

INFORMATION FOR AUTHORS

ABOUT THE JOURNAL

The Journal of Orofacial Rehabilitation, a publication of the Indian Prosthodontic Society West Bengal State Branch, is a peer-reviewed triannually online journal with a print-on-demand compilation of issues published. The journal's full text is available online at <https://ipswestbengal.com/journal/>. The journal allows free access (Open Access) to its contents and permits authors to self-archive the final accepted version of the articles on any OAI-compliant institutional or subject-based repository.

SCOPE OF THE JOURNAL

The Journal of Orofacial Rehabilitation (JOR) is an official publication of the Indian Prosthodontic Society West Bengal State Branch. It is a peer-reviewed tri-annual online journal. The journal is one of the top-priority prosthodontic journals in West Bengal and is establishing itself nationally in the specialty of prosthodontics. The Journal covers all divisions of prosthodontics, including Removable prosthodontics, Fixed Prosthodontics, Maxillofacial Prosthodontics, Implantology, Dental materials, Temporomandibular disorders and management, Esthetic dentistry, Digital prosthodontics, Innovations, Oral physiology, Oral biomechanics, and related biosciences.

The journal's full text (E-ISSN: 2583-9322) is available online at <https://ipswestbengal.com/journal/>. The journal encourages the submission of systematic reviews and meta-analysis, original research articles, in-vitro studies, case series and reports, dental techniques, and innovations. Articles related to clinical studies and their implications shall be given greater preference. The journal allows free access (Open Access) to its contents and permits authors to self-archive the final accepted version of the articles on any OAI-compliant institutional / subject-based repository. The journal integrates academicians, clinicians, and researchers from a global platform in all its scientific activities.

THE EDITORIAL PROCESS

A manuscript will be reviewed for possible publication with the understanding that it is being submitted to the Journal of Orofacial Rehabilitation alone at that point in time and has not been published anywhere, been simultaneously submitted, or been already accepted for publication elsewhere.

The journal expects that the authors should authorize one of them to correspond with the Journal for all matters related to the manuscript. All manuscripts received are duly acknowledged.

On submission, the editors will scrutinize the submitted manuscripts for originality, scientific or technical flaws, lack of a significant message, poor quality figures, inadequate statistical data, and whether they were submitted as per the journal's guidelines. The deficient manuscripts will be rejected before proceeding for peer review. Manuscripts that are unlikely to be of interest to the Journal of Orofacial Rehabilitation readers will also be rejected before the initiation of peer review.

Manuscripts received from Editorial Board members will be screened by the Editor in Chief and sent to external peer reviewers. The editorial board members who are authors will be excluded from publication decisions.

Manuscripts that are found suitable for publication in The Journal of Orofacial Rehabilitation are sent to two or more expert reviewers. During submission, the contributor is requested to provide the 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 identities. The comments and suggestions (acceptance/rejection/amendments to the manuscript) received from the reviewers are conveyed to the corresponding author. If revisions are suggested, the authors are requested to provide a detailed response to the reviewers' comments and submit a revised version of the manuscript. This process is repeated until reviewers and editors are satisfied with the manuscript. The final decision on the manuscript will be made based on the suggestions of the reviewers. No correction of scientific data will be admitted after acceptance of 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.

The process from submission of the manuscript to final proofs for an accepted manuscript is completed online. To achieve faster and greater dissemination of knowledge and information, the journal publishes articles online as 'Ahead of Print' immediately upon acceptance.

TIME LINE FOR MANUSCRIPT PROCESSING

1. **Editorial review:** 7 to 10 working days for initial assessment and allotment of assignment for reviewing procedure to associate, section editors, or reviewers on submission of the manuscript.
2. The process of reviewing, the comments or decisions shall be conveyed to authors within 2 months from the date of submission for the first submission. In the case of a revised submission, it shall be communicated within a month from the date of submission.
3. Publication on acceptance shall depend on the date of acceptance and the category of the manuscript (Systematic reviews, original research, or case reports).
4. The entire process can be tracked by the author through their log-in dashboard, and in case of queries, the corresponding author can email the editor through their login page of the journal software (editor query).
5. Any query to the editor shall be responded by email in 5-7 working days.

