Instructions to the Authors

About the journal | Scope of the journal | The Editorial process | General Aspects | Ethical Considerations | Conflicts of Interest/ Competing Interests | Submission of Manuscripts | Preparation of Manuscripts | Copies of any permission(s) | Types of Manuscripts | References | Protection of Patients' Rights.. | Sending a revised manuscript | Reprints and proofs | Manuscript submission.. | Copyrights | Checklist | Contributors' form | Download Instructions

About the Journal

Journal of Anaesthesiology Clinical Pharmacology is a quarterly peer-reviewed international journal, and is an official publication of the Research Society of Anaesthesiology Clinical Pharmacology. The journal's full text is available online at www.joacp.org. The journal allows free access (Open Access) to its contents and permits authors to self-archive final accepted version of the articles on any OAI-compliant institutional / subject-based repository. The journal does not charge for submission, processing or publication of manuscripts and even for color reproduction of photographs. The journal follows the ICMJE guidelines and is member of WAME, and COPE. The journal is indexed with various international indexing agencies including Pubmed, Pubmed central, and SCOPUS.

Abstracting and Indexing Information

The journal is indexed with Caspur, CNKI (China National Knowledge Infrastructure), EBSCO Publishing's Electronic Databases, Expanded Academic ASAP, Genamics JournalSeek, Global Health, Google Scholar, Health & Wellness Research Center, Health Reference Center Academic, Hinari, Index Copernicus, Indian Science Abstracts, MANTIS, National Science Library, OpenJGate, PrimoCentral, ProQuest, PubMed, Pubmed Central, SafetyLit, Scimago Journal Ranking, SCOLOAR, SCOPUS, SIIC databases, Summon by Serial Solutions and Ulrich's International Periodical Directory

Scope of the journal

The journal covers clinical and technical studies related to Anesthesiology and publishes original peer-reviewed research and clinical work in Anesthesiology, Pain, Critical Care, Perioperative Medicine and all specialties of anesthesia including translational aspects of basic science research, equipment, training and ethics. Articles of high impact clinical research and those with implications for clinical practice will be given preference. The journal also publishes commissioned review articles, commentaries, and editorials alongwith clinically relevant novel case reports/series, correspondence and special articles of general interest.

The Editorial Process

A manuscript will be reviewed for possible publication with the understanding and written undertaking that it is being submitted to Journal of Anaesthesiology Clinical Pharmacology alone at that point in time and has not been published anywhere, simultaneously submitted, or already accepted for publication elsewhere. Only manuscripts containing original material will be considered for publication. 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 Anaesthesiology Clinical Pharmacology readers are also liable to be rejected at this stage itself.

Manuscripts that are found suitable for publication in Journal of Anaesthesiology Clinical Pharmacology are sent to three 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. The Chief Editor's verdict on acceptance or rejection is final.

Manuscripts accepted for publication are copy edited for grammar, punctuation, print style, and format. Page proofs are sent to the corresponding author. The corresponding author is expected to return the corrected proofs within two 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.

General Aspects

Authorship

Journal of Anaesthesiology Clinical Pharmacology (JOACP) follows the recommendations of International Committee of Medical Journal Editors (ICMJE); the authorship credit should be based on:

- Substantial contribution to conception and design, acquisition of data, or analysis and interpretation of data;
- Drafting the article or revising it critically for important intellectual content;
- Final approval of the version to be published; and
- Agreement to be accountable for all aspects of the work thereby ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

All authors should meet all four conditions to comply with ICMJE recommendations.

All persons or institutions involved in the conduct of the work must be mentioned in the authors list or acknowledged. Contributions of each author to the research and /or manuscript should be outlined on the title page of all manuscripts submitted to JOACP. Ghostwritten papers are discouraged by the journal. 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 nor the names 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. 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’.

Duplicate or part publication

The authors should not submit the manuscript that has been submitted somewhere else or published previously in full or in part in any form. This may not apply to publication of manuscript as abstract in scientific proceedings but it must be mentioned and acknowledged in the manuscript for the same. The journal strongly discourages duplicate submission, and salami slicing of a single paper and its data collection into multiple papers for publication. In case any further clarification is required on this specific issue, please contact the Editor-in-Chief.

