

## Instructions to the Authors

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### The Editorial Process



A manuscript will be reviewed for possible publication with the understanding that it is being submitted to International Journal of Reconstructive and Cosmetic Gynecology alone at that point in time and has not been published anywhere, simultaneously submitted, or already accepted for publication elsewhere. The journal expects that authors would authorize one of them to correspond with the Journal for all matters related to the manuscript. All manuscripts received are duly acknowledged. On submission, editors review all submitted manuscripts initially for suitability for formal review. Manuscripts with insufficient originality, serious scientific or technical flaws, or lack of a significant message are rejected before proceeding for formal peer-review. Manuscripts that are unlikely to be of interest to the International Journal of Reconstructive and Cosmetic Gynecology readers are also liable to be rejected at this stage itself.

Manuscripts that are found suitable for publication in International Journal of Reconstructive and Cosmetic Gynecology are sent to two or more expert reviewers. During submission, the contributor is requested to provide names of two or three qualified reviewers who have had experience in the subject of the submitted manuscript, but this is not mandatory. The reviewers should not be affiliated with the same institutes as the contributor/s. However, the selection of these reviewers is at the sole discretion of the editor. The journal follows a double-blind review process, wherein the reviewers and authors are unaware of each other's identity. Every manuscript is also assigned to a member of the editorial team, who based on the comments from the reviewers takes a final decision on the manuscript. The comments and suggestions (acceptance/ rejection/ amendments in manuscript) received from reviewers are conveyed to the corresponding author. If required, the author is requested to provide a point by point response to reviewers' comments and submit a revised version of the manuscript. This process is repeated till reviewers and editors are satisfied with the manuscript.

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 three days. It may not be possible to incorporate corrections received after that period. The whole process of submission of the manuscript to final decision and sending and receiving proofs is completed online. To achieve faster and greater dissemination of knowledge and information, the journal publishes articles online as 'Ahead of Print' immediately on acceptance.

### Clinical trial registry



International Journal of Reconstructive and Cosmetic Gynecology favors registration of clinical trials and is a signatory to the Statement on publishing clinical trials in Indian biomedical journals. International Journal of Reconstructive and Cosmetic Gynecology would publish clinical trials that have been registered with a clinical trial registry that allows free online access to public. Registration in the following trial registers is acceptable: <http://www.ctri.in/>; <http://www.actr.org.au/>; <http://www.clinicaltrials.gov/>; <http://isrctn.org/>; <http://www.trialregister.nl/trialreg/index.asp>; and <http://www.umin.ac.jp/ctr>. This is applicable to clinical trials that have begun enrollment of subjects in or after June 2008. Clinical trials that have commenced enrollment of subjects prior to June 2008 would be considered for publication in International Journal of Reconstructive and Cosmetic Gynecology only if they have been registered retrospectively with clinical trial registry that allows unhindered online access to public without charging any fees.

### Authorship Criteria



Authorship credit should be based only on substantial contributions to each of the three components mentioned below:

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

Participation solely in the acquisition of funding or the collection of data does not justify authorship. General supervision of the research group is not sufficient for authorship. Each contributor should have participated sufficiently in the work to take public responsibility for appropriate portions of the content of the manuscript. The order of naming the contributors should

be based on the relative contribution of the contributor towards the study and writing the manuscript. Once submitted the order cannot be changed without written consent of all the contributors. The journal prescribes a maximum number of authors for manuscripts depending upon the type of manuscript, its scope and number of institutions involved (vide infra). The authors should provide a justification, if the number of authors exceeds these limits.

### Contribution Details



Contributors should provide a description of contributions made by each of them towards the manuscript. Description should be divided in following categories, as applicable: concept, design, definition of intellectual content, literature search, clinical studies, experimental studies, data acquisition, data analysis, statistical analysis, manuscript preparation, manuscript editing and manuscript review. Authors' contributions will be printed along with the article. One or more author should take responsibility for the integrity of the work as a whole from inception to published article and should be designated as 'guarantor'.

### Conflicts of Interest/ Competing Interests



All authors of must disclose any and all conflicts of interest they may have with publication of the manuscript or an institution or product that is mentioned in the manuscript and/or is important to the outcome of the study presented. Authors should also disclose conflict of interest with products that compete with those mentioned in their manuscript.

### Submission of Manuscripts



All manuscripts must be submitted on-line through the website <http://www.journalonweb.com/ijrcg>. 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.

