

# Instructions to the Authors

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## Editorial Process



A manuscript will be reviewed for possible publication with the understanding that the manuscript is the original work of the authors; does not duplicate any other previously published work of the authors, and has been submitted solely to Cardiology Plus and not simultaneously submitted elsewhere or under consideration or peer review, accepted for publication or published elsewhere. For publications with more than one author, the Journal expects authors to authorize one of them to correspond with the Journal on all matters related to the manuscript. Received manuscripts will be acknowledged. Initially, editors review all submitted manuscripts for suitability for formal peer-review. Manuscripts that lack originality, have serious scientific or technical flaws, or are unlikely to be of interest to Cardiology Plus readers are rejected before proceeding to formal peer-review.

Manuscripts deemed suitable for formal peer-review are sent to two or more expert reviewers. During submission, authors may have an opportunity to identify two or three qualified reviewers with experience in the subject of the submitted manuscript but are not required to do so. Reviewers should not be affiliated with the same institution(s) as the author/s. Selection of reviewers is at the sole discretion of the editor. The Journal follows a double-blind review process, wherein reviewers and authors remain anonymous. Only the editor and his team know the identity of all parties involved. Additionally, every manuscript is assigned to a member of the editorial team, who, based on comments from the reviewers, makes a final decision as to whether the manuscript shall be published. Reviewer comments and suggestions (acceptance/ rejection/ revisions or amendments to manuscript) are conveyed to the corresponding author. Authors may be required to provide a point-by-point response to reviewers' comments and submit a revised manuscript. This process is repeated until reviewers and editors are satisfied with the manuscript and deem it publishable in Cardiology Plus.

Manuscripts accepted for publication are copy edited for grammar, punctuation, print style, and format. Page proofs will be provided to the corresponding author. The corresponding author is expected to return corrected proofs within fourteen days of their receipt by the author. Revisions may not be incorporated in the final publication if proofs are not returned in a timely fashion. The process of manuscript submission to final decision and sending and receiving of proofs is completed online. The Journal is committed to expedient dissemination of knowledge and information. As such, immediately upon acceptance, articles are published online as 'Ahead of Print'.

## Clinical Trial Registry



Cardiology Plus only publishes clinical trials registered with a clinical trial registry that allows free online access to the public. Registration in the following trial registries 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 started enrolling subjects as early as June 2008. To be considered for publication in Cardiology Plus, clinical trials that commenced subject enrollment prior to June 2008 must be registered retrospectively with a clinical trial registry that allows unhindered and free-of-charge online access to the public.

## Authorship Criteria



Authorship credit should be based on substantial contributions to each of the following three components:

1. Concept and design of study or acquisition of data or analysis and interpretation of data;
2. Drafting of manuscript or revising of manuscript critically for important intellectual content; and
3. Final approval of manuscript to be published.

Participation solely in acquisition of funding or collection of data does not justify authorship. General supervision of the research group from which the manuscript originates is not sufficient for authorship. Each author should have participated sufficiently in the work to take public responsibility for appropriate portions of the manuscript content. The order in which authors are listed should be based on the relative contribution of each author towards the study and writing of the manuscript. Once submitted, the order in which authors are listed cannot be changed.

without written consent of all authors. The Journal prescribes a maximum number of authors for manuscripts depending upon the type of manuscript, its scope, and the number of institutions involved (vide infra). Authors should provide a justification, if the number of authors exceeds the requisite limits.

### Contribution Details

Each author shall describe his or her contributions with respect to the manuscript. Such description shall be divided into the 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 authors shall assume responsibility for the integrity of the work as a whole from inception to published article and should be designated as corresponding author/s.

### Conflicts of Interest/ Competing Interests

Each author must disclose any and all perceived or actual conflicts of interest that he or she (or his or her institution) may have related to publication of the manuscript. In particular if any of the authors have a financial interest related to products or processes that are mentioned in the manuscript, these conflicts of interest must be disclosed. If any of the authors have a financial interest in products or processes that are competitive with those mentioned in the manuscript, such financial interest must be disclosed.

### Submission of Manuscripts

All manuscripts must be submitted online through the website [Cardiology Plus Submission Portal](#). An author submitting a manuscript to the Journal for the first time, then you must register. Registration is free but mandatory. Registered authors can track submitted manuscripts by logging in.

The Journal does not charge for submission and processing of manuscripts.

If an author experiences any issues with manuscript submission, that author should contact the editorial office by sending an email to [editor@cardiologyplus.org](mailto:editor@cardiologyplus.org) or call 86-13913504664.

