

## The Indian Journal of Medical Research Guidelines for Contributors

### SCOPE

The Indian Journal of Medical Research (IJMR) is a biomedical journal with international circulation. It publishes original communications of biomedical research that advance or illuminate medical science or that educate the journal readers. It is issued monthly, in two volumes per year.

Manuscripts dealing with clinical aspects will be considered for publication, provided they contain results of original investigations. Articles need to be of general interest - e.g., they cross the boundaries of specialities or are of sufficient novelty and importance that the journal's readers, whatever be their speciality, should be made aware of the findings. **Research papers reporting original research, review articles (both narrative and evidence based), research correspondence,** letter to editor will be considered. View points and Perspectives are also considered. Papers of routine nature which are merely records of interesting cases, as also those dealing with modifications of routine methodology are not encouraged. Further, serialization of articles by the same author(s) into various parts (1,2,3, etc.) is strongly discouraged. In such cases the authors are advised to submit independent papers with self-sufficient titles and text.

The IJMR strongly discourages duplication/reduplication of data already published in other journals (even when certain cosmetic changes/additions are made). If and when duplication is detected after publishing in IJMR, the journal will be forced to 'retract' such articles. Articles based on work carried out in private nursing homes and other non-recognized hospitals/research institutes will be discouraged.

### THE EDITORIAL PROCESS

All manuscripts submitted to the IJMR and considered suitable for processing are subject to peer review process. Authors need to certify in the covering letter that this manuscript has not been submitted to any other journal simultaneously.

All manuscripts are screened initially at the editorial office for suitability for consideration for publication. Those found suitable are sent to 2-3 technical reviewers and one statistical expert based on the need. The journal follows the double blind peer review process.

After peer review process, manuscripts considered suitable for publication are suitably edited before publication.

The processes of submission of manuscript, peer review, communication of final decision and sending proofs are done through online system.

### TYPE OF MANUSCRIPTS

#### 1. Original Research Articles

The approximate length of article should preferably be 2500-3500 words (excluding Abstract and References). Original research articles should include a structured abstract (of 250 words maximum) under four subheadings: (i) *Background & objectives*, (ii) *Methods*, (iii) *Results*, and (iv) *Interpretation & conclusions*, followed by 5-8 key words arranged alphabetically. The main article should include the sections in following order: Introduction, Material & Methods, Results, Discussion, Acknowledgment (if any), Conflicts of Interest and References. The permission from Ethics Committee/ Institutional Review Board (IRB) is mandatory for all studies on human subjects and animals and this should be mentioned in the Material & Methods section. Registration of clinical trials is mandatory and registration number/CTR number should be mentioned.

## **2. Reviews**

Narrative review articles written by scientist(s)/ expert(s) working in the particular area and who has/have published quality original research, will be considered. The article could be 5000-6000 words (excluding Abstract and References) with not more than 100 references (recent & relevant) and an unstructured abstract of about 250 words. Tables and Figures could be included as per requirement. Copyright permission should be obtained from the copyright holder in advance, if a published Table/Figure is reproduced in part or whole.

## **3. Systematic Reviews (Including Meta-analysis)**

The articles under this section will be critical appraisal of different studies on important topics of clinical/public health significance to obtain an unbiased quantitative estimate of the overall effect of an intervention or variable for a defined outcome. The focus could be on cause, diagnosis, prognosis, therapy, prevention, etc. These would be thoroughly researched articles giving comprehensive and balanced perspective. There should be a structured abstract. Systematic reviews could be about 2500-3000 words with minimum number of Tables/Figures. These will be published subject to peer review.

## **4. Perspectives/Personal View/View point**

These are primarily opinion pieces written by senior scientists, public health experts and policy makers. Such papers will be generally written by a **single author**. No anonymous articles will be published. These should be about 1000-1500 words and should contain references. Except for commissioned pieces, all submissions will be published subject to peer review.

## **5. Student IJMR**

Aimed to encourage and promote the participation of students in medical research, this new section is started exclusively for medical undergraduate students. This section would also include reports of important scientific developments that will impact patient care, public health and/or career advancement. This section may also carry Abstracts of research done by students as part of ICMR's Short Term Studentship, DST's Kishore Vaigyanik Protsahan Yojana, etc. The length of the papers should not be more than 1000 words. All the content in this section will be published subject to peer review.

