PMSRJ

PAKISTAN MEDICAL STUDENTS RESEARCH JOURNAL

INSTRUCTION TO AUTHORS

The **"PAKISTAN MEDICAL STUDENTS RESEARCH JOURNAL (PMSRJ),** is the official student based journal of Khyber Medical College, Peshawar. The PMSRJ started its publications in 1986. The PMSRJ is a quarterly, peer reviewed medical journal and follows the uniform requirements for Manuscripts (URM) submitted to Biomedical journals as approved by the *International Committee of Medical Journal Editors (ICMJE)* as revised in 1997 published in N Eng J Med 1997; 336:309-15. Detailed information about updated URM can be downloaded from www.icmje.org. The PMSRJ is a member of **Committee on Publication Ethics (COPE)** and follows the COPE guidelines regarding publication ethics and malpractices.

1: SUBMISSION OF ARTICLE:

The **PMSRJ** is one of the Pakistani medical journal that provides you easy and user friendly ONLINE SUBMISSION OF ARTICLES on its web site.

Visit www.pmsrj.com and *REGISTER* yourself as AUTHOR by filling a form. Log in with your "username" and "password". A web portal will be on the screen with block of *NEW SUBMISSION* and follow the following 5 steps of manuscript submission as per online instructions.

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2: FORMAT/ REQUIREMENTS

While submitting manuscripts, please carefully follow the instructions given below:-

Summary of Technical Requirements

- The journal will accept: (a) Original research articles (b) Review articles (c) Case reports (d) Editorials (f) Special communication (g) Short communications (h) Letter to the Editor.
- It should be typed in single or double space with clear margins on both sides.
- Begin each section or component on a new page.
- Review the sequence: title page, abstract and key words, text (Introduction to conclusion), acknowledgments, references, tables (each on separate page), legends.
- Illustrations, unmounted prints, should not be larger than 203 × 254 mm (8 × 10 inches).
- Manuscript should not exceed 20 pages excluding tables and references.
- There should be no more than 40 references in original article, $\leq$10 references in case report and no more than 100 references in a review article.
- Include permission to reproduce previously published material or to use illustrations that may identify human subjects.
- Keep copies of everything submitted.
- Approval certificate from *Institutional review board for bioethics (IRBB)/ research ethical committees.* From July 2015 onward no article will be processed without IRBB approval certificate.

3: ARTICLE PROCESSING/PUBLICATION FEE

The PMSRJ has no article processing fee while it will charge Rs: 4000/- for publication of article. The PMSRJ also follow different waiver policies adopted internationally.

4: MATERIAL FOR PUBLICATION

All manuscripts of original research should contain following sections:-

a) Title Page

The title page should carry

I. The title of the article, which should be concise, specific and informative. Authors should include all information in the title that will make electronic retrieval of the article both sensitive and specific.
II. Full name of each author, with his or her highest academic degree(s) and institutional affiliation.
III. The name of the department(s) and institution(s) to which the work should be attributed.
IV. Disclaimers, if any.

V. The name, email and postal address of the author responsible for correspondence about the manuscript.

VI. The name and address of the author to whom requests for reprints should be addressed, source(s) of support in the form of grants, equipment, drugs, or all of these.

VII. A *short running title/head or footline* of no more than 40 characters (count letters and spaces) at the foot of the title page.

b) Abstract and Key Words

The second page should carry structured abstract of not more than 250 words.

The abstract should state the ***Objective:*** purpose of the study or investigation; ***Methodology:*** study design, place and duration of study, basic procedures as selection of study subjects or laboratory animals, observational and analytical methods; ***Results:*** main findings givingspecific data and their statistical significance, if possible and ***Conclusion:*** the principal conclusion. It should emphasize new and important aspects of the study or observations.

Below the abstract authors should provide, and identify as such, *3 to 10* ***key words*** or short phrases that will assist indexers in cross-indexing the article and may be published with the abstract. Terms from the *Medical Subject Headings (MeSH)* list of Index Medicus should be used. If suitable MeSH-terms are not yet available for recently introduced terms, present terms may be used.