PROCESS OF APPEALS

The authors can appeal the editor's decision if they have strong evidence or information in response to the editor's and reviewer's comments. If the authors wish to appeal the decision, they should email the editorial office (editorwbips@gmail.com), explaining in detail the reason for the appeal. The appeals will be acknowledged by the editorial office and will be investigated in an unbiased manner.

The processing of appeals will be done within 6-8 weeks. While under appeal, the said manuscript should not be submitted to other journals.

The final decision rests with the Editor in Chief of the journal. Second appeals are not considered.

ANTI-PLAGIARISM POLICY

Plagiarism includes the duplicate publication of the author's own work, in whole or in part, without proper citation or misrepresenting other authors ideas, words, and other creative expressions as one's own. The Journal follows a strict anti-plagiarism policy.

All manuscripts submitted to the Journal of Indian prosthodontic society will undergo a plagiarism check with the state of the art “**TURNITIN**” plagiarism detection software. More than 15% of plagiarised manuscripts will be rejected.

If plagiarism is detected after publication, the Journal will investigate. If plagiarism is established, the journal will notify the authors' institutions and funding bodies and retract the plagiarised article. To report plagiarism, contact the journal office (email: editorwbips@gmail.com)

CLINICAL TRIAL REGISTRY

The Journal of Orofacial Rehabilitation favors the registration of clinical trials and is a signatory to the Statement on Publishing Clinical Trials in Indian Biomedical Journals. We would publish peer-reviewed clinical trials registered with a clinical trial registry that allows free online access to the public.

Registration in the following trial registers is acceptable: <https://ctri.nic.in/Clinicaltrials/login.php>; <http://www.clinicaltrials.gov/>; <http://isrc.tn.org/>; and <http://www.umin.ac.jp/ctr>. This is applicable to clinical trials that have begun the enrolment of subjects in or after June 2008. Clinical trials that have commenced enrolment of subjects prior to June 2008 would be considered for publication in the Journal of Orofacial Rehabilitation only if they have been registered retrospectively with the clinical trial registry that allows unhindered online access to the public without charging any fees.

AUTHORSHIP CRITERIA

1. Authorship credit should be based only on substantial contributions to each of the three components mentioned below:
2. Concept and design of the study, acquisition of data, or analysis and interpretation of data;
3. Drafting the article or revising it critically for intellectual content and
4. Final approval of the version to be published.
5. 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.
6. Each contributor should have participated sufficiently in the work to take public responsibility for appropriate portions of the content of the manuscript.
7. The order of naming the contributors should be based on their relative contribution to the study and writing the manuscript.
8. Once submitted, the order cannot be changed without the written consent of all the contributors.
9. The journal prescribes a maximum number of authors for manuscripts depending on the type of manuscript, its scope, and the number of institutions involved (vide infra).

CONTRIBUTION DETAILS

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

Conflicts of Interest/ Competing Interests

All authors must disclose any and all conflicts of interest they may have with the publication of the manuscript or with 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 conflicts of interest with products that compete with those mentioned in their manuscript.

SUBMISSION OF MANUSCRIPTS

All manuscripts must be submitted online through the website: <https://ipswestbengal.com/journal/>

Registered authors can keep track of their articles after logging into the site using their user name and password.

Authors do not have to pay for the submission, processing, or publication of their articles. If you experience any problems, please contact the editorial office by e-mail at editorwbips@gmail.com.

The submitted manuscripts that are not as per the "Instructions to Authors" will be rejected or returned to the authors for technical correction before they undergo editorial or peer review.

The manuscript should be submitted in the form of the following:

[1] **TITLE PAGE/FIRST PAGE FILE/COVERING LETTER:**

1. The type of manuscript (original article, case report, review article, brief communication/dental technique/innovation, letter to editor, etc.), the title of the manuscript, the running title, the names of all authors and contributors (with their highest academic degrees, designations, and affiliations), and the name(s) of the department(s) and/or institution(s) to which the work should be credited.
2. All information that reveals your institute affiliation should be presented. Use doc files. Do not zip the files.
3. The **total number of pages, total number of photographs, and word counts separately for the abstract and the text** (excluding the references, tables, and abstract) should be mentioned.
4. If the manuscript was presented as part of a meeting, the organization, place, and date should be mentioned.
5. A full statement should be mentioned in the cover letter about all previous submissions and reports that might be regarded as redundant to the publication of the same or very similar work. These previous submissions/reports should be referred to and referenced

in the submitted manuscript. Copies of such submissions or reports should be included as a supplementary file along with the submitted manuscript.