Ethical Considerations

Human studies

All human trials must be conducted and reported as per ethical standards and must be approved by appropriate authorities including Institutional Review Board (IRB) and Ethical committee approval. It should also conform to the WMA declaration of Helsinki on ethical principles for medical research involving human subjects. The IRB, ethical committee approval number and consent procedures needs to be mentioned in the method section. Absence of appropriate approvals, consent for study and publication and documentation may be a reason for outright rejection of the manuscripts. If consent has been waived by competent authority or ethical committee, it needs to be explicitly mentioned. **The name of ethical committee and IRB alongwith IRB approval number needs to be mentioned in the Title page. It includes the chairperson or member secretary’s name, approval number with date, and Institute’s name. The ethical committee approval letter needs to be submitted as additional material during the submission.**

The investigational drug used in the study needs to be as per approval from the relevant country’s drug authority approval. In case, a drug is being used ‘off label’, then approval from competent authority needs to be taken and must be discussed in the discussion section regarding its non approval for routine use.

Case Reports/Case Series: Written patient consent or guardian/parent consent in cases of minor must be taken for publication and mentioned in the manuscript. Consent for publication shall be required to be submitted prior to proceeding with the review process for the case report.

Registration of clinical trials with registry

The journal suggests that all the clinical trials should be registered with clinical registry before the start of the patient recruitment for the study. Authors are requested to provide the exact URL of the registry, and unique identification number for the trial registration, principal investigator’s name, and date of registration at the time of submission and this would be published in the article beneath the key words. This information should be included on the title page at the time of submission and not in the article file.

In accordance with the ICMJE's recommendation, JOACP will also accept registration of clinical trials in any of the primary registers that participate in the World Health Organization's International Clinical Trial Registry Platform. The Clinical Trials Registry- India (CTRI), is one of the primary registry of WHO's international Clinical trial registry platform. It is hosted at the ICMR's National Institute of Medical Statistics (http://nims-icmr.nic.in), is free and online public record system for registration of clinical trials being conducted in India (www.ctri.nic.in). Initiated as a voluntary measure, since 15th June 2009, trial registration in the CTRI has been made mandatory by the Drugs Controller General (India) (DCGI) (www.cdsco.nic.in).

Clinical trial reports should also comply with the Consolidated Standards of Reporting Trials (CONSORT) and include a flow diagram presenting the enrollment, intervention allocation, follow-up, and data analysis with number of subjects for each. Please also refer specifically to the CONSORT Checklist of items to include when reporting a randomized clinical trial.

Plagiarism

Journal of Anaesthesiology Clinical Pharmacology reserves the right to use plagiarism detection software on any submitted material at any time and reject the article at any stage on detection of plagiarism.

Conflicts of Interest/ Competing Interests

The conflict of interest in all sorts (personal, professional or business affiliation relevant to the paper) must be disclosed by all the authors during the submission of the manuscript to the journal. The source of funding for the clinical work or funding to the authors otherwise needs to be mentioned. The commercial interest of the authors must be mentioned in the manuscript.

Submission of Manuscripts

All manuscripts must be submitted on-line through the website www.journalonweb.com/jacp. 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 editorjoacp @ gmail . com.

The original article must be submitted along with the consort checklist that may be downloaded from the link: www.consort-statement.org. The other link of Consort flow diagram and checklist that needs to be submitted along with submisision of the original article is http://www.consort-statement.org/consort-statement/overview0/#checklist

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

[1] **Title Page/First Page File/covering letter**:

We wish to inform you that as per our revised instructions/guidelines, we wish to incorporate the following prior to initiating peer review process.

We look forward to you cooperation in this regard which shall go a long way in enhancing ethical scientific publishing at JOACP:

Title page should include all the details given in the instructions for the contributors. In addition the title page should incorporate the following:

- ***a. IEC approval number & Date (a scanned copy is preferable) [for original article]***
- ***b. Signed Consent from patients/ parents for publication [If case report- if applicable]***
- ***c. Copyright form duly signed by all authors***
- ***d. Plagiarism check screen shots pasted on the title page***
- ***e. Copyright permissions for any figures/ tables used from other sources***

Kindly include the above as applicable to your article type, onto your first page /title page file.