* The main manuscript of original article is divided into subsections according to ***"IMRAD"*** structure, with the headings.

a. **Introduction,**
b. **Methodology,**
c. **Results** and
d. **Discussion.**

c) Introduction

State the purpose of the article and summarize the rationale for the study or observation. Give only strictly pertinent references and do not include data or conclusions from the work being reported.

d) Methodology

Describe your selection of the observational or experimental subjects (patients or laboratory animals, including controls) clearly. Identify the age, sex, and other important characteristics of the subjects. Because the relevance of such variables as age, sex, and ethnicity to the object of research is not always clear, authors should explicitly justify them when they are included in a study report. The guiding principle should be clarity about how and why a study was done in a particular way. For example, authors should explain why only subjects of certain ages were included or

why women were excluded. Authors should avoid terms such as "race," which lacks precise biological meaning, and use alternative descriptors such as "ethnicity" or "ethnic group" instead. Authors should specify carefully what the descriptors mean, and tell exactly how the data were collected (for example, what terms were used in survey forms, whether the data were self-reported or assigned by others, etc.). 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 (study population, interventions or exposures, outcomes, and the rationale for statistical analysis), assignment of interventions (methods of randomization, concealment of allocation to treatment groups), and the method of masking (blinding). 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.

e) 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 1983. 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. Send the copy of approval certificate from *Institutional review board for bioethics/ research ethical committees.*

f) Statistics

Describe statistical methods with enough detail to enable a knowledgeable reader with access to the original data to verify the reported results. When possible, quantify findings and present them with appropriate indicators of measurement error or uncertainty (such as confidence intervals). Avoid relying solely on statistical hypothesis testing, such as the use of P values, which fails to convey important quantitative information. Discuss the eligibility of experimental subjects. Give details about randomization. Describe the methods for and success of any blinding of observations. Report the complications of treatment, if any. Give numbers of observations and report losses to observation (such as dropouts from a clinical trial). References for the design of the study and statistical methods should be to standard works when possible (with

pages stated) rather than to papers in which the designs or methods were originally reported. Specify any general-use computer programs used. 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. 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 nontechnical 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.

g) Results

Present your results in logical sequence in the text, tables, and illustrations. Do not repeat in the text all the data in the tables or illustrations; emphasize or summarize only important observations.

h) Discussion

Emphasize the new and important aspects of the study and the conclusions that follow from them. Do not repeat in detail data or other material given in the Introduction or the Results section. Include in the Discussion section the implications of the findings and their limitations, including implications for future research. Relate the observations to other relevant studies. Link the conclusions with the goals of the study but avoid unqualified statements and conclusions not completely supported by the data. In particular, authors should avoid making statements on economic benefits and costs unless their manuscript includes economic data and analysis. Avoid claiming priority and alluding to work that has not been completed. State new hypothesis when warranted, but clearly label them as such. Recommendations, when appropriate, may be included.

i) Acknowledgments

List all contributors who do not meet the criteria for authorship, such as a person who provided purely technical help, writing assistance, or a department chair who provided only general support. Financial and material support should also be acknowledged. Groups of persons who have contributed materially to the paper but whose contributions do not justify authorship may be listed under a heading such as "clinical investigators" or "participating investigators," and their function or contribution should be described for example, "served as scientific advisors," "critically reviewed the study proposal," "collected data," or "provided and cared for study patients." Because readers may infer their endorsement of the data and conclusions, all persons must have given written permission to be acknowledged.

j) References

References should be numbered consecutively in the order in which they are first mentioned in the text. Identify references in text, tables, and legends by Arabic numerals in parentheses. References cited only in tables or figures 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. Consult the List of Journals Indexed in Index Medicus, published annually as a separate publication by the library and as a list in the January issue of Index Medicus. The list can also be obtained through the library's web site. Avoid using abstracts as references. References to papers accepted but not yet published should be designated as "in press" or "forthcoming"; authors should obtain written permission to cite such papers as well as verification that they have been accepted for publication. 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, authors should obtain written permission and confirmation of accuracy from the source of a personal communication. The references must be verified by the author(s) against the original documents. The Uniform Requirements style (the Vancouver style) is based largely on an ANSI standard style adapted by the NLM for its databases. Notes have been added where Vancouver style differs from the style now used by NLM.

Articles in Journals

1. **Standard journal article**

Up to six authors: Alam JM, Baig JA, Mahmood SR, Sultana I, Shaheen R, Waheed A. Evaluation of urinary protein to creatinine ratio as a predictor of end-stage renal disease. KUST Med J 2009; 1(1): 2-5.

