

## Instructions to the Authors

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### The Editorial Process

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A manuscript will be reviewed for possible publication with the understanding that it is being submitted to Indian Dermatology Online Journal alone at that point of 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, preferably a senior author to correspond [on email ONLY] with the Journal for all matters related to the manuscript. All manuscripts received are duly acknowledged through an email. On submission, editorial team reviews all submitted manuscripts initially for suitability for a formal peer review. Manuscripts with insufficient originality, serious scientific or technical flaws, lack of a significant message and those not following journal instructions are rejected before proceeding for formal peer-review. Manuscripts that are unlikely to be of interest to the Indian Dermatology Online Journal readers are also liable to be rejected at this stage itself.

Manuscripts that are found suitable for publication in Indian Dermatology Online Journal are sent to two or more expert reviewers for blind peer review. 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 editors. The journal follows a double-blind review process, wherein the reviewers and authors are unaware of each other's identity. The comments and suggestions (acceptance/rejection/amendments in manuscript) received from reviewers are conveyed to the corresponding author through the system. If required, the author is requested to provide a point by point response to the reviewers' comments and submit a revised version of the manuscript.

The author's contribution (paper) WILL NOT BE CONSIDERED if she/he fails to make the changes according to the comments of the reviewers/editors and subsequently include the changes pointwise in the comment form/referee remarks file available as a download on the journal website. We strongly suggest reading the FAQ [Frequently Asked Questions] and Authors Instructions before submission to shorten the time between submission, review and final acceptance. As an editorial policy, all manuscripts that are left unattended to at the author's end for more than 12 months [1 year] will be considered as not interested to continue publications and all such submissions will be set to 'withdrawn' status by the editorial team without any notice to the author. However, if the authors would like to continue with the submission of the same manuscript after update/revision after the said 1 year, they may do so by resubmitting it as a new manuscript on the system. It is mandatory to mention the earlier manuscript number in the first page file at the time of the new submission.

Manuscripts accepted for publication are copy edited for grammar, punctuation, print style, and format. Page proofs are sent to the corresponding author through the system or on the registered email. 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.

### Clinical trial registry

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Indian Dermatology Online Journal favours registration of clinical trials and is a signatory to the Statement on publishing clinical trials in Indian biomedical journals. Indian Dermatology Online Journal will 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 enrolment of subjects in or after June 2008. Clinical trials that have commenced enrolment of subjects prior to June 2008 would be considered for publication in Indian Dermatology Online Journal only if they have been registered retrospectively with clinical trial registry that allows unhindered online access to public without charging any fees.

### Authorship Criteria

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In accordance with the ICMJE [International Committee of Medical Journal Editors], 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. [It is mandatory that the same order to be maintained while signing the contributor/copyright form also]. 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

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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

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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. If necessary the authors may be asked to explain or mention in detail the roles by external agencies or industry sources if they have had any role including preparing the manuscript or drawings, images etc]

## Submission of Manuscripts

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All manuscripts should be submitted on-line through the website [www.journalonweb.com/idoj](http://www.journalonweb.com/idoj). We do not accept email based submissions or hard copies. First time users have to sign up as author on site <http://www.journalonweb.com/idoj/>. Registration is free but mandatory. 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. Print orders and reprints may be charged details of which are available from the publisher if required. For any queries on any matters, the editorial office is reachable on e-mail at editor [AT] idoj [DOT] in.

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 as two separate files:

### [1] Title Page/ First Page File/ Covering letter:

This file should provide

- (a) The type of manuscript (original article, brief report, case report, review article, clinic pathological challenge, quiz questions, Letter to editor, Through the Lens 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 mentioned only here. Use text/rtf/docfiles. Do not zip the files. Please note that requests for change of author sequence and spelling correction are strongly discouraged in the later stage article processing or after publication.
- (b) 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), and word counts for introduction + discussion in case of an original article;
- (c) Source(s) of support in the form of grants, equipment, drugs, or all of these;
- (d) 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.
- (e) 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.
- (f) Registration number in case of a clinical trial and where it is registered (name of the registry and its URL)
- (g) 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

(h) Criteria for inclusion in the authors'/contributors' list.