## **6. Short Paper/ Research Correspondence/ Short Note**

Original research manuscripts containing well defined study design and sample size but limited parameters analysed may be submitted as Short Papers. These would be about 2000 words and contain a structured abstract with a combined Results & Discussion section. A research correspondence would be either a preliminary/pilot study or a post-implicative report with no abstract. Submissions with preliminary investigative data with limited methodology and sample size but having important clinical implications may be submitted as a Short Note containing a 200 words unstructured abstract. Both Correspondence and Short Note would be of around 1000-1500 words containing either a Table and/or a Figure.

## **7. Clinical Images**

Rare and educative cases may be presented under this section. A maximum of two authors are allowed per clinical image submission of whom, one should be a faculty associated with the case. A concise write up without reference or running title, of around 125-150 words may be submitted, containing details of the place (department/institute) and period (month/year) of patient presentation, diagnosis, treatment and follow up (along with the duration of follow up). Authors need to obtain the patient consent form (available on our official website) before the publication and have the form properly archived. The consent forms are not to be uplodged with the cover letter but can be sent through email to editorial office when asked for. If the patient is in paediatric age group or deceased, the form may be signed by a family member or a close relative. Clear and well resolved images (up to 3-4 or as panels; JPEG/TIFF format with at least 300 dpi resolution) and up to two videos not exceeding 1MB may be submitted with the write up.

## **SUBMISSION OF MANUSCRIPT:**

**The IJMR does not charge for submission and processing of the manuscript.**

All manuscripts submitted for publication to the IJMR should include the following: **(1) First page file; (2) Article file; (3) Tables & figures; (4) A scanned copy of ethical clearance certificate; (5) Undertaking by authors & copyright transfer agreement.** Details are given below.

### **1.. FIRST PAGE FILE**

This should include a Covering letter, Title page and Author's contribution in a single file.

- The covering letter should explain why the paper should be published in the IJMR, rather than a specialty journal. One of the authors should be identified as the corresponding author of the paper, who would be responsible for the contents of the paper as for communication with the Editorial office. Author should declare that the article was not published or under consideration, in part or whole, simultaneously in any other journal or proceedings.
- Title page should include *(i)* name(s) of author(s); *(ii)* highest degree; *(iii)* name(s) of the Department(s); *(iv)* designations (academic position) of authors in the department ; *(v)* complete postal addresses, mobile number and e-mail id of all authors; *(vi)* name of corresponding author with all above mentioned details.

Title page also should include: *(i)* Type of manuscript: original article/ review/ correspondence/ perspective/ view point/ clinical image/ letter to editor/ student IJMR; *(ii)* Title; *(iii)* Short title; *(iv)* Number of Tables; *(v)* Number of Figures; *(vi)* Source of financial support in the form of grants; *(vii)* Registration number in case of Clinical Trials; *(viii)* STS number in case of Student IJMR.

- Specific author's contribution should be given at the end in the Title page.

### **2. ARTICLE FILE**

Manuscripts must be submitted online through the website [www.journalonweb.com/ijmr](http://www.journalonweb.com/ijmr). 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 need to pay for submission, processing or publication of articles. Manuscripts should be presented in as concise form as possible, typewritten neatly. Pages should be numbered consecutively and the contents arranged in the following order:

#### **Title**

Title of the article should be short, continuous (broken or hyphenated titles are **not** acceptable) and yet sufficiently descriptive and informative so as to be useful in indexing and information retrieval.

#### **Title Page**

Title page should include name(s) of author(s) with highest degree , departmental affiliations, designation (position) in the department and complete postal addresses , mobile no. with e-mails.

**A short running title not exceeding 6-7 words must also be provided.**

#### **Abstract and key words :**

All manuscripts should (except reviews) have a structured abstract (of about 250 words) with subheadings of **Background & objectives, Methods, Results, and Interpretation & conclusions**. Abstract should be brief and indicate the scope and significant results of the paper. It should only highlight the principal findings and conclusions so that it can be used by abstracting services without modification. Conclusions and recommendations not found in the text of the articles should not be inserted in the Abstract.

