

Instructions to the Authors

Manuscripts must be prepared in accordance with “Uniform requirements for Manuscripts submitted to Biomedical Journal” developed by the International Committee of Medical Journal Editors (October 2004). The uniform requirements and specific requirements of **Indographics**, an open access publication of the **Indian Radiological & Imaging Association (IRIA)** 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 manuscript submission site (www.manuscriptmanager.net/indographics). The journal does not charge for the submission and processing of manuscripts.

The Editorial Process

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 educational value, unclear message and serious errors in the citations are rejected. On an average 20-30% of manuscripts get rejected at the initial stages. All manuscripts received are duly acknowledged. The journal will not return the unaccepted manuscripts. Manuscripts that clear the editorial desk undergo double-blinded review by two or more reviewers who are experts in the subject. Each manuscript is also assigned to a member of the editorial board, who based on the reviewer's comments will make recommendations on the manuscript. Based on this recommendation, the chief editor makes the final decision on the manuscript. Typical turn-around time from submission to editorial decision is between *10 to 12 weeks*.

Accepted articles will then undergo copy editing for grammar, punctuations, print style, and format by the publishers. Copy edited and typeset article will be sent to the corresponding author for proofreading and final corrections, which must be returned within three days. Corrections received after that period may not be included.

Types of Manuscripts

Review articles (up to 3500 words): Systemic critical assessments of literature and data sources. Review articles should be of educational value, be a resource for continuing medical education and help understand new concepts in imaging, disease management, and treatment.

Pictorial essays (up to 2000 words): Descriptive essays on subjects, which are essential for teaching and are very well illustrated with many figures.

Quality improvement reports (3000 words): Quality reports are articles on quality improvement activities in radiology.

Invited commentaries (800 words): Shorts invited commentary from subject experts on timely topics and controversies. An invited commentary could also be aimed at throwing light on practice-relevant points from a published article of great clinical relevance.

Letter to the Editor (up to 500 words): 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 and responsibilities

Authorship credit should be based only on substantial contributions

1. to the conception and design of the article, review of literature
2. drafting the article or revising it critically for important intellectual content; and
3. final approval of the version to be published.
4. Agree to be accountable for the accuracy of the material being published.

Conditions 1, 2, 3 and 4 must all be met. Each contributor should have participated sufficiently in the work to take public responsibility for appropriate portions of the content. Authors are responsible for the accuracy of all statements in their work and the correctness of the citations. The authors are similarly responsible the integrity and the quality of the digital image files being published. Any digital manipulation or enhancements of digital image files must be disclosed.

The *order* of naming the contributors should be based on the relative contribution. Once submitted, the order cannot be changed without written consent of all the contributors.

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* about the review. The update should be brief, covering the advances in the field after the publication of the article and should be sent as letters to the Editor, as and when major development occurs in the field.

Contribution Details

Contributors should provide a description of what each of them contributed to the manuscript. The description should be divided in the *following categories*, as applicable: concepts, design, definition of intellectual content, literature search, manuscript preparation, manuscript editing, and manuscript review. The corresponding author should take responsibility for the integrity of the work from inception to published article and should be designated as a 'guarantor'.

Sending the Manuscript to the Journal

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

Online Submission of the Manuscripts

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, acknowledgment, etc. using a word processor program. All information that 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. The identity of the authors or their workplace must not be revealed directly or indirectly in this section. Use (*blinded*) to replace them. Do not include any information (such as acknowledgment, your names in page headers, etc.) in this file. This section must be prepared in double space with page breaks. Do not include footnotes. 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. The 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.

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

Title Page

The title page should carry

1. Type of manuscript
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 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* (250 words). The abstract could be in a single or two paragraphs. The abstract should describe the aim or the rationale of the article, the main contents or the facts that the reader can expect in the full article and a conclusion statement. Please provide 3 to 10 keywords below the abstract.

Introduction

State the aims and objectives of the article; must provide background knowledge necessary to follow the rest of the article and list the subtopics that will be covered in the article.

Side headings and sub-headings

The paragraphs of the article should be organized in a logical fashion with relevant side headings and sub-headings to take the readers smoothly through the topic. The write up should be easily understandable and jargon should be avoided. Abbreviations must be reasonable and must be spelled out at their first appearance with the abbreviation within brackets.

Conclusion/ Take home points: This section summaries the most important points in three to four brief sentences.

Teaching points: Five teaching points must be identified within the text and highlighted in bold within the text. Each teaching point must be a short sentence.

References

Reference limits (maximum): Review article: 75 references; pictorial review: 30 references; quality improvement reports: 30 references; Invited commentary & letter to the editor : 8 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 a 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).

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

Table limits (maximum): Five

- 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)

Figure limits (maximum): 25

- 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 people are used, there should be no patient identifiers on the image and face adequately covered to protect patient privacy. These photo must be accompanied by written consent 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 the recommended resolution is 600 dpi. For line diagrams and artworks recommended resolution is 1200 dpi.
- Provide flow charts and algorithms in a word file.
- 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.

Supplementary material: All audio clips (MP3 files), video, movies and animation files (MP4 preferred) can be submitted as a supplementary file along with appropriate accompanying legend. Images and tables exceeding limits may be submitted as supplementary material.

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 to the identity of the patient, a statement about obtaining informed patient consent should be indicated in the manuscript.

Sending a revised manuscript

While submitting a revised manuscript, contributors are requested to include, the changes underlined in red and a copy of the comments with a point-to-point clarification to each comment. The contributors' form and copyright agreement form have to be submitted with the signatures of all the contributors within two weeks of submission.

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

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

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 publications in IJRI will become the property of the **Indian Radiological and Imaging Association** under the CC-BY-NC-ND license.

Checklist

(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 the e-mail address provided
- Number of contributors restricted as per the instructions
- Identity not revealed in the paper except on title page (e.g. name of the institute in Methods, citing the 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 review articles)
- Key words provided (three or more)
- CME-questions and answers: five in number; teaching points – five highlighted in the text.
- Introduction (300 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 text
- 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 **Indian Radiological Association** under the CC-BY-NC-ND license.

Submitted manuscripts must represent original work 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.

Upon publication of an article, all rights are held by the publishers, including the rights to reproduce all or part of any publication. The reproduction of articles or illustrations without prior consent from the publisher is prohibited.

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.

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

EDITORIAL CONTACTS

Please contact the Editor in Chief for further queries at chandkesav@yahoo.com.