(i) 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

(j) 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.

[2] **Blinded Article file:** Authors are requested to pay utmost importance to preparation of the manuscript file to avoid unnecessary delay in the manuscript processing after submission. The title of the article should be mentioned at the beginning of the first page in **bold** letters. The main text of the article, beginning from Abstract till References (including tables and figure legends) 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. The manuscript should be typed with double space with adequate margins for easy readability of the editor and reviewers and finally the publishing house. The article file should be page numbered and line numbered. This continuous line numbering will help our reviewers with writing their comments and should speed the peer-review process. To add page number select Insert tab, in the Header & Footer group, click Page Number and choose Top of Page and save changes. To add line numbers to your Word manuscript file, select File/Page Setup/Layout/Line Numbering/Add line numbering/Continuous, and save the changes. 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 this file.

[3] **Images:** Submit good quality color images. **Each image should be less than 4 MB in size.** Size of the image can be reduced by decreasing the actual height and width of the images (keep up to 1800 x 1200 pixels or 5-6 inches). Images can be uploaded as jpeg files. Rotation of the images should be correct at the time of submission. Adequate cropping has to be done to make the image distraction free. Histopathology images should not have the black rim along the borders [as shot from the microscope directly]. Such images should be adequately cropped prior to submission. Legends for the figures/images should be included at the end of the article file. The legends of histopathology images should have the magnification and staining mentioned at the end of the sentence [Eg. H&E 40X]

[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. The same can be submitted online from the authors' area on [www.journalonweb.com/idoj](http://www.journalonweb.com/idoj) or emailed to [Bilal.Khan@wolterskluwer.com](mailto:Bilal.Khan@wolterskluwer.com) mentioning the manuscript number and article title in the subject line of the email.

## 👉 Preparation of Manuscripts ↑

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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 requirements of Indian Dermatology Online Journal 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.idoj.in>) and from the manuscript submission site (<http://www.journalonweb.com/idoj>).

### **Undocumented claims (Eg, "firstedness," "safe and effective")**

Please do not claim that yours is the first report. If such a claim is deemed necessary, authors should explain their reasoning in the cover letter and provide a detailed Appendix describing how they came to this conclusion. Describe search strategies, search terms, databases queried, and how far back these were checked. Also list textbooks and monographs that were searched to substantiate the claim. Authors are best discouraged from using the words rare, very rare, unusual, extra ordinary" etc in the title and body of the manuscripts.

Indian Dermatology Online Journal accepts manuscripts written in American English.

## 👉 Copies of any permission(s) ↑

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It is the responsibility of authors / contributors to obtain permissions for reproducing any copyrighted material. A copy of the permission obtained must accompany the manuscript. Copies of any and all published articles or other manuscripts in preparation or submitted elsewhere that are related to the manuscript must also accompany the manuscript. The material should be sent to any of the two addresses given above

## 👉 Types of Manuscripts ↑

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### **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 2500 words (excluding Abstract, references and Tables) should be divided into sections with the headings Abstract (structured abstract of 250 words), Key-words, Introduction, Material and Methods, Results, Discussion, References, Tables and Figure legends.

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](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	<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>

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**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 labelled as such. About 30 references can be included. These articles generally should not have more than six authors.

#### **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 prescribed word count is up to 3000 words excluding tables, references and abstract. The manuscript may not have more than 90 references. The manuscript should have an unstructured Abstract (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. These articles generally should not have more than four authors.

#### **Brief report:**

Brief clinical and experimental data, not qualifying for an original article and case series of exceptional interest are published as brief reports. Short reports must include a structured abstract (250 words) and should not exceed 1500 words of body text, 4 figures/tables and 20 references. The text should be divided into sections with the headings Abstract, Key-words, Introduction, Material and Methods/report of cases, Results, Discussion, References, Tables and Figure legends. The other general guidelines advocated for the original article should be followed. These articles generally should not have more than six authors.