**A set of suitable key words (6-8 in number) arranged alphabetically should be provided.**

### **Introduction**

Introduction should be brief and state precisely the scope of the paper. Review of the literature should be restricted to reasons for undertaking the present study and provide only the most essential background. The objective of the study should be written clearly with adequate justification at the end of this section.

### **Material & Methods**

The nomenclature, the source of material and equipment used, with the manufacturers details in parenthesis, should be clearly mentioned. The procedures adopted should be explicitly stated to enable other workers to reproduce the results, if necessary. New methods may be described in sufficient detail indicating their limitations. Established methods can be just mentioned with authentic references and significant deviations, if any given, with reasons for adopting them. While reporting experiments on human subjects and animals, it should be clearly mentioned that procedures followed are in accordance with the ethical standards laid down by the national bodies or organizations of the particular country. For example, for research carried out in India on human subjects, the ICMR's Ethical guidelines for biomedical research on human participants (2006) should be adhered to. Similarly, for experiments on laboratory animals the ICMR's guidelines: Use of animals in scientific research (May 2006)/INSA's guidelines for care and use of animals in scientific research (2000) or guidelines of the Committee for the Purpose of Control and Supervision of Experiments on Animals (CPCSEA) should be followed. Adequate information should be provided on the care and use of laboratory animals, source of animals, strain, age, sex, housing and nutrition, etc. Whenever needed, appropriate certification should be provided at the time of submission of the manuscripts. The drugs and chemicals used should be precisely identified, including generic name(s), dosage(s) and route(s) of administration.

**Study design:** Selection of the observational or experimental participants (patients or laboratory animals, including controls, whether randomly or consecutively) and basis of sample size calculation should be mentioned clearly, including eligibility and exclusion criteria and a description of the source population.

**Contributors may consult the following Guidelines for specific study designs:**

<b>Sr. No.</b>	<b>Type of study</b>	<b>Source</b>
1.	Randomized controlled trials (RCTs)	CONSORT- <a href="http://www.consort-statement.org">http://www.consort-statement.org</a>
2.	Systematic reviews & meta-analysis	PRISMA <i>guidelines</i> - <a href="http://www.prisma-statement.org">http://www.prisma-statement.org</a>
3.	Observational studies in epidemio	STROBE - <a href="http://www.strobe-statement.org/">http://www.strobe-statement.org/</a>
4.	Meta-analysis of observational studies in epidemiology	MOOSE - <a href="http://statswrite.eu/pdf/MOOSE%20Statement.pdf">http://statswrite.eu/pdf/MOOSE%20Statement.pdf</a>
5.	Studies on diagnostic accuracy	STARD - <a href="http://www.stard-statement.org">http://www.stard-statement.org</a>

\* For any other type of study contributors may consult ICMJE website ([www.icmje.org](http://www.icmje.org))

**Period (with month and year) and place of the study should be clearly stated.**

**Studies based on clinical trials:** All clinical trials should be registered in a Primary Clinical Trial Registry and the Registration number be given under Material & Methods.

Articles presenting with results of randomized clinical trials should provide 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/>). It should be clearly stated that study protocol was approved by the institutional/local ethics committee and written consent obtained from the participants.

The statistical analysis done and statistical significance of the findings when appropriate, should be mentioned. Unless absolutely necessary for a clear understanding of the article, detailed description of statistical treatment may be avoided. Articles based heavily on statistical considerations, however, need to give details particularly when new or uncommon methods are employed. For standard and routine statistical methods employed, authors need to give only authentic references.

### **Results:**

Only such data as are essential for understanding the discussion and main conclusions emerging from the study should be included. The data should be arranged in unified and coherent sequence so that the report develops clearly and logically. Data presented in Tables and Figures should not be repeated in the text. Only important observations need to be emphasized or summarized. The same data should not be presented both in tabular and graphic forms. Interpretation of the data should be taken up only under the Discussion and not under Results.

### **Discussion:**

The discussion should deal with the interpretation of results without repeating information already presented under Results. It should relate new findings to the known ones and include logical deductions. It should also mention any weaknesses/limitations/lacunae of the study.

