

## Instructions to the Authors

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About the Journal



Journal of Ophthalmic and Vision Research (JOVR) is the official scientific publication of the Ophthalmic Research Center, Shahid Beheshti University of Medical Sciences. JOVR is a peer-reviewed, open-access journal with the mission to disseminate research, information and viewpoints on different aspects of ophthalmology and vision science including basic and clinical research aiming to advance the science, technology, ethics and art of ophthalmology. The scope of the journal is intended to include not only clinical ophthalmology, but also related basic science disciplines that contribute to the science of vision.

Scope of the journal



The journal covers basic, translational and clinical studies related to different subspecialty fields including cornea and ocular surface, lens and cataract, glaucoma, vitreoretinal disorders, uveitis, ocular oncology & pathology, neuro-ophthalmology, pediatric ophthalmology & strabismus, and ophthalmic plastic & reconstructive surgery. Other areas of interest include ocular imaging & surgical techniques and ophthalmic epidemiology, in addition to controversial and challenging topics.

The Editorial Process



A manuscript will be reviewed for possible publication with the understanding that it is being submitted to Journal of Ophthalmic and Vision Research 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 Ophthalmic and Vision Research readers are also liable to be rejected at this stage itself.

Manuscripts that are found suitable for publication in Journal of Ophthalmic and Vision Research 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.

According to new journal policy, all manuscripts will be accepted for publication once a formal Certificate of English Editing is provided by the authors. The certificate must be obtained by one of the following service providers:

- Editage
- American Journal Experts
- Elsevier Language Editing

Page proofs are sent to the corresponding author after final acceptance. 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 Ophthalmic and Vision Research favors registration of clinical trials and is a signatory to the Statement on publishing clinical trials in Indian biomedical journals. Journal of Ophthalmic and Vision Research 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 Ophthalmic and Vision Research 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. 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 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://journalonweb.com/jovr>. 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. Authors do not have to pay for submission, processing or publication of articles. If you experience any problems, please contact the editorial office by e-mail at [labbafi@gmail.com](mailto:labbafi@gmail.com).

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/cover letter:**

This file should provide

1. The type of manuscript (Original Article, Review Article, Case Report, Letter to Editor, Surgical Technique, etc.), title of the manuscript, running title, names of all authors/ contributors (with their highest academic degrees, designation and affiliations, ORCID) 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 figures and word counts separately for abstract and for the text (excluding the references, tables and abstract).
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); and
10. The **name, address, postal code, 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.

[2] **Blinded Article file:** The main text of the article, beginning from Abstract till References 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. Please 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] **Figures:** Submit good quality color figures. **Each figure should be less than 2 MB in size.** Size of the figure can be reduced by decreasing the actual height and width of the figures (keep up to 1600 x 1200 pixels or 5-6 inches). Figures can be submitted as jpeg files. **Please do not zip the files. Legends for the figures should be included at the end of the article file.**

[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://journalonweb.com/jovr>.

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 Journal of Ophthalmic and Vision Research 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.jovr.org>) and from the manuscript submission site <http://journalonweb.com/jovr>.

Journal of Ophthalmic and Vision Research accepts manuscripts written in **American English**.

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Types of Manuscripts



### **Original Articles:**

These include randomized controlled trials, intervention studies, studies of screening and diagnostic test, outcome studies, cost effectiveness analyses, case-control series, and surveys with high response rate. The text of original articles amounting to up to 3500 words (excluding abstract, references and tables) should be divided into sections with the headings **Abstract, Keywords, Introduction, Methods, Results, Discussion, References, Tables and Figure legends**.

**Abstract:** It should be divided into sections with the headings “**Purpose, Methods, Results, Conclusion**” and it should be provided in **maximum 250 words**.

**Keywords:** Three to six keywords should be included according to the MeSH terms.

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

**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](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 ‘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	<a href="http://www.consort-statement.org">http://www.consort-statement.org</a>
STARD	Studies of diagnostic accuracy	<a href="http://www.consort-statement.org/stardstatement.htm">http://www.consort-statement.org/stardstatement.htm</a>
QUOROM	Systematic reviews and meta-analyses	<a href="http://www.consort-statement.org/Initiatives/MOOSE/moose.pdf">http://www.consort-statement.org/Initiatives/MOOSE/moose.pdf</a>
STROBE	Observational studies in epidemiology	<a href="http://www.strobe-statement.org">http://www.strobe-statement.org</a>
MOOSE	Meta-analyses of observational studies in epidemiology	<a href="http://www.consort-statement.org/Initiatives/MOOSE/moose.pdf">http://www.consort-statement.org/Initiatives/MOOSE/moose.pdf</a>

**Statistical Analysis:** 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.

### **Review Articles:**

It is expected that these articles would be written by individuals who have done substantial work on the subject or are considered experts in the field. A short summary of the work done by the contributor(s) in the field of review should accompany the manuscript.