More than six authors: List the first six authors followed by et al. Parkin DM, Clayton D, Black RJ, Masuyer E, Friedl HP, Ivanov E, et al. Childhood leukaemia in Europe after Chernobyl: 5 year follow-up. Br J Cancer 1996;73: 1006-12.

2. Organization as author:

The Cardiac Society of Australia and New Zealand. Clinical exercise stress testing. Safety and performance guidelines. Med J Aust 1996; 164: 282-4.

3. No author given

Cancer in South Africa [editorial]. S Afr Med J 1994; 84:15.

4. Article not in English:

(Note: NLM translates the title to English, encloses the translation in square brackets, and adds an abbreviated language designator.) Ryder TE, Haukeland EA, Solhaug JH. Bilateral infrapatellar seneruptur hostidligere frisk kvinne. Tidsskr Nor Laegeforen 1996; 116: 41-2.

5. 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.

6. 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.

7. Volume with part

Ozben T, Nacitarhan S, Tuncer N. Plasma and urine sialic acid in non-insulin dependent diabetes mellitus. Ann Clin Biochem 1995; 32(Pt 3): 303-6.

8. Issue with part

Poole GH, Mills SM. One hundred consecutive cases of flap lacerations of the leg in ageing patients. N Z Med J 1994; 107 (986 Pt 1): 377-8.

9. Issue with no volume

Turan I, Wredmark T, Fellander-Tsai L. Arthroscopic ankle arthrodesis in rheumatoid arthritis. Clin Orthop 1995; (320): 110-4.

10. No issue or volume

Browell DA, Lennard TW. Immunologic status of the cancer patient and the effects of blood transfusion on antitumor responses. Curr Opin Gen Surg 1993: 325-33.

11. Pagination in Roman numerals

Fisher GA, Sikic BI. Drug resistance in clinical oncology and hematology. Introduction. Hematol Oncol Clin North Am 1995 Apr;9(2):xi-xii.

12. Type of article indicated as needed

Enzensberger W, Fischer PA. Metronome in Parkinson's disease [letter]. Lancet 1996;347:1337. Clement J, De Bock R. Hematological complications of hantavirus nephropathy (HVN) [abstract]. Kidney Int 1992; 42: 1285.

13. Article containing retraction

Garey CE, Schwarzman AL, Rise ML, Seyfried TN. Ceruloplasmin gene defect associated with epilepsy in EL mice [retraction of Garey CE, Schwarzman AL, Rise ML, Seyfried TN. In: Nat Genet 1994; 6: 426-31]. Nat Genet 1995; 11: 104.

14. Article retracted

Liou GI, Wang M, Matragoon S. Precocious IRBP gene expression during mouse development [retracted in Invest Ophthalmol Vis Sci 1994; 35: 3127]. Invest Ophthalmol Vis Sci 1994; 35: 1083-8.

15. Article with published erratum

Hamlin JA, Kahn AM. Herniography in symptomatic patients following inguinal hernia repair [published erratum appears in West J Med 1995;162:278]. West J Med 1995;162:28-31.

Books and Other Monographs

(Note: Previous Vancouver style incorrectly had a comma rather than a semicolon between the publisher and the date.)

16. Personal author(s)

Ringsven MK, Bond D. Gerontology and leadership skills for nurses. 2nd ed. Albany (NY): Delmar Publishers; 1996.

17. Editor(s), compiler(s) as author

Norman IJ, Redfern SJ, editors. Mental health care for elderly people. New York: Churchill Livingstone; 1996.

18. Organization as author and publisher

Institute of Medicine (US). Looking at the future of the Medicaid program. Washington: The Institute; 1992.

19. Chapter in a book

(Note: Previous Vancouver style had a colon rather than a p before pagination.) 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. p. 465-78.

20. Conference proceedings

Kimura J, Shibasaki H, editors. Recent advances in clinical neurophysiology. Proceedings of the 10th International Congress of EMG and Clinical Neurophysiology; 1995 Oct 15-19; Kyoto, Japan. Amsterdam: Elsevier; 1996.