The conclusions can be linked with the goals of the study but unqualified statements and conclusions not completely supported by the data should be avoided. Claiming of priority on work that is ongoing should also be avoided. All hypotheses should, if warranted, clearly be identified as such; recommendations may be included as part of the Discussion, only when considered absolutely necessary and relevant. This section should preferably end with a concluding remark..

### **Acknowledgment:**

Acknowledgment should be brief and made for specific scientific/technical assistance and financial support only and *not* for providing routine departmental facilities and encouragement or for help in the preparation of the manuscripts (including typing or secretarial assistance).

### **Conflicts of interest:**

A conflict of interest exists if authors or their institutions have financial or personal relationships with other people or organizations that could inappropriately influence (bias) their actions. A conflict can be actual or potential, and full disclosure to the Editor is absolute requirement. All submissions must include disclosure of all relationships that could be viewed as presenting a potential conflict of interest.

All authors must disclose any financial and personal relationships with other people or organizations that could inappropriately influence (bias) their work. If there are no conflicts of interest, authors should state so.

### **References:**

The total number of References should normally be restricted to a maximum of 30 for Original Research Articles.

References to literature cited should be numbered consecutively and placed at the end of the manuscript. In the text they should be indicated above the line (superior). As far as possible mentioning names of author(s) under references should be avoided in text.

**Articles in Journals:** The titles of the journals should be abbreviated according to the style used by the PubMed.

1. *Standard journal article*

List the first six authors followed by et al.

Halpern SD, Ubel PA, Caplan AL. Solid-organ transplantation in HIV-infected patients. *N Engl J Med* 2002; 347 : 284-7.

More than six authors:

Rose ME, Huerbin MB, Melick J, Marion DW, Palmer AM, Schiding JK, et al. Regulation of interstitial excitatory amino acid concentrations after cortical contusion injury. *Brain Res* 2002; 935 : 40-6.

2. *Organization as author*

Diabetes Prevention Program Research Group. Hypertension, insulin, and proinsulin in participants with impaired glucose tolerance. *Hypertension* 2002; 40 : 679-86.

3. *Both personal authors and an organization as author*

Vallancien G, Emberton M, Harving N, van Moorselaar RJ; Alf-One Study Group. Sexual dysfunction in 1,274 European men suffering from lower urinary tract symptoms. *J Urol* 2003; 169 : 2257-61.

4. *No author given*

21st century heart solution may have a sting in the tail. *BMJ* 2002; 325 : 184.

5. *Article not in English*

Ellingsen AE, Wilhelmsen I. Sykdomsangst blant medisins- og jusstudenter. *Tidsskr Nor Laegeforen* 2002; 122 : 785-7.

6. *Volume with supplement*

Geraud G, Spiering EL, Keywood C. Tolerability and safety of frovatriptan with short- and long-term use for treatment of migraine and in comparison with sumatriptan. *Headache* 2002; 42 (Suppl 2) : S93-9.

7. *Issue with supplement*

Glauser TA. Integrating clinical trial data into clinical practice. *Neurology* 2002; 58 (12 Suppl 7) : S6-12.

8. *Volume with part*

Abend SM, Kulish N. The psychoanalytic method from an epistemological viewpoint. *Int J Psychoanal.* 2002;83(Pt 2):491-5.

9. *Issue with part*

Ahrar K, Madoff DC, Gupta S, Wallace MJ, Price RE, Wright KC. Development of a large animal model for lung tumors. *J Vasc Interv Radiol* 2002; 13 (9 Pt 1) : 923-8.

10. *Issue with no volume*

Banit DM, Kaufer H, Hartford JM. Intraoperative frozen section analysis in revision total joint arthroplasty. *Clin Orthop* 2002; (401) : 230-8.

11. *No volume or issue*

Outreach: bringing HIV-positive individuals into care. *HRSA Careaction.* 2002 Jun:1-6.

12. *Pagination in roman numerals*

Chadwick R, Schuklenk U. The politics of ethical consensus finding. *Bioethics.* 2002;16(2):iii-v.

13. *Type of article indicated as needed*

Tor M, Turker H. International approaches to the prescription of long-term oxygen therapy [letter]. *Eur Respir J* 2002; 20 : 242.

