

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 Clinical Dermatology Review 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 Clinical Dermatology Review readers are also liable to be rejected at this stage itself.

Manuscripts that are found suitable for publication in Clinical Dermatology Review 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



Clinical Dermatology Review favors registration of clinical trials and is a signatory to the Statement on publishing clinical trials in Indian biomedical journals. Clinical Dermatology Review 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.nic.in/>; <http://www.anzctr.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 Clinical Dermatology Review 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;
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. Authors' contributions will be printed along with the article. 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'.

Conflicts of Interest/ Competing Interests

All authors of articles 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.

Submission of Manuscripts

All manuscripts must be submitted on-line through the website <http://www.journalonweb.com/cdr>. 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.

The journal does not charge for submission and processing of the manuscripts.

If you experience any problems, please contact the editorial office by e-mail at editor [AT] cdriadvlkn . 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/First Page File/covering letter:

It should provide following information

- a. Title of the article
- b. Short running title of the article
- c. Category of the article
- d. Full name of the authors with their current affiliation
- e. Affiliation of work done
- f. Word count (excluding abstract, references, tables, legends)
- g. Number of images
- h. Number of tables
- i. Declaration of conflict of interest
- j. Declaration of funding sources
- k. Address for correspondence with Email and phone number

[2] Blinded Article file:

- a. **Abstract and Key words:** Prepare abstract according to format in a separate page along with minimum three key words. Information that may reveal identification of authors and/or their affiliation should be avoided.
- b. **Main manuscript:** Prepare the manuscript according to the format and category of article and include tables, algorithm and legends at the end in separate pages. Information that may reveal identification of authors and/or their affiliation should be avoided in the manuscript.

[3] **Images:** The clinical photographs, photomicrographs, graphs, charts, other graphic representation of data and schematic diagrams should be submitted separately according to the format recommended.

[4] **The contributors' / 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. 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.

Contributors' form / copyright transfer form can be submitted online from the authors' area on <http://www.journalonweb.com/cdr>.

Preparation of Manuscripts



Manuscripts must be prepared in accordance with "Uniform requirements for Manuscripts submitted to Biomedical Journals" developed by the International Committee of Medical Journal Editors (October 2008). The uniform requirements and specific requirement of Clinical Dermatology Review are summarized below. Before submitting a manuscript, contributors are requested to check for the latest instructions available. Instructions are also available from the website of the journal (<http://www.cdriadvkn.org>) and from the manuscript submission site <http://www.journalonweb.com/cdr>.

Clinical Dermatology Review accepts manuscripts written in American English.

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Types of Manuscripts



Original articles:

Research studies employing appropriate study design, research methodology and statistical methods are considered for original articles. The information in each section of the article should be specific to the objectives and/or title of the study and non-repetitive. The studies on novel or relevant topics in the following broad subjects are preferred,

- a. Epidemiological studies of common dermatoses
- b. Systematic review/ meta-analysis of clinical manifestations, diagnosis and management of uncommon skin diseases
- c. Newer Investigative techniques and therapeutic modalities
- d. Community dermatology
- e. Dermatology health literacy
- f. Medical education techniques in dermatology

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

Guideline	Type of Study	Source
STROBE	Observational studies including cohort, case-control, and cross-sectional studies	https://www.strobe-statement.org/index.php?id=available-checklists
CONSORT	Randomized controlled trials	http://www.consort-statement.org
SQUIRE	Quality improvement projects	http://squire-statement.org/index.cfm?fuseaction=Page.ViewPage&PageID=471
PRISMA	Systematic reviews and meta-analyses	http://prisma-statement.org/PRISMAStatement/Checklist.aspx
STARD	Studies of diagnostic accuracy	https://pubs.rsna.org/doi/full/10.1148/radiol.2015151516
CARE	Case Reports	https://www.care-statement.org/resources/checklist
AGREE	Clinical Practice Guidelines	https://www.agreetrust.org/wp-content/uploads/2016/02/AGREE-Reporting-Checklist-2016.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 or 0.001. 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. These articles generally should not have more than six authors.

Review Articles:

A comprehensive and structured manuscript on the subject of relevance and significance is considered for review articles. The article should be specific to the title and presented effectively with relevant tables, illustrations, algorithms and images. The articles on following broad subjects are preferred,

- a. Clinical approach to patients presenting with particular type of skin lesions
- b. Newer Investigative techniques and therapeutic modalities
- c. Challenging clinical and therapeutic scenarios
- d. Community dermatology
- e. Dermatology health literacy
- f. Medical education techniques in dermatology

Case reports:

Well described and constructed case report or case series with complete work-up, follow-up and specific message of significance is considered for case reports. Case reports in one of the following categories are preferred,

- a. Rare disease mimicking common disease
- b. Rare presentation of common disease
- c. Case discussion on diagnostic challenge/dilemma
- d. Case discussion on therapeutic challenge
- e. Case discussion on significant role of community dermatology
- f. Case discussion on significant role of dermatology health literacy

Problem based learning:

A systematic approach to solve a clinical, diagnostic or therapeutic problem regularly encountered in routine clinical practice.

Clinical, diagnostic and therapeutic pearls:

Simple but valuable observations and innovative methods which help in better diagnosis and management of cases. The articles in following categories are preferred,

- a. Novel observations made during clinical examination, investigations and management of a case
- b. Innovative techniques in examination, diagnosis and treatment
- c. Unconventional therapies
- d. Holistic/integrated therapeutic approach

Resident page:

Articles of interest which help the residents in better understanding of the subject are preferred.

