

## INSTRUCTION TO AUTHORS

### AUTHORSHIP CRITERIA

Authorship recognition can only be dependent on valuable contributions each of the following three components:

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 exclusively in fundraising or data collection does not validate authorship. Research community generalized supervision is not necessary for authorship. Every author would have been adequately active in the work that takes legal responsibility for relevant portions of manuscript material. The order in which authors are named will be based on the participant's potential influence to the analysis and writing the paper. After the order has been issued, it cannot be amended without any of the written permission of all stakeholders. The journal recommends as many writers as possible for manuscripts based on the type of manuscript, its nature and numbers of organizations involved.

### Contribution details

Authors should identify the benefits offered towards the manuscript by each of them. Description should be divided into the following categories as applicable: concept, architecture, interpretation of intellectual material, literature review, clinical trials, research designs, data collection, statistical analysis, preparation of manuscripts, editing of manuscripts and manuscripts.

### CONFLICTS OF INTEREST/ COMPETING INTERESTS

All authors of must report any and all potential conflict of interest they may have about the publication of the manuscript or of an entity or product specified in the manuscript and/or relevant to the results of the work presented. Authors also should report potential conflicts with items in the manuscript which interact with all those listed.

### SUBMISSION OF MANUSCRIPTS

All manuscripts must be submitted on-line through the website. Users will have to register at this platform for the first time. Registration is free and secure, but is mandatory. Registered authors are able to keep track of their posts utilizing their login details after signing into website.

**Medico Research Chronicles** does not charge for submission and processing of the manuscripts. If there is any problem persist, kindly make the submission through an email to [submit@medrech.com](mailto:submit@medrech.com)

The manuscripts submitted which are not in compliance with the "**Instructions to Authors**" will be returned for substantive correction to the writers until they undertake

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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. Type of manuscript (original article, case study, summary article, Letter to editor, photos, etc.) manuscript title, running title, names of all authors / contributors (with their highest academic degrees, appointment and affiliation) and names of departments and/or organizations to which the work should be credited; All the details that your identity will show should be in here.
2. Complete number of pages, total number of images and word counts for description and text (excluding references, tables and summary), word counts for introduction + discussion in the 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. Reconnaissance, if any. Any or more statements should specify 1) contributions that need to be remembered but do not justify authorship, such as general help from a departmental chair; 2) technical assistance acknowledgments; and 3) financial and material help acknowledgments that should describe the extent of the aid.
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

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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 content of the article should be in this package, starting from Abstract till References (including tables). The file does not contain any reference or acknowledgment of the names or initials of the authors or of the institution in which the research was performed. Page headers / running title can contain title but not names of authors. Manuscripts not in compliance with the Journal's blinding policy will be returned to the corresponding author. The manuscript should be submitted in the .doc/ .docx (Ms-Word) format. All the tables and figures that included in the manuscript should have correct numbering and legend.

[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. Legends for the figures/images should be included at the end of the article file.

[4] **The contributors' / copyright transfer form** (template provided below) It must be submitted as a scanned image in the original with the signatures of all members within two weeks of filing via courier, fax or email. At the time of submission of revised paper, ready-to-print hard copies of the images (one set) or digital images should be submitted to the journal office. The high resolution images can be submitted by email (up to 5 MB each).

Contributors' form / copyright transfer form can be submitted online from the authors' end.

## PREPARATION OF MANUSCRIPTS

Manuscripts must be prepared in accordance with the "Uniform Manuscript Criteria submitted to Biomedical Journals" established by the International Committee of Medical Journal Editors (October 2008); one standardized criteria of Medico Research Chronicles and its relevant specifications are summarized below.

### Language of Manuscript

Medico Research Chronicles, 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.

### Types of Manuscripts

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### Original articles:

They include randomized controlled trials, intervention tests, screening and diagnostic test tests, outcome studies, cost-effectiveness research, high response rate case-control collection, and surveys. The text of the original articles will be divided into parts with captions Abstract, Key-words, Introduction, Material and Methods, Results, Discussion, References, Tables and Figure legends; of up to 3000 words (excluding abstracts, references and tables).

**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 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 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 article 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.