Lofwall MR, Strain EC, Brooner RK, Kindbom KA, Bigelow GE. Characteristics of older methadone maintenance (MM) patients [abstract]. *Drug Alcohol Depend* 2002; 66 (Suppl 1) : S105.

14. *Article containing retraction*

Feifel D, Moutier CY, Perry W. Safety and tolerability of a rapidly escalating dose-loading regimen for risperidone. *J Clin Psychiatry* 2002; 63 : 169. Retraction of: Feifel D, Moutier CY, Perry W. *J Clin Psychiatry* 2000; 61 : 909-11.

15. *Article retracted*

Feifel D, Moutier CY, Perry W. Safety and tolerability of a rapidly escalating dose-loading regimen for risperidone. *J Clin Psychiatry* 2000; 61 : 909-11. Retraction in: Feifel D, Moutier CY, Perry W. *J Clin Psychiatry* 2002; 63: 169.

16. *Article republished with corrections*

Mansharamani M, Bolesta S. Rosiglitazone in the treatment of type 2 diabetes mellitus: a critical review. *Clin Ther* 2000; 22 : 1151-68; discussion 1149-50. Erratum in: *Clin Ther* 2001; 23 : 309.

17. *Article with published erratum*

Malinowski JM, Bolesta S. Rosiglitazone in the treatment of type 2 diabetes mellitus: a critical review. *Clin Ther.* 2000;22(10):1151-68; discussion 1149-50. Erratum in: *Clin Ther* 2001;23(2):309.

18. *Article published electronically ahead of the print version*

Yu WM, Hawley TS, Hawley RG, Qu CK. Immortalization of yolk sac-derived precursor cells. *Blood* 2002 Nov 15; 100 : 3828-31. Epub 2002 Jul 5.

**Books and Other Monographs**

19. *Personal author(s)*

Murray PR, Rosenthal KS, Kobayashi GS, Pfaller MA. *Medical microbiology*. 4th ed. St. Louis: Mosby; 2002.

20. *Editor(s), compiler(s) as author*

Gilstrap LC 3rd, Cunningham FG, VanDorsten JP, editors. *Operative obstetrics*. 2nd ed. New York: McGraw-Hill; 2002.

21. *Author(s) and editor(s)*

Breedlove GK, Schorfheide AM. *Adolescent pregnancy*. 2nd ed. Wiecek RR, editor. White Plains (NY): March of Dimes Education Services; 2001.

22. *Organization(s) as author*

Royal Adelaide Hospital; University of Adelaide, Department of Clinical Nursing. *Compendium of nursing research and practice development, 1999-2000*. Adelaide (Australia): Adelaide University; 2001.

23. *Chapter in a book*

Meltzer PS, Kallioniemi A, Trent JM. Chromosome alterations in human solid tumors. In: Vogelstein B, Kinzler KW, editors. *The genetic basis of human cancer*. New York: McGraw-Hill; 2002. p. 93-113.

24. *Conference proceedings*

Harnden P, Joffe JK, Jones WG, editors. *Germ cell tumours V. Proceedings of the 5th Germ Cell Tumour Conference*; 2001 Sep 13-15; Leeds, UK. New York: Springer; 2002.

25. *Conference paper*

Christensen S, Oppacher F. An analysis of Koza's computational effort statistic for genetic programming. In: Foster JA, Lutton E, Miller J, Ryan C, Tettamanzi AG, editors. *Genetic programming. EuroGP 2002: Proceedings of the 5th European Conference on Genetic Programming*; 2002 Apr 3-5; Kinsdale, Ireland. Berlin: Springer; 2002. p. 182-91.

26. *Scientific or technical report*

Issued by funding/sponsoring agency:

Yen GG (Oklahoma State University, School of Electrical and Computer Engineering, Stillwater, OK). Health monitoring on vibration signatures. Final report. Arlington (VA): Air Force Office of Scientific Research (US), Air Force Research Laboratory; 2002 Feb. Report No.: AFRLSRBLTR020123. Contract No.: F496209810049.