21. Conference paper

Bengtsson S, Solheim BG. Enforcement of data protection, privacy and security in medical informatics. In: Lun KC, Degoulet P, Piemme TE, Rienhoff O, editors. MEDINFO 92. Proceedings of the 7th World Congress on Medical Informatics; 1992 Sep 6-10; Geneva, Switzerland. Amsterdam: North-Holland; 1992. p. 1561-5.

22. Scientific or technical report

Issued by funding/sponsoring agency: Smith P, Golladay K. Payment for durable medical equipment billed during skilled nursing facility stays. Final report. Dallas (TX): Dept. of Health and Human Services (US), Office of Evaluation and Inspections; 1994 Oct. Report No.: HHSIGOEI69200860. Issued by performing agency: Field MJ, Tranquada RE, Feasley JC, editors. Health services research: work force and educational issues. Washington: National Academy Press; 1995. Contract No.: AHCPR282942008. Sponsored by the Agency for Health Care Policy and Research.

23. Dissertation

Kaplan SJ. Post-hospital home health care: the elderly's access and utilization [dissertation]. St. Louis (MO): Washington Univ.; 1995.

24. Patent

Larsen CE, Trip R, Johnson CR, inventors; Novoste Corporation, assignee. Methods for procedures related to the electrophysiology of the heart. US patent 5,529,067. 1995 Jun 25.

Unpublished Material

25. In press

(Note: NLM prefers "forthcoming" because not all items will be printed.) Leshner AI. Molecular mechanisms of cocaine addiction. N Engl J Med. In press 1996.

Electronic Material

26. Journal article in electronic format

Morse SS. Factors in the emergence of infectious diseases. Emerg Infect Dis [serial online] 1995 Jan-Mar [cited 1996 Jun 5];1(1):[24 screens]. Available from: URL: http://www.cdc.gov/ ncidod/EID/eid.htm

27. Monograph in electronic format

CDI, clinical dermatology illustrated [monograph on CD-ROM]. Reeves JRT, Maibach H. CMEA Multimedia Group, producers. 2nd ed. Version 2.0. San Diego: CMEA; 1995.

28. Computer file

Hemodynamics III: the ups and downs of hemodynamics [computer program]. Version 2.2. Orlando (FL): Computerized Educational Systems; 1993.

k) Illustrations and legends

Submit 2 hard copies on high-quality laser printer paper or bond paper. For best possible reproduction, avoid using shading or dotted patterns; if unavoidable, submit this type of illustration in the form of a glossy photograph for best results. Use thick, solid lines and bold, solid type. Place lettering on a white background; avoid reverse type (white lettering on a dark background). Illustrations (three complete sets of glossy prints) should be numbered in the order of their mention in the text and should be marked lightly on the back with the first author's last name and an arrow to indicate the top edge. Special charges will be made by the publisher for publishing figures in color. Before publication the corresponding author will be sent a cost estimate; at that time he or she may decide to pay the costs or print the illustration in black and white. Only good photographic prints of original drawings should be supplied. All lettering must be done professionally. Do not send original artwork, x-ray films, or ECG tracings. Glossy photographs are preferred; good black-and-white contrast is essential. Preferred size for submitted illustrations is 5 x 7 inches. Suitable figure legends should be typewritten double spaced on a separate sheet of paper and included at the end of the manuscript. If a figure has been taken from previously copyrighted material, the legend must give full credit to the original source and letters of permission must be submitted with the manuscript. Articles appear in both the print and online versions of the Journal, and wording of the letter should specify permission in all forms and media. Failure to get electronic permission rights may result in the images not appearing in the online version. Illustrations cannot be returned by the publisher. Figures may be submitted in electronic format. All images should be at least 5 inches wide. Graphics software such as Photoshop and Illustrator, not presentation software such as PowerPoint, CorelDraw,

or Harvard Graphics, should be used in the creation of the art. Color images need to be CMYK, at least 300 DPI, and be accompanied by a digital color proof, not a color laser print or color photocopy. Please include hardware and software information, in addition to the file names.

l) Tables

Tables should be self-explanatory and numbered in Roman numerals in the order of their mention in the text. Provide a brief title for each. Type each double-spaced on a separate page. Abbreviations should be defined in a double-spaced footnote at the end of the table. If any material in a table or a table itself has been taken from previously copyrighted material, a double paced footnote must give full credit to the original source and permission of the author and publisher must be obtained. Send letters of permission to the Editor with the manuscript.

m) Conflict of Interest Notification

Page

Authors should declare any potential conflict of interest and any financial support for the study may be disclosed as well.

n) Systematic Review Article

A systematic review paper should have a structured Abstract of no more than 250 words using headlines as Objective, Data Sources, Study Selection, Data Extraction, Data Synthesis and Conclusions and with 3-10 key words for indexing.