This file should provide

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

b. Source(s) of support in the form of grants, equipment, drugs, or all of these;
c. 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.
d. 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.
e. 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
f. 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
g. 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.
h. **For original article: Ethical committee approval Chairperson Name, Institute from where approval taken, date and Ethical approval number needs to be mentioned along with the CTRI unique ID and URL of the clinical trials registry where it has been submitted prior to start of the trial on the Title page file.**
i. **Consent: Patient's, Parent's / guardian's consent (in case of minor) in case of case reports needs to be mentioned. Also, if any photographs is to be published, consent for the same also needs to be taken and mentioned in the tile page. (Vide above in consent section)**

[2] **Blinded Article file**: The manuscript 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. The main text of the article, beginning from Abstract till References (including tables) should be in this file. Use rtf/doc files. Do not zip the files. Limit the file size to 1024 kb (1 MB). Do not incorporate images in the file. The pages should be numbered consecutively, beginning with the first page of the blinded article file.

[3] **Images**: Submit good quality color images. Each image should be less than 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 submitted as jpeg files. Do not zip the files. Legends for the figures/images 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 (copyright @ medknow . com) as a scanned image. High resolution images (up to 5 MB each) can be sent by email on images @ medknow . com).

The hard copies of the Contributors' form / copyright transfer form may be sent to the following addresses or submitted online from the authors' area on www.journalonweb.com/joacp.

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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 2006). The uniform requirements and specific requirement of Journal of Anaesthesiology Clinical Pharmacology 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.joacp.org) and the manuscript submission site (http://www.journalonweb.com/joacp)

Journal of Anaesthesiology Clinical Pharmacology accepts manuscripts written in American English.

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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

The words limit needs to be adhered before submission. The total words do not include title page, abstract, references, tables and figure legends.
Editorials -> 1500 words and 15 references

Original Article -> 3000 words and 30 references
Review Articles -> 3000 words and 90 references
Case Reports/Case Series -> 1000 words and 10 references
Letters to the Editor -> 500 words and 5 references

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. Audits or surveys needs to have some outcome which may be applicable to other institutions as well or add some new information in general. The text of original articles amounting to up to 3000 words (excluding Abstract, references and Tables) should be divided into sections with the headings Abstract & Key-words, Introduction, Material and Methods, Results, Discussion, References, Tables and Figure legends.

Abstract & Key-words:
The page should have an abstract, in a structured format (Background; Methods; Results; and Conclusions) for all original research articles in up to 250 words. References are not to be used in this section. The abstract should state the purposes of the study or investigation (Background); methods (study subjects or experimental animals; observational and analytic methods); main findings or results (give specific data and their statistical significance); and the principal conclusions. Three to 10 Key (indexing) words should be provided below the abstract. Provide keywords that will assist indexers in cross indexing the article. Use terms from the medical subject heading (MeSH) list of Index Medicus.

Introduction: States the purpose and summarizes the rationale or need for the study or observation. The hypothesis of the study should specifically be mentioned. Introduction should refer to the brief concise, background relevant to the subject in question for the study, the lacunae in literature on the hypothesis and then state the hypothesis with the aims of your study. The final paragraph should clearly state the primary and, if applicable, secondary aims or outcomes of the study.

Materials and Methods: The Methods section should give a clear but concise description of the process of the study. It should include and describe the following aspects:

- Ethics approval & Clinical Trial registry approval
- Patient population
- Inclusion / exclusion criteria
- Conduct of the study
- Data handling
- Statistics

Ethics: When reporting studies on human beings, indicate whether the procedures followed were in accordance with the ethical standards of the responsible committee on human experimentation (institutional or regional) and with the Helsinki Declaration of 1975, as revised in 2000 (available at http://www.wma.net/e/policy/17-c_e.html). For prospective studies involving human participants, authors are expected to mention about approval of (regional/ national/ institutional or independent Ethics Committee or Review Board, obtaining informed consent from adult research participants and obtaining assent for children aged over 7 years participating in the trial. The age beyond which assent would be required could vary as per regional and/ or national guidelines. Ensure confidentiality of subjects by desisting from mentioning participants' names, initials or hospital numbers, especially in illustrative material. When reporting experiments on animals, indicate whether the institution's or a national research council's guide for, or any national law on the care and use of laboratory animals was followed. Evidence for approval by a local Ethics Committee (for both human as well as animal studies) must be submitted as scanned copy during submission and its references needs to be quoted on the title page. 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). Authors are advised to refer to the ARRIVE (Animals in Research: Reporting In Vivo Experiments) guidelines for understanding the process of reviewing manuscripts of research involving animals.