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

. If you experience any problems, please contact the editorial office by e-mail at editor [AT] ijrcg . com

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

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

This file should provide

1. The type of manuscript (original article, case report, review article, Letter to editor, Images, etc.) title of the manuscript, running title, names of all authors/ contributors (with their highest academic degrees, designation and affiliations) and name(s) of department(s) and/ or institution(s) to which the work should be credited, . All information which can reveal your identity should be here. Use text/rtf/doc files. Do not zip the files.
2. The total number of pages, total number of photographs and word counts separately for abstract and for the text (excluding the references, tables and abstract), word counts for introduction + discussion in case of an original article;
3. Source(s) of support in the form of grants, equipment, drugs, or all of these;
4. Acknowledgement, if any. One or more statements should specify 1) contributions that need acknowledging but do not justify authorship, such as general support by a departmental chair; 2) acknowledgments of technical help; and 3) acknowledgments of financial and material support, which should specify the nature of the support. This should be included in the title page of the manuscript and not in the main article file.
5. If the manuscript was presented as part at a meeting, the organization, place, and exact date on which it was read. A full statement to the editor about all submissions and previous reports that might be regarded as redundant publication of the same or very similar work. Any such work should be referred to specifically, and referenced in the new paper. Copies of such material should be included with the submitted paper, to help the editor decide how to handle the matter.
6. Registration number in case of a clinical trial and where it is registered (name of the registry and its URL)
7. Conflicts of Interest of each author/ contributor. A statement of financial or other relationships that might lead to a conflict of interest, if that information is not included in the manuscript itself or in an authors' form
8. Criteria for inclusion in the authors'/ contributors' list
9. A statement that the manuscript has been read and approved by all the authors, that the requirements for authorship as stated earlier in this document have been met, and that each

- author believes that the manuscript represents honest work, if that information is not provided in another form (see below); and
10. The name, address, e-mail, and telephone number of the corresponding author, who is responsible for communicating with the other authors about revisions and final approval of the proofs, if that information is not included on the manuscript itself.

[2] **Blinded Article file:** The main text of the article, beginning from Abstract till References (including tables) should be in this file. The file must not contain any mention of the authors' names or initials or the institution at which the study was done or acknowledgements. Page headers/running title can include the title but not the authors' names. Manuscripts not in compliance with the Journal's blinding policy will be returned to the corresponding author. Use rtf/doc files. Do not zip the files. **Limit the file size to 1 MB.** Do not incorporate images in the file. If file size is large, graphs can be submitted as images separately without incorporating them in the article file to reduce the size of the file. The pages should be numbered consecutively, beginning with the first page of the blinded article file.

[3] **Images:** Submit good quality color images. **Each image should be less than 2 MB in size.** Size of the image can be reduced by decreasing the actual height and width of the images (keep up to 1600 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 as a scanned image. Print ready hard copies of the images (one set) or digital images should be sent to the journal office at the time of submitting revised manuscript. High resolution images (up to 5 MB each) can be sent by email.

Contributors' form / copyright transfer form can be submitted online from the authors' area on <http://www.journalonweb.com/ijrcg>.

### Preparation of Manuscripts



Manuscripts must be prepared in accordance with "Uniform requirements for Manuscripts submitted to Biomedical Journals" developed by the International Committee of Medical Journal Editors (October 2008). The uniform requirements and specific requirement of International Journal of Reconstructive and Cosmetic Gynecology 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.ijrcg.com>) and from the manuscript submission site <http://www.journalonweb.com/ijrcg>.

International Journal of Reconstructive and Cosmetic Gynecology accepts manuscripts written in American English.

### Copies of any permission(s)



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



#### Original articles:

These include randomized controlled trials, intervention studies, studies of screening and diagnostic test, outcome studies, cost effectiveness analyses, case-control series, and surveys with high response rate. The text of original articles amounting to up to 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.

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

**Materials and Methods:** It should include and describe the following aspects:

**Ethics:** When reporting studies on human beings, indicate whether the procedures followed were in accordance with the ethical standards of the responsible committee on human experimentation (institutional or regional) and with the Helsinki Declaration of 1975, as revised in 2000 (available at [http://www.wma.net/e/policy/17-c\\_e.html](http://www.wma.net/e/policy/17-c_e.html)). For prospective studies involving human participants, authors are expected to mention about approval of (regional/ national/ institutional or independent Ethics Committee or Review Board, obtaining informed consent from adult research participants and obtaining assent for children aged over 7 years participating in the trial. The age beyond which assent would be required could vary as per regional and/ or national guidelines. Ensure confidentiality of subjects by desisting from mentioning participants' names, initials or hospital numbers, especially in illustrative material. When