Issued by performing agency:

Russell ML, Goth-Goldstein R, Apte MG, Fisk WJ. Method for measuring the size distribution of airborne Rhinovirus. Berkeley (CA): Lawrence Berkeley National Laboratory, Environmental Energy Technologies Division; 2002 Jan. Report No.: LBNL49574. Contract No.: DEAC0376SF00098. Sponsored by the Department of Energy.

27. *Dissertation*

Borkowski MM. Infant sleep and feeding: a telephone survey of Hispanic Americans [dissertation]. Mount Pleasant (MI): Central Michigan University; 2002.

28. *Patent*

Pagedas AC, inventor; Ancel Surgical R&D Inc., assignee. Flexible endoscopic grasping and cutting device and positioning tool assembly. United States patent US 20020103498. 2002 Aug 1.

**Other Published Material**

29. *Newspaper article*

Tynan T. Medical improvements lower homicide rate: study sees drop in assault rate. The Washington Post. 2002 Aug 12;Sect. A:2 (col. 4).

30. *Audiovisual material*

Chason KW, Sallustio S. Hospital preparedness for bioterrorism [videocassette]. Secaucus (NJ): Network for Continuing Medical Education; 2002.

31. *Legal Material*

Public law: Veterans Hearing Loss Compensation Act of 2002, Pub. L. No. 107-9, 115 Stat. 11 (May 24, 2001).

Unenacted bill: Healthy Children Learn Act, S. 1012, 107th Cong., 1st Sess. (2001).

Code of Federal Regulations: Cardiopulmonary Bypass Intracardiac Suction Control, 21 C.F.R. Sect. 870.4430 (2002).

Hearing: Arsenic in Drinking Water: An Update on the Science, Benefits and Cost: Hearing Before the Subcomm. on Environment, Technology and Standards of the House Comm. on Science, 107th Cong., 1st Sess. (Oct. 4, 2001).

32. *Map*

Pratt B, Flick P, Vynne C, cartographers. Biodiversity hotspots [map]. Washington: Conservation International; 2000.

33. *Dictionary and similar references*

Dorland's illustrated medical dictionary. 29th ed. Philadelphia: W.B. Saunders; 2000. Filamin; p. 675.

**Unpublished Material**

34. *In press*

(Note: NLM prefers "forthcoming" because not all items will be printed.)

Tian D, Araki H, Stahl E, Bergelson J, Kreitman M. Signature of balancing selection in Arabidopsis. Proc Natl Acad Sci U S A. In press 2002.



## Electronic Material

### 35. CD-ROM

Anderson SC, Poulsen KB. Anderson's electronic atlas of hematology [CD-ROM]. Philadelphia: Lippincott Williams & Wilkins; 2002.

### 36. 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. Available from: <http://www.nursingworld.org/AJN/2002/june/Wawatch.htm>, accessed on August 12, 2002.

### 37. Monograph on the Internet

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

### 38. Homepage/Web site

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

### 39. Part of a homepage/Web site

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

### 40. Database on the Internet

Open database: Who's Certified [database on the Internet]. Evanston (IL): The American Board of Medical Specialists. c2000. Available from: <http://www.abms.org/newsearch.asp>, accessed on March 8, 2001.

Closed database: Jablonski S. Online Multiple Congenital Anomaly/Mental Retardation (MCA/MR) Syndromes [database on the Internet]. Bethesda (MD): National Library of Medicine (US). c1999 [updated 2001 Nov 20]. Available from: [http://www.nlm.nih.gov/mesh/jablonski/syndrome\\_title.html](http://www.nlm.nih.gov/mesh/jablonski/syndrome_title.html)

### 41. Part of a database on the Internet

MeSH Browser [database on the Internet]. Bethesda (MD): National Library of Medicine (US); 2002 - [cited 2003 Jun 10]. Meta-analysis; unique ID: D015201; [about 3 p.]. Available from: <http://www.nlm.nih.gov/mesh/MBrowser.html> Files updated weekly.

## 3. TABLES & FIGURES

Tables (and graphs in MS Word format) should be included in main Article file in MS Word file format. Tables should be numbered consecutively with Roman numerals (I, II, III, *etc*). They should bear brief title and column headings should also be short. Units of measurement should be abbreviated and placed below the headings. Statistical measurement variations such as SD and SE should be identified. Inclusion of structural formulae in Tables should be avoided. Abbreviations used should be given in the footnote.