The word count is variable, depending on content and type of submission. The manuscript should have an **unstructured abstract (maximum 250 words)** representing an accurate summary of the article. The section titles would depend upon the topic reviewed. Authors submitting review article should include a section describing the methods used for locating, selecting, extracting, and synthesizing data. These methods should also be summarized in the abstract.

The journal expects the contributors to give post-publication updates on the subject of review. The update should be brief, covering the advances in the field after the publication of the article and should be sent as a letter to editor, as and when major development occurs in the field.

### **Perspective:**

Perspectives follow the same formatting guidelines as Review Articles but are more prospective and speculative, and may take a narrower field of view. This type of manuscripts should contain novel information of significant interest to ophthalmologists and are intended to stimulate discussion and new experimental approaches.

### **Case Reports:**

New, interesting and rare cases can be reported. They should be unique, describing a great diagnostic or therapeutic challenge and providing a learning point for the readers. Cases with clinical significance or implications will be given priority. These communications could be of **up to 1200 words (excluding abstract and references)** and should have the following headings: **Abstract, Keywords, Introduction, Case Report, Discussion, References (up to 15 references), Tables and Legends** in that order.

**Abstract** should be divided into sections with the headings “**Purpose, Case Report, and Conclusion**” and it should be provided in **maximum 150 words**.

### **Surgical Technique:**

New surgical techniques can be arranged to be presented, accompanied by a complete description of the **Introduction, Surgical Method, Results, and Discussion**.

These manuscripts should be provided in **maximum 1500 words excluding abstract and 15 references**.

**Unstructured Abstract** should be prepared in **maximum 200 words**.

#### **Photo Essays:**

Images and photographs of interesting or educational content can be presented as photo essays. The manuscript should **not exceed 500 words and maximum 5 references**.

#### **Letter to Editor:**

These should be short and decisive observations. They should preferably be related to articles previously published in the Journal or views expressed in the journal. They should not be preliminary observations that need a later paper for validation. **The letter could have up to 500 words and 5 references. It could be generally authored by not more than four authors.**

#### **Editorial:**

Editorials are usually written on invitation by the Editor-in-Chief, regarding articles scheduled to appear in the corresponding issue or describing issues of special importance.

#### **Other:**

Clinical Practice Guidelines, Challenging Cases and News.

#### ***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](http://www.nlm.nih.gov/bsd/uniform_requirements.html)).

#### *Articles in Journals*

1. **Standard journal article (for up to six authors):** Jain S, Aref AA. Senile dementia and glaucoma: Evidence for a common link. *J Ophthalmic Vis Res* 2015;10:178-183
2. **Standard journal article (for more than six authors): List the first six contributors followed by et al:** Roessler GF, Djalali Talab Y, Dietlein TS, Dinslage S, Plange N, Walter P, et al. Partial coherence laser interferometry in highly myopic versus emmetropic eyes. *J Ophthalmic Vis Res* 2014; 9:169–173.
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*

- Personal author(s): Parija SC. Textbook of Medical Parasitology. 3rd ed. All India Publishers and Distributors. 2008.
- 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.

- 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 should be self-explanatory and should not duplicate textual material.
- Tables with more than 10 columns and 25 rows are not acceptable.
- Number tables, in Arabic numerals, consecutively in the order of their first citation in the text and supply a brief title for each.
- Place explanatory matter in footnotes, not in the heading.
- **Spell out all abbreviations that are used in each table in footnotes (for instance: IOP, intraocular pressure).**
- 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: \*, †, ‡, §, ||, ¶, \*\*, ††, ‡‡
- Tables with their legends should be provided at the end of the text after the references. The tables along with their number should be cited at the relevant place in the text.
- **Do not include the tables in the First page or Article files; please upload each table as a multimedia file.**

#### **Figures**

- Upload the figures 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 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.
- Figure legends: Provide figure legends in **maximum 600 characters**. 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. 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.

#### *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 “Cover 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.

*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 publishes articles on its website immediately on acceptance and follows a ‘continuous publication’ schedule. Articles are compiled for ‘print on demand’ semiannual issues.

*Manuscript submission, processing and publication charges*



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

According to new journal policy, all manuscripts will be accepted for publication once a formal Certificate of English Editing is provided by the authors. The certificate must be obtained by one of the following service providers:

- American Journal Experts
- Elsevier Language Editing
- Editage

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*Checklist*



### **Cover 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**

- **Arial font (First Page and Main text)**



- *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 provided according to the journal's instructions*
- *Keywords provided according to the **MeSH terms***
- *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 product is cited, supply complete manufacturer's information (product name and model, manufacturer, city and state/country)***
- *Measurements' unit should be in accordance with International System of Units*
- *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 (maximum 600 characters)***
- *Patients' privacy maintained (if not permission taken)*
- *Credit note for borrowed figures/tables provided*
- *Spell out each abbreviation used in the table/figure as a footnote or at the end of the figure legend*

Contributors' form



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