- a. Clinical signs/tests
- b. Phenomenon
- c. Side lab procedure
- d. Unique morphological patterns
- e. Important concepts/hypothesis
- f. Effective teaching-learning techniques
- g. Unique anatomical or physiological characteristics of skin

Letter to the Editor:

Comments on the articles published in the journal are submitted as letter to editor

(Note: The manuscript should be specific and justify the objectives. So there is no restriction on word limit for articles)

Formats of manuscripts

1. Format for review article:

- Appropriately structured manuscript justifying the title and objectives of the subject

2. Format for original studies: The following sections in the same chronological order are used to write the manuscript of original study

- **Introduction:** Existing knowledge on the subject and need for the study
- **Objectives:** Formulate the objectives specific to the topic using appropriate verbs which are specific and measurable.
- **Materials and methods:** Define clearly study site, study subjects, study design, sample size, Criteria for selection of case/control, study parameters, method of data collection, intervention/ procedure, primary/secondary end point measures and statistical methods/tests used in the study.
- **Results:** Present the important results of the study effectively using tables, graphs, charts etc. Include all the data required to fulfil the objectives of the study.
- **Discussion:** Restrict the discussion to objectives and results of the study. Avoid repetition of results in the discussion. Include shortcomings/ deficiencies of the study and future directions on the subject.
- **Conclusion:** It should be based on the results of the study and represent the answer to the objectives of the study
- **References:** Use Vancouver style for writing references in chronological order of their citations in the manuscript. Cite the reference in the manuscript as superscript in square bracket e.g. ^[1]
- **Tables:** After references, place the tables one each per page in the chronological order of their citations in the manuscript. Cite the tables in brackets after the corresponding/related text in the manuscript e.g. (Table 1).
- **Legends of images:** Write legends in a separate page after the tables. Cite the images in brackets after the corresponding/related text in the manuscript e.g. (Fig 1). Mention the stain used and magnification in bracket for photomicrographs. Include only representative images that are very important for the article.

3. Format for case reports

- **Introduction:** Existing knowledge on the subject and purpose of reporting
- **Case report:** Clearly describe the clinical features, laboratory findings, treatment given and/or therapeutic response.
- **Discussion:** Justify the purpose of reporting the case with specific and relevant information. Add concise review of clinical, diagnostic and therapeutic aspects.
- **Conclusion:** Important message based on the findings

4. Format for Problem based learning

- **Clinical problem:** Describe clearly the presentation of problem
- **Challenges to overcome/questions to be answered:** Identifying and listing of challenges/questions
- **Solution:** Evidence based solutions to the challenges/questions
- **Conclusion:** Important message which help in solving clinical problem

5. Format for clinical and therapeutic pearls

- **Clinical/diagnostic/therapeutic scenario:** Describe the relevant scenario of interest
- **Clinical/diagnostic/therapeutic pearl:** Clearly define the innovation/ observation/ technique employed
- **Significance of pearl:** Describe the efficacy and advantages

6. Format for Resident page:

- Appropriately structured manuscript

7. Format for letter to editor:

- Letter format in multiple paragraphs without headings

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 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.

1. 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

- Represent only important results in self- explanatory tables and avoid duplication of information in the text
- Expand the non-standard abbreviations in the footnote in alphabetical order
- Explain the details of term/title/heading in the footnote denoted by symbols in following order *, †, ‡, §, ||, ¶, **, ††, ‡‡
- Use Arabic numerical for numbering
- Keep the number of tables as less as possible preferably

Illustrations (Figures)

- Submit good quality images with 300dpi resolution of less than 1 mb size in jpeg or tiff format
- Arrows, symbols or letters used in the photographs should be clearly visible
- In case of photographs revealing the identification of an individual, the identifying characteristics are masked and a written permission should be obtained to publish the photograph
- Graphs, charts and other graphic representation of data can be uploaded as images
- Use Arabic numerical for numbering

Format of text

- Font style: Times New Roman
- Font size: 12
- Bold font for headings and subheadings
- Double spacing of lines with left alignment
- Do not use indentation for paragraphs

Format of abstract

- Submit the abstract with less than 250 words followed by three to four key words for all the articles in a separate page.
- For original articles, submit structured abstract comprising background, objectives, materials and methods, results and conclusion

Publication of copyright materials:

Use of images, illustrations, algorithms and tables without alterations requires written permission from the copyright owner and the same should be acknowledged below the copyright material e.g. (Recreated with permission from.....) If the copyright material is modified, the same should be acknowledge below the copyright material e.g. (Modified image/

illustration/algorithm/table number ... from reference...)

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 at the beginning in the revised file itself. In addition, they are expected to mark the changes as underlined or colored text in the article.

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The journal does not charge for submission and processing of the manuscripts.

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Checklist



Manuscript submission checklist

- Covering letter
- Copyright form
- Abstract
- Title page
- Main manuscript including tables, illustrations, algorithms and Legends in separate pages after references
- Images submitted separately
- Declaration of conflict of interest and funding sources if any
- Consent forms if any
- Permission to publish copyright materials, if any

Covering letter

- Signed by all contributors

- Previous publication / presentations mentioned
- Source of funding mentioned
- Conflicts of interest disclosed

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
- Title page contains all the desired information
- Running title provided (not more than 50 characters)
- Abstract page contains the full title of the manuscript
- Abstract provided (structured abstract of 250 words for original articles, unstructured abstracts of about 250 words for all other manuscripts excluding letters to the Editor)
- Key words provided (three or more)
- Introduction of 75-100 words
- Headings in title case (not ALL CAPITALS)
- 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
- Send the article file without 'Track Changes'

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

Tables and figures

- 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

Contributors' form



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