Figures should be submitted in JPEG or TIFF format (size not more than 1 MB), numbered consecutively in Arabic numerals with appropriate Title and explanation of symbols in the legends for illustrations. Within a multi-panel figure, different parts should be labelled as A, B, C,...*etc*. on top left corner.

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Photomicrographs should have internal scale markers regarding details of magnification to facilitate reduction in size in final print. Symbols, arrows and letters used in the photomicrographs should be legible and in contrast with the background. Graphs in JPEG/TIFF format can be uploaded as Figures.

**All published material should be acknowledged and copyright material should be submitted along with the written permission of the copyright holder.**

### **Enzyme Nomenclature**

For enzymes, only the trivial names recommended by the IUPAC-IUB Commission should be used. At its first citation in the text of the paper its code number and systematic name should be indicated.

### **Abbreviations**

Only standard abbreviations are to be used. The abbreviations should conform to the International System of Units (SI), throughout the text, Tables and Figures. Generic names of the drugs should be used. If proprietary brands are used in research brand name, name of manufacturer and country should be given in parentheses after the generic name at the first place of use.

## **4. ETHICAL CLEARANCE CERTIFICATE**

All studies conducted on patients / volunteers/ Human biological material/animals should submit a scanned copy of Ethical Clearance Certificate.

## **5 UNDERTAKING BY AUTHOR(S) & COPYRIGHT TRANSFER AGREEMENT**

It is necessary that all the authors give an undertaking (in the format specified by the journal) indicating their consent to be co-authors in the sequence indicated on the title page. Each author should give his or her names as well as the address and appointment current at the time the work was done, plus a current address for correspondence including telephone and fax numbers and email address. A senior author may sign the Undertaking by Authors for a junior author who has left the institution and whose whereabouts are not known and take the responsibility.

A paper with corporate (collective) authorship must specify the key persons responsible for the article; others contributing to the work should be recognized separately.

Author(s) will be asked to sign a transfer of copyright agreement, which recognizes the common interest that both journal and author(s) have in the protection of copyright. It will also allow us to tackle copyright infringements ourselves without having to go back to authors each time.

## **PROOFS**

Authors of accepted articles are supplied of printer's proofs online on their Author centre and will also receive email alerts when proofs are available. Corrections on the page proofs should be restricted to printer's errors only and no substantial additions/deletions should be made. No change in the names of the authors (by way of additions and deletions) is permissible at the proof stage. If there are valid reasons for such a change, after acceptance of a paper, the permission of the Editor-In-Chief must be sought.

### Standard abbreviations to be used in IJMR

The abbreviations should be used in the text, tables and illustrations without a full stop.

Molar (mole/litre)	M*	counts per minute	cpm
milli molar (m mole/litre)	mM	Curie	Ci
Micromolar (mole/litre)	μM	rad	rad
mole (quantity of substance)	mol	Roentgen	R
normal	N	gravity	g
metre	m	ortho	o
centimetre	cm	meta	m
square centimetre	cm <sup>2</sup>	para	p
millimetre	mm	intramuscular	im
micrometre	μm	intraperitoneal	ip
nanometre	nm	intravenous	iv
picometre	pm	subcutaneous	sc
mg/ 100 ml	mg/dl	oral	po
Angstrom	Å	lethal dose-50	LD <sub>50</sub>
litre	l	Ampere	A
millilitre	ml	milli Ampere	mA
microlitre	μl	Watt	W
gram	g	anti meridiem (before noon)	am
milligram	mg	post meridiem (after noon)	pm
kilogram	kg	volume	vol
hour(s)	h	volume ratio	vol/vol
minute(s)	min	(volume per volume)	
second(s)	sec	weight	wt
week(s)	wk	weight per volume	wt/vol
year(s)	yr	weight ratio	wt/wt
Probability			
(statistical significance)	P	(weight per weight)	

\*Should not be used as an abbreviation for mole

## UNDERTAKING BY AUTHORS

We, the undersigned, give an undertaking to the following effect with regard to our article entitled "

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submitted for publication in the **Indian Journal of Medical Research :-**

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