6. Registration number, the name of the registry, and its URL should be mentioned for a **clinical trial or systematic review**.
7. All the authors should satisfy the authorship criteria as stated earlier in this document. An undertaking that the manuscript has been read and approved by all the authors is mandatory.
8. The name, address, e-mail, and telephone number of the corresponding author should be mentioned in the manuscript. The corresponding author is responsible for communicating with the other authors about revisions and final approval of the proofs.

NUMBER OF AUTHORS:

Original article and Review articles: Maximum of **6** authors.

Case report, innovations – Maximum of **4** authors.

[2] BLINDED ARTICLE FILE:

The text of the manuscript, from the *Abstract* to *References* (including tables), should be present in this file. The file must not contain any mention of the authors names or initials, the institution at which the study was done, or acknowledgements.

Page headers/running titles 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 doc files. Do not zip the files. Limit the file size to 1 MB.

Do not incorporate images into the file. If the file size is large, graphs can be submitted separately as images without incorporating them into the manuscript file to reduce the size of the file.

The pages should be numbered consecutively, beginning with the first page of the blinded manuscript file. The font style should be Times New Roman, and the font size should be 12 for the main text file.

[3] IMAGES:

Submit good-quality colour images made with a DSLR camera. Mobile phone photographs will not be accepted.

Submit figures of uniform size. The image should be less than 2 MB in size. The size of the image can be reduced by decreasing the actual height and width of the image (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 manuscript file.

A maximum of 8 images for a case report or technique are allowed.

For original research or systematic reviews, a maximum of 4 figures are allowed.

[4] **The contributors / copyright transfer form** (template provided below) should be submitted online from the authors' area on <https://ipswestbengal.com/journal/> . The journal does not accept correspondence by post or email unless requested.

PREPARATION OF MANUSCRIPTS

Manuscripts must be prepared in accordance with the uniform requirements for Manuscripts submitted to Biomedical Journals developed by the International Committee of Medical Journal Editors (October 2008). The uniform requirements and specific requirements of The Journal of Indian Prosthodontic Society are summarized below. Before submitting a manuscript, the contributors are requested to check for the latest instructions available. Instructions are also available from the website of the journal (<https://ipswestbengal.com/journal/>) and from the manuscript submission site: <https://ipswestbengal.com/journal/> .

The Journal of Indian Prosthodontic Society accepts manuscripts written in British English.

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TYPES OF MANUSCRIPTS AND GUIDELINES

ORIGINAL ARTICLES:

These include randomized controlled trials, intervention studies, studies of screening and diagnostic tests, outcome studies, cost-effectiveness analyses, case-control series, and surveys with a 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.

Abstract: A **structured abstract** with Background, Aim, Study setting and design, Materials and methods, Results, and Conclusion of not more than **300 words**.

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 <https://www.wma.net/policies-post/wma-declaration-of-helsinki-ethical-principles-for-medical-research-involving-human-subjects/>).

For prospective studies involving human participants, authors are expected to mention the approval of a 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 the 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, or any national law on the care and use of laboratory animals was followed.

Animal experimental procedures should be as humane as possible, and the details of the anaesthetics and analgesics used should be clearly stated. The ethical standards of experiments must be in accordance with the guidelines provided by the CPCSEA and the World Medical Association Declaration of Helsinki on Ethical Principles for Medical Research Involving Humans for studies involving experimental animals and human beings, respectively.

A statement on ethics committee permission and ethical practises must be included in all research articles under the 'Materials and Methods' section. Evidence for approval by a local Ethics Committee (for both human and animal studies) must be supplied by the authors on demand.

The journal will not consider any paper that is ethically unacceptable.

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 (manufacturer's name and address should be mentioned 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 method of masking (blinding), based on the CONSORT Statement (<https://www.equator-network.org/reporting-guidelines/consort/>).

The authors are required to use the downloadable Word document templates provided at the end of this page to prepare the manuscripts. The reporting guidelines checklist is provided in these templates and must be duly followed. The authors can also choose the reporting guidelines for the specific study design from the web links provided in the table below and upload them along with the manuscript. Manuscripts with an incomplete checklist will be rejected or sent back to the authors for technical modifications.