Submitted manuscripts that do not comply with these 'Instructions to Authors' will be returned to the authors for correction as to form, before they undergo editorial/peer-review. Generally, a manuscript should be submitted in the following format:

#### [1] **Cover letter:**

This file should:

1. Describe the type of manuscript (original article, case report, review article, letter to editor, image(s), etc.); title of the manuscript; running title of manuscript; names of all authors/ contributors (with identification of each author/contributor's highest academic degrees, designation and affiliations); and name(s) of department(s) and/or institution(s) to which the work should be credited; Any information from which a particular author's identity could be gleaned shall be restricted to this file. Use text/rtf/doc files. Do not use zip files.
2. Indicate the total number of pages; total number of images; word counts set forth separately for abstract and body of the manuscript (excluding references, tables);
3. Identify all source(s) of support in the form of grants, equipment, and materials such as reagents, drugs, and the like;
4. Set forth acknowledgement(s), 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;
5. If the manuscript was presented at a meeting, identify the professional society that organized the meeting, the place of the meeting, and date on which the presentation was made; and provide a brief statement identifying all submissions and previous reports that might be regarded as prior presentation or publication of the same or very similar work. Identification of such work shall be detailed and specific and referenced in the manuscript. Copies of such material shall be included with the manuscript so that the editor can make informed decisions with respect to the originality of the manuscript;
6. If the manuscript encompasses one or more clinical trials, identify the corresponding registry (i.e., name of the registry and URL) and registration number(s) for each such clinical trial;
7. For each author, identify any conflicts of interest including a statement of any financial or other relationship that might lead to a conflict of interest. The information should also be included in the manuscript itself;
8. For each author, include a statement attesting to compliance with criteria for inclusion as an author;
9. Include a statement indicating that (1) the manuscript was reviewed and approved by all authors; (2) the requirements for authorship have been met; and (3) each author attests to the integrity of the work; and
10. Provide name, address, e-mail address, and telephone number of the corresponding author, who is the intermediary between the Journal and the other authors and, as such, responsible for communicating with the other authors about revisions and final approval of proofs.

## [2] Manuscript File:

This file should contain the main text of the manuscript, from Abstract to References (including tables). Page headers/running title can include manuscript title. 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 file size to 1 MB.**

Do not include or embed images in the manuscript file.

If file size is too large, reduce file size by submitting graphs as images (i.e., separately without including or embedding them in the manuscript file). Pages should be numbered consecutively, beginning with the first page of the manuscript file.

## [3] Images:

Submit high quality color images. **Each image should be less than 2 MB in size.** Image size can be reduced by decreasing height and width of the image -- with a minimum resolution of to 1600 x 1200 pixels or 5-6 inches. Images can be submitted as jpeg files. Do not zip the files. Legends for figures and images should be set forth at the end of the manuscript.

Print-ready hard copies of the images (one set) or digital images should be sent to the journal office at the time of submitting a revised manuscript. High-resolution images (up to 5 MB each) can be sent by email.

## [4] Authors' Copyright Transfer Form: (template provided below):

An original Authors' Copyright Transfer Form with the signatures of all authors must to be submitted within two weeks of manuscript submission via courier, fax or email as a scanned image.

The Authors' Copyright Transfer Form can be submitted online from the authors' area on the [Cardiology Plus Submission Portal](#).

## Manuscript Preparation

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 Cardiology Plus are summarized below.

Before submitting a manuscript, authors must check for the latest instructions available. Instructions are also available from the Journal's website (<http://www.cardiologyplus.org>) and from the manuscript submission site ([Cardiology Plus Submission Portal](#)).

Manuscripts must be written in American English.

## Permission(s)

Authors are responsible for obtaining all necessary permissions for using and reproducing copyrighted material. A copy of each such permission 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.

## Types of Manuscripts

### Original Articles:

These include reports of randomized controlled trials or interventional studies, studies of screening and diagnostic tests, outcome studies, cost effectiveness analyses, case-control series, and surveys. Manuscripts of original articles comprising up to 3000 words (excluding Abstract, References and Tables) should be divided into the following sections: Abstract, Keywords, Introduction, Materials and Methods, Results, Discussion, References, Table and Figure Legends. Each section shall include a heading identifying the particular section.

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

**Materials and Methods:** Include and describe the following:

**Ethics:** When reporting studies on human beings, indicate whether the procedures followed were in accordance with (1) the ethical standards of the responsible committee on human experimentation (institutional or regional) and (2) 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 studies involving human participants, authors should describe measures taken to obtain (1) approval by (regional/ national/ institutional or independent Ethics Committee or Review Board; and (2) informed consent from adult research participants; and (3) informed consent from parents or guardians, as well as the assent of children, that are study subjects. The age at which an individual may provide assent, or informed consent, may vary per regional and/ or national guidelines. Ensure confidentiality of subjects by refraining from mentioning participants' names, initials or hospital numbers, especially in illustrative material. When reporting experiments on animals, indicate that local and national regulations were followed for the care and use of laboratory animals was followed. The attestation by the authors that they have obtained local regulatory review and have adhered to local and national regulations regarding ethical treatment of human and animal subjects must be included in all research articles under the 'Materials and Methods' section.

If requested, authors must supply evidence of approval by a local Ethics Committee (for both human as well as animal studies). Animal experimental procedures shall be as humane as possible, and the details of anesthetics and analgesics used shall 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 that does not meet the requisite standards of ethics.

