

# Instructions to the Authors

[The Editorial Process](#) | [Clinical trial registry](#) | [Authorship Criteria](#) | [Contribution Details](#) | [Conflicts of Interest/ Competing Interests](#) | [Submission of Manuscripts](#) | [Preparation of Manuscripts](#) | [Copies of any permission\(s\)](#) | [Types of Manuscripts](#) | [Protection of Patients' Rights..](#) | [Sending a revised manuscript](#) | [Reprints and proofs](#) | [Copyrights](#) | [Checklist](#) | [Contributors' form](#)

## The Editorial Process



A manuscript will be reviewed for possible publication with the understanding that it is being submitted to Current Medical Issues 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 Current Medical Issues readers are also liable to be rejected at this stage itself.

Manuscripts that are found suitable for publication in Current Medical Issues 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



Current Medical Issues favors registration of clinical trials and is a signatory to the Statement on publishing clinical trials in Indian biomedical journals. Current Medical Issues 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.nic.in/>; <http://www.anzctr.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 Current Medical Issues 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 article 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/cmi>. 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] cmijournal . org

**Policy on Plagiarism:** All submitted manuscripts should be free of plagiarism and the authors are expected to screen their work using online plagiarism software before submitting the manuscript. Any degree of plagiarism beyond a trivial overlap with other publications will amount to rejection of the submission with no right of appeal.

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): The copyright form must be completed and signed by all the authors and submitted to the journal. Authors must state all potential conflicts of interest in the manuscript that may lead to a conflict of interest or bias. All sources of funding should be acknowledged in the manuscript.

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

## 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 Current Medical Issues 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.cmijournal.org>) and from the manuscript submission site <http://www.journalonweb.com/cmi>.

Current Medical Issues accepts manuscripts written in American English.

Authors should submit articles written in English. Simple language that clearly conveys the message is encouraged. All text must be double spaced throughout. All pages must be numbered. Abbreviations should be defined the first time they are used and a list of all abbreviations used should be provided.

**Authorship criteria:** The journal follows The International Committee of Medical Journal Editors (ICMJE) Criteria for Authorship and Non-Author Contributors.

### Format for original articles, brief reports and review articles

Manuscripts for original articles and brief reports should be divided into: **title page, keywords, abstract, introduction, materials and methods, results, discussion, acknowledgements, references, figure, table and legends.**

Manuscripts for review articles should be divided into: **title page, keywords, abstract, introduction, body of the review, acknowledgements, references, figure, table and legends.**

1. **Title page:** should list professional affiliation and full addresses (including telephone numbers, fax and email) for all authors and indicate the author responsible for correspondence.
2. **Keywords:** up to five keywords should be given in alphabetical order.
3. **Abstract:** should not exceed 250 words. The abstract must be structured for original articles and should include separate sections headed background and objectives, subjects and methods, results, conclusions. The abstract may be non-structured (a summary of the content of the article) for review articles, case reports and brief reports.
4. **Introduction:** must clearly state the background to the research and its objectives and should end with a very brief statement of what has been achieved.
5. **Materials and methods:** should be subdivided and must contain sufficient experimental information to allow the experiments to be reproduced.
6. **Results and discussion:** should be kept separate. Results should present the salient findings of the study while discussion should compare the findings with existing evidence and highlight the potential significance and caveats.
7. **Conclusion:** authors must state the main conclusions of the research, giving a clear explanation of their importance and relevance.  
**Body of review (For review articles):** The body of the review must be divided into sections with headings (E.g. Epidemiology, Clinical features, Approach to diagnosis and management (with an algorithm), Recent advances, Conclusions). One or two case scenarios at the beginning of the review or within the body of the review and algorithms for diagnosis/management are encouraged.
8. **Acknowledgements:** should be kept to a minimum.
9. **References:** must be prepared in the style used in the Index Medicus including the abbreviations of journal titles and first and last page numbers. 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 without brackets after the *punctuation marks*.
- *References cited only* in tables or figure legends should be numbered according to the sequence in the text of the particular table or figure.
- 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.

- Please avoid excessive referencing. Number of references maximally allowed for any type of article would be 30.
- Only papers that have been published or are in press may be cited. 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.
- All authors should be listed unless there are more than six in which case list the first six followed by et al.

Please take care to follow the reference style precisely.

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)).