Reporting Guidelines for Specific Study Designs

Initiative	Type of Study	Source
STROBE	Observational studies including cohort, case-control, and cross-sectional studies	https://www.strobe-statement.org/checklists/
CONSORT	Randomized controlled trials	https://www.goodreports.org/reporting-checklists/consort/
SQUIRE	Quality improvement projects	http://squire-statement.org/index.cfm?fuseaction=Page.ViewPage&PageID=471
PRISMA	Systematic reviews and meta-analyses	http://prisma-statement.org/PRISMAStatement/Checklist.aspx
STARD	Studies of diagnostic accuracy	https://pubs.rsna.org/doi/full/10.1148/radiol.2015151516
CARE	Case reports	https://www.care-statement.org/checklist
AGREE	Clinical Practice Guidelines	https://www.agreetrust.org/wp-content/uploads/2016/02/AGREE-Reporting-Checklist-2016.pdf

The reporting guidelines for other types of studies can be found at <https://www.equator-network.org/reporting-guidelines/>. The checklist for reporting guidelines should be attached as a supplementary file.

STATISTICS:

It is preferable to quantify the 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 importance to the objective of the research.

Do not repeat the data in the tables or illustrations as text; emphasize or summarize only important observations.

Supplementary materials and technical details can be placed in an appendix where they will be accessible but will not interrupt the flow of the text; alternatively, they 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 research and 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.

A Maximum of 6 tables and 4 figures are allowed for original research.

DISCUSSION:

Include a summary of *key findings* (primary outcome measures, secondary outcome measures, related literature support); *Strengths and limitations* of the study (related to study question, study design, data collection, analysis, and interpretation); *Interpretation and implications* in the context of the totality of evidence (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*.

Do not repeat in detail the 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 labelled as such.

About 30 references can be included.

The *Original Research* manuscripts should not have more than **6 authors**.

REVIEW ARTICLES:

Narrative review:

A narrative review will only be done on invitation from the editor.

The prescribed word count is up to 3000 words, excluding tables, references, and abstracts. The manuscript may have about 90 references.

Authors submitting a 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 section titles would depend on the topic reviewed.

The manuscript should have an unstructured Abstract (250 words) representing an accurate summary of the article.

The contributors are 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 the editor as and when major developments occur in the field.

Systematic review:

The Journal prefers systematic reviews that have been registered in PROSPERO <https://www.crd.york.ac.uk/prospero/> or in Cochrane <https://www.cochrane.org/>. The PROSPERO/COCHRANE registry number should be provided in the review article under the "methodology" section.

The reporting guidelines for systematic reviews can be obtained at <http://prisma-statement.org/PRISMASTATEMENT/Checklist.aspx>

An Abstract with a structured format of up to **300 words** (Statement of Problem, Purpose, Material and Methods, Results, and Conclusions).

Text of the review should consist; an introduction (background and objective), methods (selection criteria, search methods, data collection, and data analysis), results (description of studies, methodological quality, and results of analyses), discussion, the authors' conclusions, acknowledgments, and conflicts of interest.

Tables and figures, if necessary, showing characteristics of the included studies, specifications of the interventions that were compared, the results of the included studies, a log of the studies that were excluded, and additional tables and figures relevant to the review.

A maximum of 6 tables and 4 figures are allowed.

The *Systematic Review* manuscripts should not have more than **6 authors**.

CASE REPORTS:

New, interesting, and rare cases can be reported following the CARE guidelines (<https://www.care-statement.org/checklist>).

The case report should be unique, describe an innovative diagnostic or therapeutic challenge, and provide a learning objective for the readers. Cases with clinical significance or implications will be given priority.

Structured / Unstructured abstract (**maximum 150 words**), key-words, Introduction, Case report, Discussion, Conclusion, Reference (supported with maximum 10 references), Tables and Legends.

A maximum of **1000 words** (excluding *Abstract* and *References*) is permissible.

A maximum of 8 figures is allowed.

The *Case Report* manuscripts should not have more than **4 authors**.

DENTAL TECHNIQUE/INNOVATIONS:

The dental technique presents a unique procedure helpful to dental professionals in a step-by-step format.

Unstructured abstract of maximum 150 words that briefly summarizes the technique.

