) on its back indicating the number of the figure, the running title, top of the figure and the legends of the figure. Do not write the contributor/s' name/s. Do not write on the back of figures, scratch, or mark them by using paper clips.
- The Journal reserves the right to crop, rotate, reduce, or enlarge the photographs to an acceptable size.

Videos

The journal does not accept videos for publication at present.

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any and all published articles or other manuscripts in preparation or submitted elsewhere that are related to the manuscript must also accompany the manuscript.

Protection of Patients' Rights to Privacy



Identifying information should not be published in written descriptions, photographs, sonograms, CT scans, etc., and pedigrees unless the information is essential for scientific purposes and the patient (or parent or guardian, wherever applicable) gives informed consent for publication. Authors should remove patients' names from figures unless they have obtained informed consent from the patients. The journal abides by ICMJE guidelines:

1. Authors, not the journals nor the publisher, need to obtain the patient consent form before the publication and have the form properly archived. The consent forms are not to be uploaded with the cover letter or sent through email to editorial or publisher offices.
2. If the manuscript contains patient images that preclude anonymity, or a description that has obvious indication to the identity of the patient, a statement about obtaining informed patient consent should be indicated in the manuscript.

Sending a revised manuscript



The revised version of the manuscript should be submitted online in a manner similar to that used for submission of the manuscript for the first time. However, there is no need to submit the "First Page" or "Covering Letter" file while submitting a revised version. When submitting a revised manuscript, contributors are requested to include the 'referees' remarks along with point to point clarification in a separate file labeled as comments file. A template for comments file can be downloaded from the manuscript management system or the authors can provide the same in the form of a free-text document also. In addition, the authors are also expected to highlight all the changes as underlined or colored text in the revised manuscript.

Reprints and proofs



Journal provides no free printed reprints. Authors can purchase reprints, payment for which should be done at the time of submitting the proofs.

Publication schedule

The journal is published quarterly, both in print and online form. Additionally, a list of all accepted articles is made available on the journal website under the section "Ahead of Print" and the list is constantly updated as new articles get accepted.

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Checklist



Submission Checklist

- Title page cum First page cum Cover Letter
- Manuscript file
- Additional Materials
 - Images, if any
 - Copyright Transfer Agreement (to be submitted prior to publication)
 - Letters of permission to reproduce any previously published or copyrighted material that appears in the manuscript, and to cite personal communications or unpublished data.
 - Patient consent forms, when relevant (not to be submitted to editorial office, must be retained by the corresponding author for later review)

Manuscript Checklist

- **Title page/ Cover letter**

- Indicate the category of the article (i.e. original research, review article, Case report, Brief report, correspondence etc)
- Manuscript title
- Short title/ Running title (not more than 50 characters)
- Names, degrees and professional affiliation (position, department, institution, place) of all authors, listed in the order of authorship.
- The name of the institution where the work occurred.
- Acknowledgement of grant support when appropriate (“Supported in part by....”). Include grant number, funding agency for the project, an individual author, or both.
- A complete mailing address of corresponding author, including postal codes
- Source of funding mentioned
- Conflict of interest disclosed
- Previous publication / presentations mentioned
- **Authors**
 - Last name and given name provided along with middle name initials (where applicable)
 - Author for correspondence, with e-mail address provided
 - Number of contributors restricted as per the instructions
 - Identity not revealed in paper except title page (e.g. name of the institute in Methods, citing previous study as 'our study', names on figure labels, name of institute in photographs, etc.)
- **Presentation and format**
 - Double spacing
 - Margins 2.5 cm from all four sides
 - Page numbers included at bottom
- **Language and grammar**
 - Uniformly American English
 - Write the full term for each abbreviation at its first use in the title, abstract, keywords and text separately unless it is a standard unit of measure. Numerals from 1 to 10 spelt out
 - Numerals at the beginning of the sentence spelt out
 - Check the manuscript for spelling, grammar and punctuation errors
 - If a brand name is cited, supply the manufacturer's name and address (city and state/country).
 - Species names should be in italics
- **Abstract**
 - Provided on a separate page
 - Abstract page contains the full title of the manuscript
 - For original articles, structured abstract needs to be provided of 2000 characters or less (including spaces); unstructured abstracts of about 150 words required for all other manuscripts excluding letters to the Editor.
 - Do not cite references in the abstract
 - Limit use of acronyms and abbreviations. Define at first use with acronym or abbreviation in parentheses.
- **Key words (three or more)- provided at the end of the abstract**
- **Text (separate page)-**
 - Introduction of 75-100 words
 - Headings in title case (not ALL CAPITALS)
 - Methods: Please note that the print version of the Methods and Results should be able to stand alone and should provide sufficient information for the reader to understand the basic methods of the study and to review the fundamental findings in a mechanistic way.
 - Indicate that the study was approved by an institutional review committee and that the subjects gave informed consent.
- **References**
 - Begin on a new page
 - The references cited in the text should be after punctuation marks, in superscript with square bracket
 - References according to the journal's instructions, punctuation marks checked
- **Tables (each on a separate page)**
 - No repetition of data in tables and graphs and in text
 - Actual numbers from which graphs drawn, provided
 - Figures necessary and of good quality (colour)
 - Table and figure numbers in Arabic letters (not Roman)

- Labels pasted on back of the photographs (no names written)
- Figure legends provided (not more than 40 words)
- Patients' privacy maintained (if not permission taken)
- Credit note for borrowed figures/tables provided
- Write the full term for each abbreviation used in the table as a footnote

- **Figures legends**

- **Send the article file without 'Track Changes'**

Contributors' form



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