

# Instructions to the Authors

Manuscripts must be prepared in accordance with “Uniform requirements for Manuscripts submitted to Biomedical Journal” developed by International Committee of Medical Journal Editors (October 2004). The uniform requirements and specific requirements of **The Indian Journal of Radiology & Imaging (IJRI)** are summarized below. Before sending a manuscript, contributors are requested to check for the latest instructions available. Instructions are also available from the website of the journal ([www.thieme.com/ijri](http://www.thieme.com/ijri)) and from the manuscript submission site ([www.manuscriptmanager.net/ijri](http://www.manuscriptmanager.net/ijri)). The journal does not charge for submission and processing of manuscripts.

## The Editorial Process

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The manuscripts will be reviewed for possible publication with the understanding that they are being submitted to one journal at a time and have not been published, simultaneously submitted or already accepted for publication elsewhere.

The Editors review all submitted manuscripts initially. Manuscripts with insufficient originality, serious scientific flaws or absence of importance of message are rejected. On an average 20% of manuscripts get rejected at the initial stages. All manuscripts received are duly acknowledged. The journal will not return the unaccepted manuscripts. Other manuscripts are sent to two or more expert reviewers without revealing the identity of the contributors to the reviewers. Each 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. Within a period of *10 to 12 weeks*, the contributors will be informed about the reviewers’ comments and acceptance/rejection of manuscript.

Articles accepted would be copy edited for grammar, punctuation, print style and format. Page proofs will be sent to the first contributor, which have to be returned within three days. Corrections received after that period may not be included.

## Types of Manuscripts

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**Original articles (up to 3500 words):** Randomized controlled trials, intervention studied, studies of screening and diagnostic test, outcome studies, cost effectiveness analyses, case-control series, and surveys with high response rate.

**Review articles (up to 5000 words):** Systemic critical assessments of literature and data sources.

**Pictorial essays (up to 700 words):** Descriptive essays on subjects, which are essentially for teaching and are very well illustrated with a large number of figures.

**Case reports (up to 600 words):** New/interesting/very rare cases can be reported. Cases with clinical significance or implications will be given priority, whereas, mere reporting of a rare case may not be considered.

**Brief Reports (up to 800 words):** Studies with limited statistical data, not large enough for an original study. Can be written in separate small paragraphs under the following headings: Background, Methodology, Results and Conclusion.

**Case Series (up to 800 words):** Three or more cases with interesting/new imaging findings OR a new interventional procedure performed.

**Technical reports (up to 500 words):** These are usually short technical reports about a procedure or technique that is unique or new or in the experience of the author of interest to the readers.

**Letter to the Editor (up to 500 words):** This should be short and with reference to a specific article or subject that has been recently discussed in previous issues.

**Announcements of conferences, meetings, courses, awards,** and other items likely to be of interest to the readers should be submitted with the name and address of the person from whom additional information can be obtained.

## Authorship Criteria

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Authorship credit should be based only on substantial contributions

1. to conception and design 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.

Conditions 1, 2, and 3 must all be met. 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.

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.

For a study from a single institute the number of contributors should not exceed six. For case-reports, images, letters to the Editor, pictorial essays and review articles, the number of contributors should not exceed four. A justification should be included, if the number of contributors exceed these limits.

Only those who have done substantial work in a particular field can write a *review article*. A short summary of the work done by the contributor(s) in the field of review should accompany the manuscript. 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 article and should be sent as letters to the Editor, as and when major development occur in the field.

## Contribution Details

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

## Sending the Manuscript to the Journal

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We have completely switched to online submission of manuscripts and will no longer be accepting hard copies for initial submission, unless

1. The author(s) have no access to the Internet
2. The author(s) have no experience with computers

In such a situation, a letter stating the reason for hard-copy submission should be submitted as well.

If the article is accepted, the following will be required to be sent to the journal office

1. Hard copy photographs of the figures. These may not be sent, only if the digital images available on a CD, are high-resolution and of 300 dpi.
2. Copyright form. This may not be sent if a digital copyright form with signatures has been uploaded on the site as per instructions.

## Online Submission of the Manuscripts

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New authors will have to register as author, which is a simple two step procedure. For online submission articles should be prepared in two files (first page file and article file). Images should be submitted separately.