Introduction should summarize relevant literature. Include references to standard methods and protocols.

The technique should be presented in a numbered, step-by-step format that describes each step of the technique. Include citations for the accompanying illustrations.

Discussion should comment on the advantages and disadvantages of the technique, indicate the situations to which it may be applied, and describe any contraindications for its use. Avoid excessive claims of effectiveness. If the text will only be repetitive of previous sections, omit the Discussion.

Conclusion should briefly summarize the technique presented and its chief advantages.

A maximum of **1000 words** (excluding *Abstract* and *References*) is permissible.

A maximum of 8 figures is allowed.

The *Dental Technique/Innovation* manuscripts should not have more than **4 authors**.

LETTER TO THE EDITOR:

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 five references**.

A letter of appreciation/ criticism or comment on the manuscript is highly appreciated by the editorial board. The response from the author/editor will be emailed to concerned authors. Not all the Letters to the Editor will be published. The publication of the same is at the discretion of the editorial board.

The *Letter to the Editor* should not have more than **2 authors**.

OTHER:

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

REFERENCES

References should be numbered consecutively in the order in which they are first mentioned in the text (not in alphabetic order).

Identify references in text, tables, and legends by Arabic numerals in superscript with a 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 the 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.

Other types of references, such as newspaper items should be referred to the ICMJE Guidelines (<http://www.icmje.org> or http://www.nlm.nih.gov/bsd/uniform_requirements.html).

ARTICLES IN JOURNALS

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.

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.

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

Personal author(s): Parija SC. Textbook of Medical Parasitology. 3rd ed. All India Publishers and Distributors. 2008.

Editor(s), compiler(s) as an author: Garcia LS, Filarial Nematodes In: Garcia LS (editor) Diagnostic Medical Parasitology ASM press Washington DC 2007: pp 319-356.

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 content 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 numbers, should be cited at the relevant place in the text

A maximum of 6 tables for original research/systematic review/review and 2 tables for case report/technique are allowed.

ILLUSTRATIONS (FIGURES)

Upload the images in JPEG format. The file size should be within 1024 kb in size while uploading.

A maximum of 4 figures for Original research/Reviews, and 8 figures for Case report/technique are allowed. Editor may approve additional figures if they only contribute a significant knowledge to the manuscript.

Figures should be numbered consecutively according to the order in which they were 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 be marked neatly with transfer type or 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, exhibiting only the field of interest.

If photographs of individuals are used, their pictures must be accompanied by written permission to use the photograph.

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Legends for illustrations: Type or print out legends (maximum 25 words, excluding the credit line) for illustrations using double spacing, with Arabic numerals corresponding to the illustrations. When symbols, arrows, numbers, or letters are used to identify parts of the illustrations, identify and explain each one in the legend. Explain the internal scale (magnification) and identify the method of staining in photomicrographs.

FINAL FIGURES FOR PRINT PRODUCTION:

Should upload sharp, glossy, unmounted, color or B/W photographic prints with a height of 4 inches and a width of 6 inches.

Pictures made with mobile phones will not be considered, and the manuscripts will be rejected.

Printouts of digital photographs are not acceptable.

If digital images are the only source of images, ensure that the image has a minimum resolution of 300 dpi, or 1800 x 1600 pixels, in the TIFF format.

The Journal reserves the right to crop, rotate, reduce, or enlarge the photographs to an acceptable size.

LIST OF ABBREVIATIONS:

Include a list of abbreviations along with its description used in the manuscript

DISCLOSURES:

Acknowledgments: For non-author contributions, 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. Details of the non-author contributors can be cited individually or collectively, and their precise contributions should be specified. The corresponding author is required to obtain written permission to be acknowledged by all acknowledged individuals.

FINANCIAL DISCLOSURE:

Manuscripts should include details about the funding agency/ sponsors, grant number, and the role of funders. If the funders have no role to play or the study did not receive funding, a statement declaring the same should be mentioned.

CONFLICT OF INTEREST:

All manuscripts for articles, original research reports, editorials, comments, reviews, book reviews, and letters submitted to the journal must include a conflict of interest disclosure statement or a declaration by the authors that they do not have any conflicts of interest to declare.

DATA AVAILABILITY STATEMENT:

All manuscripts should include a statement about where data supporting the results reported in a published article can be found.

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