#### **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 800 words (excluding Abstract and references) and should have the following headings: Abstract (unstructured), Key-words, Introduction, Case report, Discussion, Reference, Tables and Legends in that order. The manuscript could be of up to 800 words (excluding references and abstract) up to 10 references and maximum 4 authors.

#### **Clinicopathological Challenge:**

A photographic essay that includes both a clinical and a pathological photograph in color. The diagnosis and legends for the photographs should be listed after the references in the article. The article should be no more than 800 total words, 8 references with 2 images and maximum 4 authors.

### **Letter to the 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. Interesting cases can be submitted in this section as case letter. The letter could have up to 500 words and 5 references. It could be generally authored by not more than four authors.

### **Concise communications:**

Interesting cases and observation can be submitted in this section as concise communication. The letter could have up to 500 words and 5 references. It could be generally authored by not more than four authors.

### **Through The Lens**

A classic photograph of a rare entity, a sign of dermatological relevance with minimum words (100 words). As the name suggests we encourage you to post a photograph that "Speaks for itself". The write up along with the clinical photograph has to be submitted on-line through the website [www.journalonweb.com/idoj](http://www.journalonweb.com/idoj) any other relevant detail and references. Please be aware that only one image is published per issue and given the number of submissions to this section, the chances of delay in publication are high (even if the paper is accepted). Submission to this section can be authored by up to 3 authors.

### **Through The Dermoscope**

This section is to emphasize the use of dermoscopy in clinical dermatology. Manuscript should not be more than 250 words and not more than 2 dermoscopy images in addition to a clinical image. The clinical image has to be labeled as 'Figure 1' and if there are two dermoscopy images they may be made into a panel -top and bottom- in landscape orientation and the panel should be labelled 2A and 2B at the top left of each image. Any area of special interest within the field is to be marked with colored arrows and explained in the legends. The clinical image should be very sharp and from the same patient. The format of the manuscript can be brief clinical history, dermoscopy finding with images and histologic diagnosis where relevant. A separate histopathology image if available may also be uploaded as supporting material for review purposes. References (maximum 5) are optional and can be used to support the dermoscopic diagnosis. The legends should also specifically mention the dermoscope used, magnification and the mode -contact/polarized light (or if any other specific mode like multispectral or UV) used. The article will go through the regular review process. Submission to this section can have a maximum of 3 authors only.

### **Skindia Quiz**

Contributors are required to submit a short quiz with relevant clinical and histological photograph/s with brief history and discussion. We solicit submissions of a rare entity, a syndrome, a sign etc., which encourages the reader to think. A maximum of 200 words and three photographs including histology when applicable are required for the Question part which should be followed by the answer in the form of the diagnosis and a short review of the condition which can be up to 500 words and maximum of 5 references). Contributions can be submitted along the lines of regular submission of articles. Readers may send their answers as an email addressed to [skindiaquiz@gmail.com](mailto:skindiaquiz@gmail.com) mentioning their name, affiliation and country. If you are a member of IADVL, it may also be mentioned in the reply to avail the cash prize and awards the details of which are furnished in the "announcement" area on the home page. The Subject line of the email should be ANSWER to SKINDIAQUIZ(Number). Separate emails are mandatory if more than one quiz is being answered to. The winner(s) shall be notified on our website [www.idoj.in](http://www.idoj.in) when the next quiz is announced. IDOJ holds the right to use all the clinical photos submitted to it, for its websites or any other legitimate purpose. IDOJ also holds the right to edit them. Acknowledgement of the original source is mandatory if an image has been used elsewhere in the past. Permission from the original copyright holder to reproduce the material is mandatory in such circumstances. Submission to this section can be authored by up to 4 authors.