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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

Initiative	Type of Study	Source
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:** Wherever practicable, evaluate and present results with acceptable measurement error or uncertainty measures (such as confidence intervals). Authors will record observational losses (for example, dropouts from a clinical trial). In the section Results, when data is presented, describe 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

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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 is presented in the Results section, provide numerical results not only as derivatives (e.g., percentages) but also as the absolute numbers from which the derivatives were determined, and define the statistical methods used to evaluate them. Restrict tables and figures to those needed to illustrate the paper's case and determine its support. Using graphs as an alternative to multi-entry tables; don't repeat data in graphs and tables. Analysis of the data by factors such as age and sex should be used where scientifically relevant.

**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.

### Review Articles:

Those articles are supposed to be written by authors that have done extensive research on the topic or are considered experts in the area. The manuscript will contain a short description of the research undertaken by the contributor(s) in the field of study.

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.

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The journal requires the reviewers to provide updates on the review subject post-publication. The update will be short, describing the developments in the field since the article was written, and should be submitted as a letter to the editor if and when there is new progress 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.

### **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.

## 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.

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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.*  
  
Jain V, Jain B, Tiwari P, Saini J, Jain UK, Pandey RS et al., Nanosolvated microtubule-modulating chemotherapeutics: a case-to-case study. *Anti-cancer drugs.* 2013 Apr 1;24(4):327-36.
3. **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): Rowlands TE, Haine LS. Acute limb ischaemia. In: Donnelly R, London NJM, editors. *ABC of arterial and venous disease*. 2nd ed. West Sussex: Blackwell Publishing; 2009. p. 123-140.
2. Editor(s), compiler(s) as author: rooks A, Mahoney P, Rowlands B, editors. *ABC of tubes, drains, lines and frames*. Malden, Mass.: BMJ Books, Blackwell Pub.; 2008.
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

**Chapters from electronic book:** Darwin C. On the origin of species by means of natural selection or the preservation of favoured races in the struggle for life [Internet]. London: John Murray; 1859. Chapter 5, Laws of variation. [cited 2010 Apr 22]. Available from: <http://www.talkorigins.org/faqs/origin/chapter5.html>

**Electronic book from a full text database:** Macdonald S. editor. *Maye's midwifery* 14th ed. [eBook]. Edinburgh: Bailliere Tindall; 2011 [cited 2012 Aug 26]. Available from: Ebrary.

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*



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*Microbiology* 2007, **7**:41.doi:10.1186/1471-2180-7-41. <http://www.biomedcentral.com/1471-2180/7/41>

### Information obtained from No Author

A guide for women with early breast cancer. Sydney: National Breast Cancer; 2003.

### Tables

- Tables must be peer-explanatory and descriptive content should not be duplicated.
- It should have not more than 10 columns and 25 rows.
- Number columns, in Arabic numerals, sequentially in the sequence from their first quotation in the text and include for each a brief description.
- Place explanatory matter in footnotes, not in the heading.
- Explain the non-standard abbreviations used in each table, in footnotes.
- Obtain approval for all tables entirely borrowed, adapted, and updated and include a line of credit in the footnote.
- Tables containing their legends should be given after the references at the end of the document. The tables will be cited at the correct position in the text along with their number

### Illustrations (Figures)

- The images are uploaded in JPEG format. At upload the file size will be below 1024 kb.
- Figures should be sequentially numbered from the order they were first cited in the document.
- Labels, numbers, and symbols should be simple, and uniform in scale. The lettering for the figures should be wide enough to match the width of a written column after reduction to be legible.
- Symbols, lines, or letters used in photomicrographs should contrast with the context and should be clearly labelled with transfer form or overlay of tissue and not ink.
- 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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- If photographs of individuals are used, their pictures must be accompanied by written permission to use the photograph.
- If a figure has been published elsewhere, acknowledge the original source and submit written permission from the copyright holder to reproduce the material. A credit line should appear in the legend for such figures.
- Legends for illustrations: Write or print legends for illustrations use double spacing (max. 40 words, except the credit line) and Arabic numerals corresponding to the illustrations. When lines, arrows, numbers, or letters are used to label portions of the drawings, each in the legend is identified and clarified. Explain the internal scale (magnification), and describe the photomicrograph staining process
- Final figures for print production: Send sharp, glossy, un-mounted, color photographic prints, with height of 4 inches and width of 6 inches at the time of submitting the revised manuscript. Print outs of digital photographs are not acceptable. If digital images are the only source of images, ensure that the image has minimum resolution of 300 dpi or 1800 x 1600 pixels in TIFF format.
- The Journal reserves the right to crop, rotate, reduce, or enlarge the photographs to an acceptable size.

