

Instructions to the Authors

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The Editorial Process



A manuscript will be reviewed for possible publication with the understanding that it is being submitted to Global Journal on Quality and Safety in Healthcare (JQSH) 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 peer review. Manuscripts with insufficient originality, serious scientific or technical flaws, or lack of a significant scientific merits and well-articulated message are rejected without review. Manuscripts that are unlikely to be within the JQSH scope are also liable to be rejected without peer review. Manuscripts that do not comply with the required format, as described herein, would be returned to the authors for technical correction before they undergo peer review.

Note - JQSH only accepts manuscripts written in English. A manuscript may be returned without peer review if the paper requires extensive editing for English language. In this case, the authors may seek a professional editing service to make corrections prior to resubmitting.

Manuscripts that are considered for publication in JQSH are sent to at least two expert reviewers. During submission, the submitting author is requested to provide names of three qualified reviewers who have had experience in the subject of the submitted manuscript, but this is not mandatory. The suggested 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 until the reviewers and editors are satisfied with the response and associated changes in the manuscript.

Manuscripts accepted for publication are copyedited 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 3 business 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.

The journal publishes articles on its website immediately on acceptance and follows a 'continuous publication' schedule. Articles are compiled for 'print on demand' quarterly issues.

Clinical trial registry



Global Journal on Quality and Safety in Healthcare favors registration of clinical trials and is a signatory to the Statement on publishing clinical trials in Indian biomedical journals. Global Journal on Quality and Safety in Healthcare would publish clinical trials that have been registered with a clinical trial registry that allows free online access to public. Registration in the following trial registers is acceptable: <http://www.ctri.in/>; <http://www.actr.org.au/>; <http://www.clinicaltrials.gov/>; <http://isrctn.org/>; <http://www.trialregister.nl/trialreg/index.asp>; and <http://www.umin.ac.jp/ctr>. This is applicable to clinical trials that have begun enrollment of subjects in or after June 2008. Clinical trials that have commenced enrollment of subjects prior to June 2008 would be considered for publication in Global Journal on Quality and Safety in Healthcare 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 and in accordance with ICMJE guidelines available at <http://www.icmje.org/recommendations/browse/roles-and-responsibilities/defining-the-role-of-authors-and-contributors.html> ; highlighting in the Authorship Contributors' form at least 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). Original research articles generally should not have more than 12 authors. 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. Descriptions should be divided into the following categories, as applicable: concept, design, definition of intellectual content, literature search, study design, 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 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 interests with products that compete with those mentioned in their manuscript.

Submission of Manuscripts



All manuscripts must be submitted online through the website, <http://www.journalonweb.com/jqsh>. First time users will have to register at this site. Registration is free but mandatory. Registered authors can keep track of their articles after logging into the site using their user name and password. Authors do not have to pay for submission, processing or publication of articles at this time; however, this may change in the future. If you experience any problems, please contact the editorial office by e-mail at editor [AT] jqsh.org.

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

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 separate files as follows.

[1] Title page

[2] BLINDED article file with abstract, main text, tables, and figure legends

[3] Figures

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Types of Manuscripts



ORIGINAL ARTICLES

These include any original quality and safety manuscripts produced by randomized controlled trials, intervention studies, studies of screening and diagnostic test, outcome studies, cost

effectiveness analyses, case-control series, surveys with high response rate, and innovation in health reports. The text of original articles amounting 3000-4000 words or less (excluding the tables, references, and abstract) should be divided into sections with the headings: Abstract, Keywords, Introduction, Material and Methods, Results, Discussion, References, Tables, and Figure legends. For original articles, the abstract should be structured and not more than 250 words in length.

Innovation in Healthcare: These articles describe projects, ideas, inventions, or technology that are transformative and have major impact on health, healthcare, or the community. They have same instructions as the original manuscripts.

REVIEW ARTICLES

These include systematic reviews, narrative reviews, and commentaries.

Systematic Reviews: Systematic reviews, whether qualitative or quantitative (i.e., meta-analyses) should conform to the same reporting guidelines outlined above for Original Articles. Detailed search strategies, including the databases and other supplementary materials will be considered as online-only appendices. The prescribed word count is up to 3000-4000 words or less excluding the tables, references, and abstract (unstructured, up to 150 words).

Narrative Reviews: It is expected that these articles would be written by individuals who have done substantial work on the subject of quality and safety in healthcare or are considered experts in the field. A short summary of the work done by the contributor(s) in the field of review should accompany the manuscript. The prescribed word count is up to 3000-4000 words or less excluding the tables, references and abstract. 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 articles 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.