**Study design:**

*Selection and Description of Participants:* Clearly describe method used to select observational or experimental participants (patients or laboratory animals, including controls), including inclusion and exclusion criteria and a description of the source population. *Technical Information:* Identify the methods, apparatus (provide manufacturer's name and address in parentheses), and procedures in sufficient detail to enable others 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 with specificity 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>

**Statistics:** Whenever possible quantify findings and present them with appropriate indicators of measurement error or uncertainty (such as confidence intervals). Authors should report data

that is lost 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 case 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 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 sufficiently support and/or illustrate the conclusions of the manuscript. 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 the 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, authors should avoid making statements on economic benefits and costs unless the 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 may be included.

#### **Review Articles:**

Only individuals who have performed substantial work on the subject matter of the review or are considered experts in the field of review should author a Review Article. A short summary of the work done by the author(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 have about 90 references. The manuscript should have an unstructured Abstract (250 words) representing an accurate summary of the article. The section titles depend upon the topic reviewed. Authors submitting review articles 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 authors to give post-publication updates on the subject of review. The update should be brief, covering the advances in the field after publication of the article and should be sent as a letter to the editor, as and when a major development occurs in the field.

#### **Case Reports:**

New, interesting and rare cases may be reported. Such cases should be unique, describing a great diagnostic or therapeutic challenge and providing a learning point for readers. Cases with clinical significance or implications will be given priority. Case reports can comprise up to 1000 words (excluding Abstract and References) and should have the following headings: Abstract (unstructured), Keywords, Introduction, Case Report, Discussion, Reference, Tables and Legends in that order.

Each case report may be supported with up to 10 references. Case reports could be authored by up to four authors.

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

These should be short and decisive observations. They should preferably relate to articles previously published in the Journal or views expressed in the Journal. They should not be preliminary observations that need a later publication for validation. The letter can comprise up to 500 words and 5 references. A Letter to the Editor can be authored by up to four authors.

#### **Other:**

Editorial, Guest Editorial, Commentary and Opinion 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 alphabetical order). Identify references in text, tables, and legends by Arabic numerals in superscript with square brackets 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 a 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): 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 References

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, using 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 and not in the heading.
- For each table, explain in footnotes all non-standard abbreviations that are used in the 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 2048 kb 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.
- Photographs and figures should be trimmed to remove all the unwanted areas.

- If photographs of individuals are used, the photographs 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 use and reproduce the material. A credit line should appear in the legend for such figures.
- Legends for illustrations: Type or print out legends (maximum 40 words, excluding the credit line) for illustrations using double spacing, with Arabic numerals corresponding to the illustrations. When symbols, arrows, numbers, or letters are used to identify parts of the illustrations, identify and explain each one in the legend. Explain the internal scale (magnification) and identify the method of staining in photomicrographs.
- Final figures for print production: Send sharp, glossy, un-mounted, color photographic prints, with height of 4 inches and width of 6 inches at the time of submitting the revised manuscript. Print outs of digital photographs are not acceptable. If digital images are the only source of images, ensure that the image has minimum resolution of 300 dpi or 1800 x 1600 pixels in TIFF format. Send the images on a CD. 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 names of the author(s).
- 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 of patients 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 written informed consent for publication. Authors should remove patients' names from figures unless they have obtained written informed consent from the patients. When informed consent has been obtained, it should be indicated in the article and a copy of the consent should be attached with the cover letter.

### Submitting a Revised Manuscript



A revised manuscript should be submitted online in a manner similar to that used for submission of the original manuscript. However, there is no need to submit the "Cover Letter" file when submitting a revised manuscript. When submitting a revised manuscript, authors should include, the reviewers' remarks along with a point-by-point clarification at the beginning in the revised manuscript itself. In addition, authors should mark changes as underlined or colored text in the revised manuscript.

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### Checklist



#### Cover letter

- Signed by all authors

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

#### **Authors**

- Last name and given name provided along with middle initials (where applicable)
- Corresponding author, with e-mail address provided
- Number of authors restricted in compliance with instructions

#### **Presentation and Format**

- Double spacing
- Margins 2.5 cm from all four sides
- Page numbers included at bottom
- Title page contains all the required 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 150 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)
- References cited in the text should be after punctuation marks, in superscript with square brackets.
- References according to the Journal's instructions, punctuation marks checked
- Send the manuscript without 'Track Changes'

#### **Language and grammar**

- Uniformly American English
- Write full name 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 should be spelled out
- Numerals at the beginning of the sentence should be spelled out
- Check manuscript for spelling, grammar and punctuation errors
- If a brand name is cited, supply 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 (color)
- Table and figure numbers in Arabic letters (not Roman)
- Figure legends provided (not more than 40 words)
- Patients' privacy maintained (if not consent obtained)
- Attribution for borrowed figures/tables provided
- Write full term for each abbreviation used in a table as a footnote

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