## PROTECTION OF PATIENTS' RIGHTS TO PRIVACY

Identifying information should not be released in written reports, photos, sonograms, CT scans, etc., and pedigrees unless the information is vital for medical reasons and the patient (or parent or guardian, if applicable) gives informed consent for dissemination. Authors will delete the names of patients from the figures, unless patients have received informed consent. The journal abides by ICMJE guidelines:

1. Authors, not the journals or the publisher, must receive the patient written consent prior to publishing and have the document preserved properly. The permission forms shall not be submitted with the cover letter and sent to editorial or editor offices by email.
2. If the document includes patient photographs that preclude anonymity, or a summary that has a direct indication of the patient's identity, the document will include a provision about receiving informed patient consent.

## SENDING A REVISED MANUSCRIPT

The revised edition of the manuscript will be submitted electronically in a format close to that which was first used to submit the document. However, when uploading a revised edition, there is no need to apply the file "First Page" or "Covering Letter" Before submitting a revised manuscript, authors are asked to include, in the updated file itself, the 'referees' comments along with point-to-point explanation at the start. In addition, the modifications are supposed to be marked in the article as underscored or coloured highlighted text.

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### REPRINTS AND PROOFS

Journal provides no free printed reprints. Authors can purchase reprints, payment for which should be done at the time of submitting the proofs.

### PUBLICATION SCHEDULE

The journal publishes articles on its website immediately on acceptance and follows a '**Continuous Publication**' schedule. Articles are compiled for 'print on demand' bimonthly issues. The journal does not charge for submission and processing of the manuscripts, however an Article Maintenance Charges (AMC) are levied for the online maintenance of article, its submission to repositories, indexing management, DOI subscription, language optimization, etc. Please visit the **Article Maintenance Charges** section of the journal before publication.

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### CHECKLIST

#### *Covering letter*

- Signed by all contributors
- Previous publication / presentations mentioned
- Source of funding mentioned
- Conflicts of interest disclosed

#### *Authors*

- Last name and given name provided along with Middle name initials (where applicable)
- Author for correspondence, with e-mail address provided
- Number of contributors restricted as per the instructions
- Identity not revealed in paper except title page (e.g. name of the institute in Methods, citing previous study as 'our study', names on figure labels, name of institute in photographs, etc.)

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### *Formatting Instructions*

- Double spacing.
- Margins 2.5 cm from all four sides.
- Page numbers included at bottom.
- Title page contains all the desired information.
- Running title provided (not more than 50 characters).
- Abstract page contains the full title of the manuscript.
- Abstract provided (structured abstract of 250 words for original articles, unstructured abstracts of about 150 words for all other manuscripts excluding letters to the Editor).
- Key words provided (three or more).
- Introduction of 75-100 words.
- Headings in title case (not ALL CAPITALS).
- The references cited in the text should be after punctuation marks, in superscript with square bracket.
- References according to the journal's instructions, punctuation marks checked.
- Send the article file without 'Track Changes'.

### *Linguistic Instructions*

- Uniformly American English.
- Write the full term for each abbreviation at its first use in the title, abstract, keywords and text separately unless it is a standard unit of measure. Numerals from 1 to 10 spelt out.
- Numerals at the beginning of the sentence spelt out
- Check the manuscript for spelling, grammar and punctuation errors.
- If a brand name is cited, supply the manufacturer's name and address (city and state/country).
- Species names should be in italics.

### *Tables and Figures*

- No repetition of data in tables and graphs and in text.
- Actual numbers from which graphs drawn, provided.
- Figures necessary and of good quality (colour).

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- Table and figure numbers in Arabic letters (not Roman).
- Labels pasted on back of the photographs (no names written).
- Figure legends provided (not more than 40 words).
- Patients' privacy maintained (if not permission taken).
- Credit note for borrowed figures/tables provided.
- Write the full term for each abbreviation used in the table as a footnote.

**Editor-In-Chief**

**Medico Research Chronicles**