reporting experiments on animals, indicate whether the institution's or a national research council's guide for, or any national law on the care and use of laboratory animals was followed. Evidence for approval by a local Ethics Committee (for both human as well as animal studies) must be supplied by the authors on demand. Animal experimental procedures should be as humane as possible and the details of anesthetics and analgesics used should be clearly stated. The ethical standards of experiments must be in accordance with the guidelines provided by the CPCSEA and World Medical Association Declaration of Helsinki on Ethical Principles for Medical Research Involving Humans for studies involving experimental animals and human beings, respectively). The journal will not consider any paper which is ethically unacceptable. A statement on ethics committee permission and ethical practices must be included in all research articles under the 'Materials and Methods' section.

### **Study design:**

*Selection and Description of Participants:* Describe your selection of the observational or experimental participants (patients or laboratory animals, including controls) clearly, including eligibility and exclusion criteria and a description of the source population. *Technical information:* Identify the methods, apparatus (give the manufacturer's name and address in parentheses), and procedures in sufficient detail to allow other workers to reproduce the results. Give references to established methods, including statistical methods (see below); provide references and brief descriptions for methods that have been published but are not well known; describe new or substantially modified methods, give reasons for using them, and evaluate their limitations. Identify precisely all drugs and chemicals used, including generic name(s), dose(s), and route(s) of administration.

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

### **Reporting Guidelines for Specific Study Designs**

<b>Initiative</b>	<b>Type of Study</b>	<b>Source</b>
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 losses to observation (such as, dropouts from a clinical trial). When data are summarized in the Results section, specify the statistical methods used to analyze them. Avoid non-technical uses of technical terms in statistics, such as 'random' (which implies a randomizing device), 'normal', 'significant', 'correlations', and 'sample'. Define statistical terms, abbreviations, and most symbols. Specify the computer software used. Use upper italics ( $P < 0.048$ ). For all  $P$  values include the exact value and not less than 0.05 or 0.001. Mean differences in continuous variables, proportions in categorical variables and relative risks including odds ratios and hazard ratios should be accompanied by their confidence intervals.

**Results:** Present your results in a logical sequence in the text, tables, and illustrations, giving the main or most important findings first. Do not repeat in the text all the data in the tables or illustrations; emphasize or summarize only important observations. Extra- or supplementary materials and technical detail can be placed in an appendix where it will be accessible but will not interrupt the flow of the text; alternatively, it can be published only in the electronic version of the journal.

When data are summarized in the Results section, give numeric results not only as derivatives (for example, percentages) but also as the absolute numbers from which the derivatives were

calculated, and specify the statistical methods used to analyze them. Restrict tables and figures to those needed to explain the argument of the paper and to assess its support. Use graphs as an alternative to tables with many entries; do not duplicate data in graphs and tables. Where scientifically appropriate, analyses of the data by variables such as age and sex should be included.

Discussion: Include summary of *key findings* (primary outcome measures, secondary outcome measures, results as they relate to a prior hypothesis); *Strengths and limitations* of the study (study question, study design, data collection, analysis and interpretation); *Interpretation and implications* in the context of the totality of evidence (is there a systematic review to refer to, if not, could one be reasonably done here and now?, what this study adds to the available evidence, effects on patient care and health policy, possible mechanisms); *Controversies* raised by this study; and *Future research directions* (for this particular research collaboration, underlying mechanisms, clinical research).

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

#### **Review Articles:**

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

The prescribed word count is up to 3000 words excluding tables, references and abstract. The manuscript may 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.

#### **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.

#### **Other:**

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

#### **Reports of Major Impact**

Authors who believe their original research article has the potential for affecting clinical practice in a major way or is otherwise of urgent importance may submit the manuscript under this category. The editors, in consultation with experts in the area addressed in the article, will assess the likely impact of the article and notify the authors whether it is being considered for this category or as a regular original research manuscript. Articles accepted as Reports of Major Impact shall be reviewed and published as rapidly as possible. The authors are to follow the format for original research articles. As with any article, concern about any potential conflict arising from the timing of publication relative to a presentation at a scientific meeting may be communicated to the editors, who will, at the authors' request, delay publication until the paper has been presented.

#### **Clinical Opinion**

A Clinical Opinion paper presents a balanced, evidence-based discussion of a clinical issue pertinent to obstetricians and gynecologists. The paper may address an emerging or controversial topic or bring attention to a topic of increasing clinical significance. Opinions rendered must be based on an interpretation of available evidence.