#### 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.

#### Types of Manuscripts



Authors are advised to go through the following information before submitting their manuscripts.

The different categories in the Current Medical Issues journal, contributions details and the formats for submission in the different categories are enlisted below. Acceptance of articles for publishing will be based on adherence to the mission/purpose of the journal and quality of the scientific material after a peer review process. Opinions/practice stories/human interest stories are welcome and their inclusion is at the discretion of the editorial board.

#### Categories Of Articles in Current Medical Issues Journal:

Manuscripts are accepted for the following categories:

##### Review Articles and Practice guidelines:

The Current Medical Issues journal primarily caters to the need for keeping up to date with the 'best practices' in management of illnesses in the setting of a primary or secondary level hospital and general practice. Reviews of illnesses and practice guidelines with practical approaches to diagnosis and management and including the latest developments in the field are, therefore, highly appreciated. Reviews must be submitted keeping the target audience in view. 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 3500 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.

##### Original articles:

Papers considered in the original articles section would include randomized controlled clinical trials, cross-sectional studies or cohort studies. Word limit: 3,000 words and should not include more than six illustrations (including tables or figures).

Current Medical Issues would publish randomized controlled trials that have been registered with a clinical trial registry and the registration number must be provided. Following are examples of some clinical trial registers:

- <http://www.ctri.nic.in/>;
- <http://www.anzctr.org.au/>;
- <http://www.clinicaltrials.gov/>;
- <http://isrctn.org/>;
- <http://www.trialregister.nl/trialreg/index.asp>;

- <http://www.umin.ac.jp/ctr>

When the results of randomized controlled trials are reported, authors should use the CONSORT statement as a guide to prepare the manuscript (<http://www.consort-statement.org/>).

If the editorial board considers a manuscript submitted in this category to be insufficient, for a full length article, the editor may request for re-submission as a brief report (see below). The format for manuscript submission is given below.

**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**

Guideline	Type of Study	Source
<b>STROBE</b>	Observational studies including cohort, case-control, and cross-sectional studies	<a href="https://www.strobe-statement.org/index.php?id=available-checklists">https://www.strobe-statement.org/index.php?id=available-checklists</a>
<b>CONSORT</b>	Randomized controlled trials	<a href="http://www.consort-statement.org">http://www.consort-statement.org</a>
<b>SQUIRE</b>	Quality improvement projects	<a href="http://squire-statement.org/index.cfm?fuseaction=Page.ViewPage&amp;PageID=471">http://squire-statement.org/index.cfm?fuseaction=Page.ViewPage&amp;PageID=471</a>
<b>PRISMA</b>	Systematic reviews and meta-analyses	<a href="http://prisma-statement.org/PRISMAStatement/Checklist.aspx">http://prisma-statement.org/PRISMAStatement/Checklist.aspx</a>

<b>STARD</b>	Studies of diagnostic accuracy	<a href="https://pubs.rsna.org/doi/full/10.1148/radiol.2015151516">https://pubs.rsna.org/doi/full/10.1148/radiol.2015151516</a>
<b>CARE</b>	Case Reports	<a href="https://www.care-statement.org/checklist">https://www.care-statement.org/checklist</a>
<b>AGREE</b>	Clinical Practice Guidelines	<a href="https://www.agreetrust.org/wp-content/uploads/2016/02/AGREE-Reporting-Checklist-2016.pdf">https://www.agreetrust.org/wp-content/uploads/2016/02/AGREE-Reporting-Checklist-2016.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.

#### **Brief reports:**

Brief reports may be considered for publication. These are either cohort or cross-sectional studies or case-series conveying an important message which are not of sufficient length to warrant a full paper. The format for manuscript submission is given below. Word limit: 1500 words and no more than 15 references and 2 figures or tables.