Commentary: Commentaries are short reviews of an important topic of interest to the Journal's readers. Commentaries should not exceed 3000 words total. It requires an abstract (unstructured, up to 150 words), maximum of 2 figures, and less than 25 references. Commentaries may or may not be invited by the Editorial Team.

QUALITY IMPROVEMENT IN ACTION REPORT

These types of articles focus primarily on quality improvement projects and programs, explaining how the project or program was designed, tested, and implemented. The report should summarize in a systematic way the quality problem or issue, baseline assessment, improvement design and strategy, post intervention assessment, improvement benefits, lessons learned and conclusion to be shared globally with those who are interested in learning from real-world experience in the context of improving quality and safety of healthcare. Authors of improvement reports are strongly encouraged to consult the SQUIRE guidelines (Standards for Quality Improvement Reporting Excellence) regarding the format and content at <http://www.squire-statement.org/> Authors may download the report template at the bottom of this page to facilitate the structure of their manuscript according to SQUIRE.

CASE REPORT

Case reports should be unique, describing a great diagnostic or therapeutic challenge and providing a learning point for the readers within the subject of quality and safety of healthcare. Cases and short reports with clinical and health policy significance or implications will be given priority. These communications could be up to 1000 words (excluding abstract, tables, and references) and should have the following headings: Abstract (unstructured, up to 150 words), Keywords, Introduction, Case Report, Discussion, References, Tables and Figure Legends, in that order. The manuscript could be supported with up to 10 references. Case Reports could be authored by no more than six authors.

OTHER ARTICLE TYPES

Letter to the Editor: These should be short and decisive observations. They should preferably be related to articles previously published in *JQSH* 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 and have no more than four authors. No abstract required.

Editorials: Editorials are short opinion pieces that discuss a manuscript published in the Journal or topics selected by the editorial team to address. They should have fewer than 1000 words total, no abstract, a minimal number of references (less than 10), and no figures. *Editorials are done only by invitation from the Editors.*

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) and the American Medical Association study guide. Before submitting a manuscript, contributors are requested to check for the latest instructions available.

Abstract: Summarize the objectives, methods, results, and conclusion. Original articles should have a structured abstract of 250 words or less. All other articles types should have an

unstructured abstract of 150 words or less. No abstract is required for editorials.

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

Materials and Methods: Follow the reporting guidelines for specific study designs, as listed in the table below.

Reporting Guidelines for Specific Study Designs

Guideline	Type of Study	Source
CONSORT	Randomized controlled trials	http://www.consort-statement.org
STARD	Studies of diagnostic accuracy	http://www.consort-statement.org/stardstatement.htm
QUOROM	Systematic reviews and meta-analyses	http://www.consort-statement.org/Initiatives/MOOSE/moose.pdf
STROBE	Observational studies in epidemiology	http://www.strobe-statement.org
MOOSE	Meta-analyses of observational studies in epidemiology	http://www.consort-statement.org/Initiatives/MOOSE/moose.pdf
SQUIRE	Quality improvement study	http://squire-statement.org/index.cfm?fuseaction=Page.ViewPage&PageID=471

Be sure to 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). 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>).

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 as complementary material.
- 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: The discussion should summarize the following:

- Key findings (primary outcome measures, secondary outcome measures, results as they relate to a prior hypothesis or research question).
- 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 and practice, possible mechanisms).
- Controversies raised by this study.
- Future research directions (for this particular research collaboration, underlying mechanisms, healthcare quality and patient safety research).

Do not repeat in detail data or other material given in the Introduction or the Results section. In particular, authors 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 or research questions may be stated if needed; however, they should be clearly labeled as such.

References:

1. References should be *numbered* consecutively in the order in which they are first mentioned in the text (not in alphabetic order).
2. Identify *references in text*, tables, and legends by Arabic numerals in superscript with square bracket after the *punctuation marks*.
3. *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*.
4. 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.
5. Avoid using abstracts as references.
6. Information from manuscripts submitted but not accepted should be cited in the text as "unpublished observations" with written permission from the source.
7. 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.

Use the reference style of the examples below. 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).

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>

Tables

- Tables should be self-explanatory and should not duplicate textual material.
- Number tables using 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.