Not appropriate for this category: 1) a review of an extensively researched subject. Submit as a Systematic Review. 2) an essay about issues for which minimal data exist, such as certain clinical, ethical, educational, practice, and research issues. Submit as a Viewpoint paper.

A Clinical Opinion paper is limited to 3000 words of main text (not counting the title page, abstract, condensation, acknowledgments, references, tables, legends, and figures). An unstructured abstract (1 paragraph; no headings) of no more than 350 words and as many alphabetized key words or short phrases as needed for indexing must be provided.

### **Viewpoint**

Viewpoint articles are well-founded, scholarly pieces that address a scientific, ethical, academic, or practice-related topic in women's health. The article should be balanced and based on a critical analysis of the literature. Viewpoint articles are intended to stimulate discussion.

Viewpoint articles are limited to 1500 words of main text (not counting the title page, condensation, abstract, acknowledgments, references, tables, legends, and figures). Include a condensation, an unstructured abstract (1 paragraph, no subheadings) of no more than 350 words, and as many alphabetized key words or short phrases as needed for indexing

### **Point/Counterpoint**

Point/Counterpoint presents 2 essays of differing views about a controversial issue of interest.

Each essay is limited to 1500 words of main text (not counting the title page, condensation, abstract, acknowledgments, references, tables, legends, and figures). Include a condensation, an unstructured abstract (1 paragraph, no subheadings) of no more than 350 words, and as many alphabetized key words or short phrases as needed for indexing. Subheadings to separate and identify sections of the text should be unique to the topic.

### **Call to Action**

Call to Action is a topical piece highlighting a problem related to a clinical, research, social, ethical, political, or economic issue pertinent to obstetricians and gynecologists and a suggested solution to that problem. Accordingly, the author must include a suggested corrective action; describing the problem alone is not sufficient.

Call to Action articles are limited to 2000 words of text (not counting the title page, condensation, abstract, acknowledgements, references, tables, legends, and figures).

Include a condensation, an unstructured abstract (1 paragraph, no subheadings) of no more than 350 words, and as many alphabetized key words or short phrases as needed for indexing. The main text must include: 1) "The Problem:," a one-sentence statement of the problem being presented; 2) "A Solution:," a one-sentence summary of the proposed solution; and 3) the presentation

### **Surgeon's Corner**

This content provides high-quality instruction or an application of a procedure or part of a procedure, related to reconstructive and cosmetic gynecology, and to designed to aid the practicing doctors in improving care.

The manuscript must include all of the following:

1. Condensation: a 1-sentence condensation of the paper, consisting of no more than 25 words, to be placed in the Table of Contents.
2. An unstructured abstract of no more than 300 words that summarizes the clinical situation and surgical solution, explains the figure used in the print edition (see item 4), and refers to the video.
3. A description of the clinical situation or problem (under the heading: "Problem") followed by your surgical solution (under the heading: "Our solution"), in 600 words or less (not counting the title page, acknowledgement, references, tables, legends, and figures). Lists and bullet points may be used as appropriate. The text should refer to the figures/photos and video (see items 4 and 5).
4. At least one high-quality photograph (300+ dpi; not taken from a website or cell phone), graphic, or figure, to be published in the print edition; this, plus up to 5 additional photos/figures may be included for the online version.
5. A video clip or computer graphic not longer than 5 minutes, or a **maximum of 50MBs** or less per clip, to be published in the online version.
6. Figure and video legends

### **Sketches**

These articles describe interesting aspects of medical careers, work life, professional or personal development, or moments of insight, transformation, or inspiration related to professional experiences. Sketches are limited to 1000 words of main text, 7 or fewer references, and require a condensation.

### **Images in Reconstructive Gynecology; Images in Cosmetic Gynecology**

IMAGES presents the opportunity to share an interesting, high-quality image related to reconstructive and cosmetic gynecology and women's health. Priority will be given to those images of particular interest and quality, and those that provide the reader with key learning points to aid their practices. Up to 5 images may be included that exemplify the condition or case. One will

be chosen for the print publication, and all will be published in full in the official on-line publication. Supplementary material may include video. IMAGES should include: 1) A title 2) No more than 3 authors 3) Refer to IJRCG website for guidelines on submission of figures, to ensure high resolution and quality. 4) Figures should be appropriately labeled with arrows identifying structures 5) Any information that might identify the patient in the figure must be removed (including acquisition date). 6) If the patient is potentially identifiable from the image, authors must have obtained written permission from the patient. The author is responsible for filing this in a secure location. The scope of the consent should allow the author to explicitly disclose the information to editors and publishers. Authors must attest to having obtained written consent upon submission of the Images piece and must be prepared to provide this documentation upon the editors' request. 7) A legend up to 150 words that summarizes succinctly, as appropriate, the clinical information including presentation, evaluation (including surgical findings), treatment, and follow-up status. The legend should explain all labeled structures. 8) No references are permitted. 9) If a video is included, please submit a high-resolution still image. Submissions will be reviewed by a team of Editors and their decision to accept or reject will be final.