#### **Evidence Based Medicine:**

The section aims contains succinct summaries of high-quality studies or systematic reviews published elsewhere in the recent past, which will serve the purpose of education. Word limit: 750 words, including title and contents. The summary must contain the following (in this order):

1. The source of the study that is summarised (Reference)
2. 'Clinical question' - in one sentence. E.g. Is Tafenoquine safe for use in preventing relapse in vivax malaria?
3. 'Conclusion' of the study in one or two sentences.
4. Background: (Description of the illness/treatment under consideration, why was the study done, what were the conclusions of previous studies)
5. Methods: A brief description of the methodology used in the study being summarized.
6. Important Results (in 3-5 points)
7. Discussion

#### **Case reports:**

Reports of cases that are new and unique or which indicate an important learning point may be submitted. Cases with clinical implications and of educational value will be given priority. Reporting of case reports should be as per CARE guidelines (<http://care-statement.org/>). The format for manuscripts in this section is given below. Word limit: 1000 words (excluding references and abstract) and up to 10 references. Maximum four authors



### **CME in images:**

This section includes clinical images accompanied by the case scenario related to the image, 2-4 questions related to the image and the answers to the questions. They could be clinical images, radiology/pathology/microbiology images that are not commonly encountered (which provide learning points) or which have led the author to learn something new are appreciated. Extremely rare cases or scenarios will not be relevant and may not be accepted.

The manuscript should have the following (in this order):

1. Image/s: The images must be of high quality, must be of educational value and should be submitted separately in jpeg format.
2. Case scenario: related to the image, describing the clinical history of the patient and relevant clinical findings
3. Questions:
4. Answers to the questions
5. References: Not more than three references

### **Opinion/ Practice stories and human interest stories:**

Accounts of experiences in clinical practice that the medical fraternity can learn from, human interest stories, challenges faced and overcome, commentaries on contemporary medical practice issues, history of medicine, cutting edge technologies etc. are welcome. Relevant references for sources of the information must accompany these articles. Word limit: 2000 words and not more than 5 images. References must be included.

### **Basic Science:**

This section includes reviews of recent updates in topics from a basic science perspective (Anatomy, Physiology, Pharmacology, Biochemistry and Microbiology) which have clinical relevance and serve to educate clinicians. Topics that do not have any implication on clinical practice either directly or indirectly will not be accepted. Word limit: 2000 words, not including tables, legends. The format for a basic science article is the same as a review article.

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

These are short communications to the editor related to articles previously published (including editorials/commentaries) in the journal or views expressed in the journal. Word limit: 500 words and maximum of 5 references. Not more than two authors.

### **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, Filarial Nematodes In: Garcia LS (editor) Diagnostic Medical Parasitology ASM press Washington DC 2007: pp 319-356.
3. Chapter in a book: Nesheim M C. Ascariasis and human nutrition. *In* Ascariasis and its prevention and control, D. W. T. Crompton, M. C. Nesbemi, and Z. S. Pawlowski (eds.). Taylor and Francis, London, U.K. 1989, pp. 87–100.

#### *Electronic Sources as 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>

#### **Monograph on the Internet:**

Foley KM, Gelband H, editors. Improving palliative care for cancer. Washington: National Academy Press; 2001. Available from: <http://www.nap.edu/books/0309074029/html/>. (Cited on 8<sup>th</sup> July 2016)

#### **Homepage/Web site:**

Cancer-Pain.org. Association of Cancer Online Resources, Available from: <http://www.cancer-pain.org/>. (Cited on 8<sup>th</sup> July 2016)

#### **Part of a homepage/Web site:**

American Medical Association, Chicago. AMA Office of Group Practice Liaison. Available from: <http://www.ama-assn.org/ama/pub/category/1736.html>. (Cited on 8<sup>th</sup> July 2016)

#### **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.
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2. Abstract (unstructured, 250 words),
3. Keywords
4. Introduction
5. Body of the article with clear sub-headings and figures/images
6. References
7. Tables
8. Legends

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2. Abstract (unstructured, 250 words)
3. Keywords
4. Introduction
5. Case report
6. Discussion
7. Reference
8. Tables
9. Legends

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The summary must contain the following (in this order):

1. Title page
2. The source of the summary (Reference)
3. 'Clinical question' - in one sentence. E.g. Is Tafenoquine safe for use in preventing relapse in vivax malaria?
4. 'Conclusion' of the study in one or two sentences.
5. Background: (Description of the illness/treatment under consideration, why was the study done, what were the conclusions of previous studies)
6. Methods: A brief description of the methodology used in the study being summarized.
7. Important Results (in 3-5 points)
8. Discussion

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The manuscript should have the following (in this order):

1. Title page
2. Image/s: The images must be of high quality, must be of educational value and should be submitted separately in jpeg format.
3. Case scenario: related to the image, describing the clinical history of the patient and relevant clinical findings
4. Questions:
5. Answers to the questions
6. References: Not more than three references

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3. References

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