1. **First Page File:** Prepare the title page, covering letter, acknowledgement, etc. using a word processor program. All information which can reveal your identity should be here. Use text/rtf/doc/pdf files. Do not zip the files.
2. **Article file:** The main text of the article, beginning from Abstract till References (including tables) should be in this file. Do not include any information (such as acknowledgement,

your names in page headers, etc.) in this file. Use text/rtf/doc/pdf files. Do not zip the files. Limit the file size to 400 kb. Do not incorporate images in the file. If the file size is large, graphs can be submitted as images separately without incorporating them in the article file, so as to reduce the size of the file.

3. **Images:** Submit good quality color images. Each image should be less than 400 kb in size. Size of the image can be reduced by decreasing the actual height and width of the images (keep up to 1024x760 pixels or 5 inches). All image formats (jpeg, tiff, gif, bmp, png, eps, etc.) are acceptable; jpeg is most suitable. Do not zip the files.
4. **Legends:** Legends for the figures/images should be included at the end of the article file.

Please note that it is not necessary to submit hard copies of the manuscript by postal mail, if online submission has been done. However, in case of online submission, the contributors' form and the copyright agreement form have to be uploaded online in original with the signatures of all the contributors within two weeks from submission.

## Preparation of the Manuscript

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The text of observational and experimental articles should be divided into sections with the headings: Introduction, Methods, Results, Discussion, References, Tables, Figures, Figure legends, and Acknowledgment. Do not make subheadings in these sections.

### Title Page

The title page should carry

1. Type of manuscript (e.g. Original article, Case Report)
2. The *title* of the article, which should be concise, but informative;
3. *Running title* or short title not more than 50 characters;
4. The *name* by which each contributor is known (Last name, First name and initials of middle name), with his or her highest academic degree(s) and institutional affiliation.
5. The name of the *department(s)* and *institution(s)* to which the work should be attributed;
6. The name, address, phone numbers, facsimile numbers and *e-mail address* of the contributor responsible for *correspondence* about the manuscript;
7. The total number of pages, total number of photographs and word counts separately for the abstract and for the text (excluding the references and abstract);
8. Source(s) of *support* in the form of grants, equipment, drugs, or all of these;
9. *Acknowledgement*, if any; and
10. If the manuscript was presented as part at a meeting, the organization, place, and exact date on which it was read.

### Abstract Page

The second page should carry the *full title* of the manuscript and an *abstract* (of no more than 150 words for case reports, brief reports and 250 words for original articles). The abstract should be *structured* and state the Context (Background), Aims, Settings and Design, Methods and Material, Statistical analysis used, Results and Conclusions. Below the abstract should be provided 3 to 10 keywords.

### Introduction

State the purpose of the article and summarize the rationale for the study or observation.

### Methods

The Methods section should include only information that was available at the time the plan or protocol for the study was written; all information obtained during the conduct of the study belongs in the Results section.

*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. Because the relevance of such variables as age and sex to the object of research is not always clear, authors should explain their use when they are included in a study report; for example, authors should explain why only subjects of certain ages were included or why women were excluded. The guiding principle should be clarity about how and why a study was done in a particular way. When authors use variables such as race or ethnicity, they should define how they measured the variables and justify their relevance.

*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.

Authors submitting review manuscripts should include a section describing the methods used for locating, selecting, extracting, and synthesizing data. These methods should also be summarized in the abstract.

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 (Moher D, Schulz KF, Altman DG: The CONSORT Statement: Revised Recommendations for Improving the Quality of Reports of Parallel-Group Randomized Trials. *Ann Intern Med.* 2001;134:657-662, also available at <http://www.consort-statement.org> ).

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.

### *Ethics*

When reporting experiments on human subjects, 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)). Do not use patients' 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.

### *The details of the use of AI*

1. AI or AI-assisted tools do not qualify as authors, only humans do.
2. Authors are fully responsible for the entire content of their work.
3. The author must correctly label and disclose which parts of their work have been created by or in assistance with AI.
4. Reviewers and Editors are obliged to confidentiality and should not upload manuscripts to software or AI-assisted tools where confidentiality cannot be assured.