### **Musings, Opinions, Tips and Experiences:**

The title is self-explanatory. This section is based on personal experiences which we encourage the authors to share with the readership. These can be up to 1000 words long and need not have reference. The final decision to publish this will rest with the editor and his team. Submission to this section can be authored by up to 2 authors.

### **Drug Profile**

A profile of any drug relevant in dermatology will be reviewed in this article. Newer practically oriented drug in the Indian context will be given preference. It could be up to 1000 words and should have up to 6 references. It is preferable to contact the editor with an offer to write up a particular drug. Submission to this section can be authored by up to 3 authors.

### **History**

A short historical perspective of a person, institution, disease, drug etc. It can be up to 500 words with 2 photographs and 4 references. Submission to this section can be authored by up to 2 authors.

### **Other:**

Editorial, Guest Editorial, Obituary and Commentary are solicited by the editorial board.

## 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): Shukla N, Husain N, Agarwal GG, Husain M. Utility of cysticercus fasciolaris antigen in Dot ELISA for the diagnosis of neurocysticercosis. *Indian J Med Sci* 2008;62:222-7.
2. Standard journal article (for more than six authors): List the first six contributors followed by *et al*.

Nozari Y, Hashemlu A, Hatmi ZN, Sheikhatan M, Iravani A, Bazdar A, *et al*. Outcome of coronary artery bypass grafting in patients without major risk factors and patients with at least one major risk factor for coronary artery disease. *Indian J Med Sci* 2007;61:547-54

1. Volume with supplement: Shen HM, Zhang QF. Risk assessment of nickel carcinogenicity and occupational lung cancer. *Environ Health Perspect* 1994; 102 Suppl 1:275-82.
2. Issue with supplement: Payne DK, Sullivan MD, Massie MJ. Women's psychological reactions to breast cancer. *Semin Oncol* 1996; 23(1, Suppl 2):89-97.

### Books and Other Monographs

1. Personal author(s): Ringsven MK, Bond D. Gerontology and leadership skills for nurses. 2nd ed. Albany (NY): Delmar Publishers; 1996.
2. Editor(s), compiler(s) as author: Norman IJ, Redfern SJ, editors. Mental health care for elderly people. New York: Churchill Livingstone; 1996.
3. Chapter in a book: Phillips SJ, Whisnant JP. Hypertension and stroke. In: Laragh JH, Brenner BM, editors. Hypertension: pathophysiology, diagnosis, and management. 2nd ed. New York: Raven Press; 1995. pp. 465-78.

### Electronic Sources as reference

#### Journal article on the Internet

Aboud S. Quality improvement initiative in nursing homes: the ANA acts in an advisory role. *Am J Nurs* [serial on the Internet]. 2002 Jun [cited 2002 Aug 12];102(6):[about 3 p.]. Available from: <http://www.nursingworld.org/AJN/2002/june/Wawatch.htm>

#### Monograph on the Internet

Foley KM, Gelband H, editors. Improving palliative care for cancer [monograph on the Internet]. Washington: National Academy Press; 2001 [cited 2002 Jul 9]. Available from: <http://www.nap.edu/books/0309074029/html/>.

#### Homepage/Web site

Cancer-Pain.org [homepage on the Internet]. New York: Association of Cancer Online Resources, Inc.; c2000-01 [updated 2002 May 16; cited 2002 Jul 9]. Available from: <http://www.cancer-pain.org/>.

#### Part of a homepage/Website

American Medical Association [homepage on the Internet]. Chicago: The Association; c1995-2002 [updated 2001 Aug 23; cited 2002 Aug 12]. AMA Office of Group Practice Liaison; [about 2 screens]. Available from: <http://www.ama-assn.org/ama/pub/category/1736.html>

## 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.
- 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: \*, †, ‡, §, ||, ¶, \*\*, ††, ‡‡
- 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

### **Illustrations (Figures)**

- Upload the images in JPEG format. The file size should be within 4 MB 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.
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#### **Checklist**

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Signature of patient (or signature of the person giving consent on behalf of the patient)

\_\_\_\_\_

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