Figures (Graphs, Photographs, and Illustrations)

- Upload the images in JPEG format. The file size should be within 1024 kb in size while uploading.
- Figures should be numbered consecutively according to the order in which they have been first cited in the text.
- Labels, numbers, and symbols should be clear and of uniform size. The lettering for figures should be large enough to be legible after reduction to fit the width of a printed column.
- Symbols, arrows, or letters used in photomicrographs should contrast with the background and should be marked neatly with transfer type or by tissue overlay and not by pen.
- Titles and detailed explanations belong in the legends for illustrations not on the illustrations themselves.
- When graphs, scatter-grams or histograms are submitted the numerical data on which they are based should also be supplied.
- The photographs and figures should be trimmed to remove all the unwanted areas.
- If photographs of individuals are used, their pictures must be accompanied by written permission to use the photograph.
- 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: Type or print out legends (maximum 40 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: 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. Send the images on a CD. Each figure should have a label pasted (avoid use of liquid gum for pasting) on its back indicating the number of the figure, the running title, top of the figure and the legends of the figure. Do not write the contributor/s' name/s. Do not write on the back of figures, scratch, or mark them by using paper clips.

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

Protection of Participants' Rights to Privacy



Identifying information should not be published in written descriptions, photographs, sonograms, CT scans, etc., and pedigrees unless the information is essential for scientific purposes and the patient (or parent or guardian, wherever applicable) gives informed consent for publication. Authors should remove patients' names from figures unless they have obtained informed consent from the patients. The journal abides by ICMJE guidelines:

1. Authors, not the journals nor the publisher, need to obtain the patient consent form before the publication and have the form properly archived. The consent forms are not to be uploaded with the cover letter or sent through email to editorial or publisher offices.
2. If the manuscript contains patient images that preclude anonymity, or a description that has obvious indication to the identity of the patient, a statement about obtaining informed patient consent should be indicated in the manuscript.

Sending a revised manuscript



The revised version of the manuscript should be submitted online in a manner similar to that used for submission of the manuscript for the first time. However, there is no need to submit the "First Page" or "Covering Letter" file while submitting a revised version. When submitting a revised manuscript, contributors are requested to include, the 'referees' remarks along with point to point clarification at the beginning in the revised file itself. In addition, they are expected to mark the changes as underlined or colored text in the article.

Reprints and proofs



Authors can purchase reprints, payment for which should be done at the time of submitting the proofs.

Page proofs are sent to the corresponding author. The corresponding author is expected to return the corrected proofs within 3 business days. It may not be possible to incorporate corrections received after that period.

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Checklist



Title page:

- Full names of all authors and their respective affiliations with city, state, and country
- Contact information (email and mailing address) for the corresponding author is given
- Previous publication / presentations are mentioned
- Source of funding mentioned for all authors
- Conflicts of interest disclosed for all authors

Main Text:

- 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.)

- 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)
- Registration number in case of a clinical trial and where it is registered (name of the registry and its URL)
- Keywords provided (three or more)
- Appropriate structure and headings are used
- Avoid using abbreviations in headings.
- Define each abbreviation at first mention in the title, abstract, keywords, and text unless it is a standard unit of measure.
- Numerals from 1 to 9 are spelled out unless followed by a unit of measure (i.e., 2 days, 5 mL)
- Abbreviations and numerals at the beginning of the sentence spelled out.
- Use SI units for measurement including capital L for liters.
- If a brand name is cited, supply the manufacturer's name and location (city and state/country).
- All tables, figures, and references should be cited numerically in the text.
- *If it is a **revised manuscript**, send the article file **with** 'Track Changes'.*

Presentation and format

- Double spacing
- Page numbers included at bottom
- Running title provided (not more than 50 characters)
- Minimize the use of bold and italics in text paragraphs. Species names should be in italics.
- In-text citations for reference should be after punctuation marks, superscript, inside square brackets.
- References are formatted according to the journal's instructions, punctuation marks checked.

Language and grammar

- Uniformly English (British spellings are allowed but be consistent)
- Always use the serial comma.
- Always run spell check and grammar check.
- Check appropriate use of "sex" and "gender".
- Manuscripts requiring language editing will not be accepted.

Tables and figures

- No repetition of data in tables and graphs and in text
- Actual numbers from which graphs drawn are provided
- Figures are necessary and of good quality (in color, 300 dpi or higher)
- Table and figure numbers in Arabic letters (not Roman)
- Figure legends provided (not more than 40 words)
- Patients' privacy maintained (if not, permission obtained)
- Permission and credit line provided for borrowed figures/tables
- All abbreviations and markers defined in footnotes
- Include appropriate units of measure.
- Define how values are presented (i.e., mean \pm SD, n (%), etc.).
- Check for spelling and typos.

Contributors' form

- The contributor's form must be signed by all authors before the article can be published. It is not required until the article has been accepted. Please email the editorial office if you need a copy of the form.

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