### *Statistics*

When possible, quantify findings and present them with appropriate indicators of measurement error or uncertainty (such as confidence intervals). Report losses to observation (such as dropouts from a clinical trial). Put a general description of methods in the Methods section. 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. Use upper italics (*P*0.048). For all P values include the *exact value* and not less than 0.05 or 0.001.

## **Results**

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

When data are summarized in the Results section, give numeric results not only as derivatives (for example, percentages) but also as the absolute numbers from which the derivatives were calculated, and specify the statistical methods used to analyze them. Restrict tables and figures to those needed to explain the argument of the paper and to assess its support. Use graphs as an alternative to tables with many entries; do not duplicate data in graphs and tables. Avoid non-technical uses of technical terms in statistics, such as "random" (which implies a randomizing device), "normal," "significant," "correlations," and "sample."

Where scientifically appropriate, analyses of the data by variables such as age and sex should be included.

## **Discussion**

Include:

*Summary* of key findings (primary outcome measures, secondary outcome measures, results as they relate to a prior hypothesis);

*Strengths and limitations* of the study (study question, study design, data collection, analysis and interpretation); Interpretation and implications in the context of the totality of evidence (is there a systematic review to refer to, if not, could one be reasonably done here and now?, what this study adds to the available evidence, effects on patient care and health policy, possible mechanisms);

*Controversies raised* by this study; and

*Future research directions* (for this particular research collaboration, underlying mechanisms, clinical research). Do not repeat in detail data or other material given in the Introduction or the Results section.

In particular, contributors should avoid making statements on economic benefits and costs unless their manuscript includes economic data and analyses. Avoid claiming priority and alluding to work that has not been completed. State new hypotheses when warranted, but clearly label them as such.

## Acknowledgements

As an appendix to the text, 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) acknowledgements of technical help; and 3) acknowledgements of financial and material support, which should specify the nature of the support. This should be *included in the title page* of the manuscript.

## 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 square bracket* (e.g. [10]). 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. For scientific articles, contributors should obtain written permission and confirmation of accuracy from the source of personal communication.

The commonly cited types of references are shown here, for other types of references such as electronic media, newspaper items, etc. 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)).

Download a [PowerPoint presentation](#) on common reference styles and use the reference-checking facility on the manuscript submission site.

### Articles in Journals

1. *Standard journal article*: Kulkarni SB, Chitre RG, Satoskar RS. Serum proteins in tuberculosis. J Postgrad Med 1960;6:113-20. List the first six contributors followed by et al.
2. *Volume with supplement*: Shen HM, Zhang QF. Risk assessment of nickel carcinogenicity and occupational lung cancer. Environ Health Perspect 1994; 102 Suppl 1:275-82.
3. *Issue with supplement*: Payne DK, Sullivan MD, Massie MJ. Women's psychological reactions to breast cancer. Semin Oncol 1996; 23(1, Suppl 2):89-97.

### Books and Other Monographs

1. *Personal author(s)*: Ringsven MK, Bond D. Gerontology and leadership skills for nurses. 2nd ed. Albany (NY): Delmar Publishers; 1996.
2. *Editor(s), compiler(s) as author*: Norman IJ, Redfern SJ, editors. Mental health care for elderly people. New York: Churchill Livingstone; 1996.
3. *Chapter in a book*: Phillips SJ, Whisnant JP. Hypertension and stroke. In : Laragh JH, Brenner BM, editors. Hypertension: pathophysiology, diagnosis, and management. 2nd ed. New York: Raven Press; 1995. pp. 465-78.