Objective: Give precise statement of the primary objective for the review. Define if the review emphasises cause and diagnosis, prognosis, therapy and intervention, or prevention. Define if the review would be highly selective as including only randomized controlled trials (RCT) or have wider inclusion criteria.

Data Sources: Present data sources used, including any time restriction.

Study Selection: Describe criteria to select studies for detailed review. Specify methods used, as blinded review, consensus, multiple reviewers.

Data Extraction: Describe how extraction was made, including assessment of quality and validity.

Data Synthesis: Present the main results of the review and state major identified sources of variation between studies.

Conclusion: Give a clear statement of the conclusions made, its generalisability and limitations.

The *Introduction* of the paper could be similar to an original report, but without any longer literature survey, only reviewing shortly previous structural reviews and stating the reason and aim of the present review.

The *Methodology section* may have subheadings corresponding to the Abstract *(Data Sources, Study Selection, Data Extraction)* and should include clearly defined and reported inclusion and exclusion criteria, and specification of databases and other

formal register, conference proceedings, reference lists and trial authors, which are used as sources. The full search strategy should be given so that it is easy to reproduce. If it is considered too long to be published in the article, an electronic document as an Appendix may be alternative. The stages of selection usually include several steps, each undertaken by at least two independent researchers (identified in the Methods). There will be an initial selection from titles/abstracts to select the articles to be examined in full. The full articles should be re-screened against the selection criteria. The articles fulfilling the criteria should be subjected to quality assessment. Summarize in a flow chart with the number of articles selected and reasons for rejection at each stage. The quality of the methodology should be assessed having an appropriate tool and also for outcome measures and blinding of outcome assessors. The tool that is most appropriate will depend on the extent and nature of the anticipated research evidence.

The *Result section* corresponds to Data synthesis in the Abstract and may present tables with long lists of selected articles. Extracted data from trials should, when available, include report of randomization method, study population, intervention methods and delivery, reasons to losses at follow-up, information related to treatment monitoring, post-intervention assessments and follow-up. Report the major outcomes, which were pooled, and include odds ratios or effects sizes. Use when applicable meta-analysis. Numerical values should, when possible, be accompanied with confidence intervals. State the major identified sources of variation between reported studies, as differences in treatment protocols, co-interventions, confounders, outcome measures, length of follow-up, and dropout rates. Tables and figures must be self-explanatory and have appropriate title or caption. The methods for synthesis of evidence should be pre-determined. Sometimes it may not be possible to pool the data, but a synthesis of best evidence ought to be given.

The *Discussion section* should be structured similar to an original report. The findings should be discussed with respect to the degree of consistency, variation, and generalisability. New contribution to the literature based on the review conducted and where information is insufficient must be stated. Providing the limitations of the review would be helpful. Suggest the need for new studies and future research agenda.

Length of paper: The total length of the text should usually not be more than 5000 words (corresponding to 8-9 printed pages) and in addition tables and the reference list. The reference list should be comprehensive and will therefore often be rather long. However, in the printed version of a review paper normally not more than 100 references will be accepted. If needed and without an upper limit, additional references may be published only electronically with a link to such an Appendix given in the original version of the paper.

o) Narrative Review Article

A narrative (educational) review should have an unstructured *Abstract* which should not exceed 200 words, summarizing the current status of the knowledge about the topic reviewed followed by 3-10 key words for indexing.

Introduction: This should provide a background to a review which focuses on relevant literature published over the last few years that has advanced our understanding of the issue under consideration. The headlines in the review have to be chosen according to the need of that particular review.

There is usually *no Method section.* However proper Research strategy should be given. Give in detail the strategy for inclusion of article in the review. Details of the database searched and the time period for which it was searched should be stated.

The ***Discussion section*** could be structured along the lines for an original report. At the end of discussion, limitations of the study and key message may be given.