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. Rejection or retraction can follow non -compliance with the ethical guidelines of the journal

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

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

Reporting Guidelines for Specific Study Designs

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

Statistics: :

A sample size calculation based on the primary outcome with description of statistical power is required. A power analysis should be performed before starting the study to determine the number of subjects which need to be studied in each group to detect a given change. Please note that a power analysis based on the primary end-point will not necessarily be applicable to any secondary measures. It is recommended that authors seek appropriate statistical advice before starting their study.

Statistical methods must be described with enough detail to enable a knowledgeable reader with access to the original data to verify the report and results. It must be described how the authors determined the clinically relevant difference to be detected with appropriate indicators of measurement error or uncertainty (such as confidence intervals).. Confidence intervals provide a more informative way to deal with a significance test than a simple P value. Describe the specific tests used to examine the primary outcome measure and also the methods for additional analyses such as subgroup analyses and multiple comparisons. 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. Results must be factual, stating significance and negative findings in a logical sequence.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 main findings (primary outcome measures, secondary outcome measures, results as they relate to a prior hypothesis); then state on how they fit in with previous studies

and if they are same or different, then state reasons for the same, ie. 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; Strengths and limitations of the study (study question, study design, data collection, analysis and interpretation); Controversies raised by this study; Future research directions (for this particular research collaboration, underlying mechanisms, clinical research), and conclusions based solely on the results of your study.

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

Review Articles:

Authors planning to submit review articles should first communicate with the Editor-in-chief to ensure the appropriateness of the subject matter. 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 have about 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.

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 1000 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 1000 words (excluding references and abstract) and could be supported with up to 10 references. Case Reports could be authored by up to four authors. Case reports that do not require extensive patient detail should be submitted as correspondence.

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. The letter could have up to 500 words and 5 references. It could be generally authored by not more than four authors.

Commentaries

Commentaries discuss issues that are directly related to published material. Commentaries accompany original articles, critically appraise their results and put their conclusions into a wider context. They are typically solicited from reviewers who provide unusually thoughtful insight during the peer review process. Commentaries are always commissioned and should be up to 1000 words long with no more than 10 references. Commentaries do not have an abstract.

Other:

Editorials are solicited by the editorial board or Editor In Chief.

Additional Information:

Abbreviations

> When an abbreviation first appears in the text, it must be preceded by the complete spelling of the full term it represents, followed by the abbreviation within parentheses. The abbreviation should be used consistently thereafter. However, abbreviations must never be used in the Title and should be used rarely in the Abstract. In general, avoid abbreviating terms that only appear a few times in the manuscript.

Units of measurement

Units should conform to the Syste`me International (SI), with the exception of units of pressure, which should be expressed in mmHg. Diagonal slashes are acceptable for simple units e.g., mg/kg.

Drug Names and Equipment

Use generic names. If a brand name must be used, insert it in parentheses after the generic name. Provide manufacturer's name, city, state, and country. Be careful about the use of trademarked terms (e.g., ThrombelastographyTM, TEGTM, etc.).

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

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

Articles in Journals

a. 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.
b. Standard journal article (for more than six authors): List the first three contributors followed by et al.
Nozari Y, Hashemlu A, Hatmi ZN, Sheikhvatan 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
c. 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.
d. 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

a. Personal author(s): Ringsven MK, Bond D. Gerontology and leadership skills for nurses. 2nd ed. Albany (NY): Delmar Publishers; 1996.
b. Editor(s), compiler(s) as author: Norman IJ, Redfern SJ, editors. Mental health care for elderly people. New York: Churchill Livingstone; 1996.
c. 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
Abood 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/Web site
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.
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