## Tables

- Tables should be self-explanatory and should not duplicate textual material.
- Tables with more than 10 columns and 25 rows are not acceptable.
- Type or print out each table with double spacing on a separate sheet of paper. If the table must be continued, repeat the title on a second sheet followed by "(contd.)".
- Number tables, in *Arabic numerals*, consecutively in the order of their first citation in the text and supply a brief title for each.
- Place explanatory matter in footnotes, not in the heading.
- Explain in footnotes all non-standard abbreviations that are used in each table.
- Obtain permission for all fully borrowed, adapted, and modified tables and provide a credit line in the footnote.
- For footnotes use the following symbols, in this sequence: \*, †, ‡, §, ||, , \*\*, ††, ‡‡

## Illustrations (Figures)

- Submit three sets of figures. In case of online submission, one set is fine.
- Send sharp, glossy, un-mounted, grey-scale (if the radiographs, etc. are in grey-scale) or color (for color Doppler, 3Ds etc) photographic prints, with a height of 4 inches and width of 6 inches.
- Figures should be numbered consecutively according to the order in which they have been first cited in the text.
- 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, and the legends of the figure. Please mark the top of the image with an upward arrow. Do not write the contributor/s' name/s. Do not write on the back of figures, scratch, or mark them by using paper clips.
- 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 people are used, either the subjects must not be identifiable or their pictures must be accompanied by written permission to use the photograph.
- If a figure has been published, 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 figures for such figures.

- For digital images send TIFF files of minimum 1200 x 1600 pixel size.
- The Journal reserves the right to crop, rotate, reduce, or enlarge the photographs to an acceptable size.

#### *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 and identify the method of staining in photomicrographs.

#### **Protection of Patients' 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 an obvious indication of the identity of the patient, a statement about obtaining informed patient consent should be indicated in the manuscript.

## **Electronic Version**

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- The manuscript must be accompanied by a CD-ROM or pen-drive containing the manuscript. Floppies will not be acceptable.
- Use a new CD-ROM. There should be *no other document*, file, and material on the diskette other than the final manuscript. Text, references, tables and legends, all should be in one electronic file.
- *Label* each CD with the first contributor's name, short title of the article, software (e.g. MS Word), version (e.g. 7.0) and file name. Use a thick pencil to do so - avoid felt pens, regular pens, etc. since they can spoil the CD. Name the file on the CD with the corresponding contributor's last name (up to eight characters) and a three-letter extension to signify the format (e.g. sharma.doc). For a *revised manuscript* name the file with the manuscript number (e.g. jcr58). Use any word-processing program (e.g. Microsoft Word, Word Perfect) or provide text files.
- *Do not* use 'oh' (O) for 'zero' (0), 'el' (l) for one (1). Do not use a space bar for indentation. Do not type headings or any other text in ALL CAPITALS. Do not break words at the end of lines. Do not use an extra hard return/enter between paragraphs. Do not insert a tab, indent, or extra spaces before the beginning of a paragraph. Do not use the software's facility of automatic referencing, footnotes, headers, footers, etc.
- *Use* a hyphen only to hyphenate compound words. Use only one letter space at the end of the sentence. Use hard return/enter only at the end of paragraphs and display lines (e.g. titles, headings and subheadings). Incorporate notes or footnotes in the text, within parentheses, rather than their usual place at the foot of the page.
- *Use single space* between lines for the manuscript on the CD. Provide the tables and charts at the appropriate place in the text and not at the end of the manuscript.
- Care should be taken to *prevent damage* to the CD while sending it through post.

## Sending a revised manuscript

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While submitting a revised manuscript, contributors are requested to include, along with a single copy of the final revised manuscript, a photocopy of the revised manuscript with the changes underlined in red and copy of the comments with a point to point clarification to each comment. The manuscript number should be written on each of these documents. If the manuscript is submitted online, the contributors' form and copyright agreement form have to be submitted in original with the signatures of all the contributors within two weeks of submission. Hard copies of images should be sent to the office of the journal. There is no need to send hard copies of the manuscript for articles submitted online.

A photocopy of the first page of all the cited references (articles and books) can be asked by the journal to verify the references.

## Reprints

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The journal provides no free reprints, since all articles are now available as free .pdf files on the website, from the day of publication of the issue, or sometimes even before.

## Copyrights

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The layout of the whole of the literary matter in the journal is copyright and cannot be reproduced without the written permission of the Editorial Board. All articles remain the joint copyright of the author(s) and the journal and the author(s) are free to use the material and the images as they deem fit , except for submission again to another journal. The IJRI is also free to use the material and images as it deems fit. All publication in IJRI will become the property of the **Indian Radiological Association** under the CC-BY-NC-ND license.