Conclusions: Conclusions of the article also highlighting the problems, or areas for future research may be included.

Word count: Between 2000 and 5000 words.

Tables: up to 5.

Illustrations: up to 3.

References: up to 100.

p) Case Reports

Case Reports should be limited to three type written pages, including an unstructured abstract, a short *introduction,* details of the case report followed by *discussion* and 6 to 10 *references.* Relevant documentary proof including pictures of the case (with the consent of the patient) or investigations like radiological or histopathological evidence should be submitted along with manuscript.

q) Letters to the Editor

Letters to the Editor are considered for publication (subject to editing and abridgment) provided they do not contain material that has been submitted or published elsewhere. The letter must be typewritten and double-spaced. Its text, not including reference, must not exceed 250 words if it is in reference to a recent journal article, or 400 words in all other cases (please provide a word count). It must have no more than five references and one figure or table. Letters referring to a recent journal article must be received within four weeks of its publication. Please include your full address, telephone number, fax number and e-mail address.

r) Guidelines

Authors should take help from following guidelines in writing manuscripts

5. CHECKLIST FOR THE AUTHOR

1) Manuscripts should be prepared following Uniform requirements for manuscripts submitted to Biomedical Journals as approved by the International Committee of Medical Journal Editors (www.icmje.org)

2) Processing Charges: There are no processing charges on all articles submitted to PMSRJ.
3) The manuscripts should be submitted online with all relevant supplementary files. Figures should be uploaded as supplementary files. For any details contact on email: managingeditor@pmsrj.com.
4) All original manuscripts should have Abstract in structured format up to 250 words. It should mention Objective, Methodology, Results, Conclusions and appropriate Key Words.
5) Covering letter (should include section for which manuscript is submitted)
6) The manuscript should be accompanied by Letter of Undertaking and Author contribution form signed by all the authors confirming exclusive submissions to PMSRJ, transfer of all copyrights to PMSRJ and willingness to pay Publication Charges after acceptance.
7) Title page. Title page should contain title of the write-up, Name of the author/co-authors especially corresponding author, their qualifications, designation & institutions they are affiliated with and mailing address for future correspondence, E-mail address, Phone, Cell Phone & Fax number besides a short running title of the manuscript. Don't type the name of the author/s on other pages in the manuscript except the title page.
8) Title of article and short title (40 characters or fewer)
9) Text (including Introduction, Methodology, Results and Discussion)
10) References should be marked as 1,2,3 and so on, typed in superscript and as they appear in the text & not by full names of authors. At the end of the manuscript the references should also be numbered accordingly. Add DOI number of those references where it is available. Write Page No. in references as 120-126 Illustrations, properly labeled (3 glossy sets). Pictures, illustrations should be submitted in JPEG format & manuscript in Microsoft word format.
11) Legends.
12) Tables (provide brief title for each), typed on separate sheets.
13) Permission to reproduce published material in all forms and media.
14) Informed consent to publish patient photographs.
15) All Clinical Trials submitted for publication must be registered in a registry. Provide registration proof
16) Disclosure regarding source of funding and conflict of interest if any besides approval of the study from respective Ethics Committee/Institution Review Board.
17) Manuscript must be accompanied with certificate of IRB/Ethics Committee Approval.
18) All randomized control trials should be prepared according to CONSORT Guidelines.

6) AUTHORSHIP

All persons designated as authors should qualify for authorship. An "author" is generally considered to be someone who has made substantive intellectual contributions to a published study. To qualify as an author one should

1) have made substantial contributions to conception and design, or acquisition of data, or analysis and interpretation of data;
2) have been involved in drafting the manuscript or revising it critically for important intellectual content; and
3) have given final approval of the version to be published.

Each author should have participated sufficiently in the work to take public responsibility for appropriate portions of the content. Acquisition of funding, collection of data, or general supervision of the research group, alone, does not justify authorship.