### **Presentation at Meetings**

The journal will consider a complete report that follows presentation at a scientific meeting (eg, abstract, oral presentation, or poster). Researchers who present their work at such a meeting may discuss their presentations with the media. However, offering more detail about the study than was presented in the abstract or poster (eg, providing additional data or copies of tables and figures) is prohibited. Indicate such presentations on the title page by providing the full name of the meeting, as well as the city, state, and dates.

### **Current Commentary**

Current Commentary essays address issues, opinions, experiences, or perspectives of clinical relevance to the field of reconstructive and cosmetic gynecology. Length should not exceed 3,000 words. The abstract should be a single paragraph that states what was done, what was found, and what the findings mean. Headings are not necessary in the body of the article but may be used if needed.

### **Personal Perspectives**

Personal Perspectives essays offer insights into the practice of medicine, with an emphasis on the unique physician–patient relationship. Essays from various viewpoints—physician, nurse, patient—are welcome. A short essay for light reading addressing a topic pertinent to the discipline, including humor or satire, is also appropriate for this section. Poetry may also be considered. Length should not exceed 3,000 words. Abstracts are not included in this feature, and headings are not needed in the body of the article.

### **Ideas and Innovations**

A surgical / non-surgical novel idea and innovation in the field of reconstructive and cosmetic gynecology. Length should not exceed 2,000 words. Abstracts not included.

### **References**

References should be *numbered* consecutively in the order in which they are first mentioned in the text (not in alphabetic order). *Identify references in text*, tables, and legends by Arabic numerals in superscript with square bracket after the punctuation marks. *References cited only* in tables or figure legends should be numbered in accordance with the sequence established by the first identification in the text of the particular table or figure. Use the style of the examples below, which are based on the formats used by the NLM in *Index Medicus*. The titles of journals *should be abbreviated* according to the style used in *Index Medicus*. Use complete name of the journal for non-indexed journals. Avoid using abstracts as references. Information from manuscripts submitted but not accepted should be cited in the text as "unpublished observations" with written permission from the source. Avoid citing a "personal communication" unless it provides essential information not available from a public source, in which case the name of the person and date of communication should be cited in parentheses in the text. The commonly cited types of references are shown here, for other types of references such as newspaper items please refer to ICMJE Guidelines (<http://www.icmje.org> or [http://www.nlm.nih.gov/bsd/uniform\\_requirements.html](http://www.nlm.nih.gov/bsd/uniform_requirements.html)).

#### *Articles in Journals*

1. Standard journal article (for up to six authors): 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, Filariasis 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 reference*

Journal article on the Internet: Parija SC, Khairnar K. Detection of excretory *Entamoeba histolytica* DNA in the urine, and detection of *E. histolytica* DNA and lectin antigen in the liver abscess pus for the diagnosis of amoebic liver abscess. *BMC Microbiology* 2007, 7:41. doi:10.1186/1471-2180-7-41. <http://www.biomedcentral.com/1471-2180/7/41>

#### **Tables**

- Tables should be self-explanatory and should not duplicate textual material.
- Tables with more than 10 columns and 25 rows are not acceptable.
- Number tables, in Arabic numerals, consecutively in the order of their first citation in the text and supply a brief title for each.
- Place explanatory matter in footnotes, not in the heading.
- 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 1024 kb in size while uploading.
- Figures should be numbered consecutively according to the order in which they have been first cited in the text.
- Labels, numbers, and symbols should be clear and of uniform size. The lettering for figures should be large enough to be legible after reduction to fit the width of a printed column.
- Symbols, arrows, or letters used in photomicrographs should contrast with the background and should be marked neatly with transfer type or by tissue overlay and not by pen.
- Titles and detailed explanations belong in the legends for illustrations not on the illustrations themselves.
- When graphs, scatter-grams or histograms are submitted the numerical data on which they are based should also be supplied.
- The photographs and figures should be trimmed to remove all the unwanted areas.
- If photographs of individuals are used, their pictures must be accompanied by written permission to use the photograph.
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