## Checklist

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*(to be tick marked as applicable and one copy attached with the manuscript)*

### Manuscript

#### Title Covering

#### letter

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

#### Authors

- Middle name initials provided
- 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 the institute in photographs, etc.)

#### Presentation and format

- Double spacing
- Margins 2.5 cm from all four sides
- 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 (about 150 words for case reports and 250 words for original articles)
- Structured abstract provided for an original article
- Keywords provided (three or more)
- Introduction of 75-100 words
- Headings in title case (not ALL CAPITALS)



- References cited in square brackets
- References according to the journal's instructions, punctuation marks checked

### **Language and grammar**

- Uniformly American or British English
- Abbreviations spelt out in full for the first time
- Numerals from 1 to 10 spelt out
- Numerals at the beginning of the sentence spelt out

### **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 (color)
- 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
- Manuscript provided on a CD (with single spacing)

### **Conflict of Interest**

It is required that a list of disclosures from every named author is submitted alongside the manuscript. In it, each author should identify any financial or non-financial conflicts relevant to the article. If no conflicts exist, please state so in this section.

Types of conflicts include: Consulting, Royalties, Research Support, Institutional Support, Ownership, Stock/Options, Speakers Bureau, and Fellowship Support. Any commercial entity whose products are described, reviewed, evaluated, or compared in the manuscript, except for those disclosed in the Acknowledgments section, are potential conflicts.

Please click <http://www.icmje.org/conflicts-of-interest> to download a Conflict-of-Interest form.

### **Copyright Statement**

Manuscripts are accepted with the understanding that they have not been submitted simultaneously to another Journal and have not been published elsewhere. Dual publication or redundant publication is unethical. For more details please refer to the COPE guidelines on <http://www.publicationethics.org>. All publications in **IJRI** will become the property of the **Indian Radiological Association** under the CC-BY-NC-ND license.

Submitted manuscripts must represent original research not previously published nor being considered for publication elsewhere. The editors and Thieme combat plagiarism, double publication, and scientific misconduct with the software [CrossCheck](#) powered by [iThenticate](#). Your manuscript may be subject to an investigation and retraction if plagiarism is suspected.

If you plan to reproduce text, tables, or figures from a published source, you must first obtain written permission from the copyright holder (usually the publisher/society). This is required even if the material is from your own published work. For material never before published and given to you by another person, you must obtain permission from that person. Serious delays to publication can be incurred if permissions are not obtained.

As the author, it is your responsibility to obtain all permissions, pay any permission fees, furnish copies of permissions to Thieme with your manuscript, and include a credit line at the end of the figure caption, beneath the table, or in a text footnote.

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### Conflict of Interest Resolution

Conflict of any form which arises related to the content published is being resolved with an unbiased approach by letting both the whistleblower and the author to present due facts in support of their side of the argument and a decision to retain the content or reject/retract is being taken.

### Statement of Ethics

This journal adheres to the ethical standards described by the [Committee on Publication Ethics](#) and the [International Committee of Medical Journal Editors](#). Authors are expected to adhere to these standards.

For all manuscripts reporting data from studies involving human or animal participants, formal review and approval, or formal review and waiver (exemption), by an appropriate institutional review board (IRB) or ethics committee is required, as well as any necessary HIPAA consent, and should be described in the Methods section with the full name of the reviewing entity. All clinical trials must be registered in a public trials registry. Denote the registry and registry number.

Please follow the standard Levels of Evidence for Primary Research and the reporting guidelines specified by this table:

Type of Study	Guidelines
Randomized controlled trials	CONSORT
Studies of diagnostic accuracy	STARD
Systematic reviews and meta-analyses	QUOROM/PRISMA
Observational studies in epidemiology	STROBE
Meta-analyses of observational studies in epidemiology	MOOSE

### Patient Permission Policy

You must obtain a signed patient permission form for every patient whose recognizable photograph will be used. If you do not supply this, the identity of the patient must be obscured before the image is published; this could interfere with the instructive value of the photograph. Patient permission forms are available at [www.thieme.com/journal-authors](http://www.thieme.com/journal-authors)

### EDITORIAL CONTACTS

Please contact the Editor in Chief for further queries at [chandkesav@yahoo.com](mailto:chandkesav@yahoo.com).