7) CONFLICT OF INTEREST

- At the end of the text, under a subheading "Conflict of interest", all authors must disclose any financial and personal relationships with other people or organizations that could inappropriately influence (bias) their work. Examples of financial conflicts include employment, consultancies, stock ownership, honoraria, paid expert testimony, patents or patent applications, and travel grants, all within 3 years of beginning the work submitted. If there are no conflicts of interest, authors should state that.
- All authors are required to provide a signed statement of their conflicts of interest as part of the **author's declaration.**

8) ROLE OF THE FUNDING SOURCE

- All sources of funding should be declared as an acknowledgment at the end of the text.
- At the end of the Methodology section, under a subheading "Role of the funding source", authors must describe the role of the study sponsor(s), if any, in study design; in the collection, analysis, and interpretation of data; in the writing of the report; and in the decision to submit the paper for publication.
- If there is no Methodology section, the role of the funding source should be stated as an acknowledgment. If the funding source had no such involvement, the authors should state.
- The corresponding author should confirm that he or she had full access to all the data in the study and had final responsibility for the decision to submit for publication.

9) PATIENTS' CONSENT AND PERMISSION TO PUBLISH

- Studies on patients or volunteers need approval from an ethical committee and informed consent from participants. These should be documented in the paper.
- If there is an unavoidable risk of breach of privacy — eg, in a clinical photograph or in case details — the patient's written consent for publication, or that of the next of kin, must be obtained.
- To respect your patient's privacy, please do not send the consent form to us. Instead, we require you to send a statement signed by yourself confirming that you have obtained consent from the patient using consent form.
- Consent must be obtained for all Case Reports, Clinical Pictures, and Adverse Drug Reactions.

10) MANUSCRIPT EVALUATION

- Every new manuscript submitted to PMSRJ is immediately assessed by an editor for an initial inspection (internal peer review).
- An article with publication potential is sent to TWO external peer reviewers to evaluate the suitability of the article for publication based on its quality, novelty, and relevance for publication.
- A time frame of minimum 4 weeks will be given for a reviewer to go through a manuscript and send his suggestions to the editor. Failing which will generate a reminder from the editor with additional 4 weeks time for review to be completed.
- If a reviewer is unable to meet the time frame agreed upon or he declines to review the manuscript, the manuscript will be sent to another reviewer.
- The editor may establish a system for *rapid review of especially important manuscripts.* This may include review only by editors or asking reviewers to complete their evaluations within a shorter period of time than is allowed routinely. Authors who seek rapid review should explain why their manuscripts merit such review.
- Reviewers are advisors to authors and editors. The editor may ask reviewers to make recommendations regarding acceptance or rejection of manuscripts, and should pay attention to the recommendations, but the editor must be the one who makes the decisions.
- The editor may reject manuscripts without outside review, for example if the subject matter is outside the purview of the journal, a manuscript on the same topic is just about to be published, the quality of the manuscript is poor, or criteria for the submission of manuscripts are not met.

11) DECISION MAKING AND COMMUNICATION TO AUTHORS

- The editor makes a decision about the manuscript (accept, invite a revision, or reject) based on a consideration of all the reviewer comments, his/her own critique, and other external factors.
- What considerations should enter into the decision? These may include the comments and recommendations of the reviewers, the availability of space, and the most important is the judgment of the editor(s) regarding the suitability of the manuscript for the journal and the value and interest of the manuscript to the journal's readers.
- The editor may always seek additional review and advice if required.
- Decisions are communicated to authors by the editor. This means that the editor may need to provide explanations for the decision independent of the comments of the reviewers that are to be sent to the authors.
- Decisions to reject a manuscript may be based on scientific weakness (poor research design, inappropriate methods of study), lack of originality, lack of importance and interest to readers, or simply lack of space. The editor will explain to authors the reasons for decisions to reject manuscripts. This is particularly important when the editor rejects a manuscript but the tone of the comments of the reviewers that will be sent to the authors is favorable.
- The editor should actively encourage revision of manuscripts thought to be potentially acceptable. When an editor seeks revision of a manuscript, he should make clear which revisions are essential, and which are optional. If the comments of the reviewers are contradictory, the editor must decide and tell the authors which comments the authors should follow. Editors may add their own comments and suggestions for revision, and they (or some person in the editorial office designated by the editor) are responsible for ensuring that manuscripts meet the journal's policies regarding length and style.
- In general, manuscripts that are potentially acceptable but need very major revision or additional data should be rejected, but the editor can encourage resubmission. When this is done, the editor should explain precisely what is needed to make the manuscript acceptable. It is a disservice to authors to request revision and then later reject the manuscript. As an alternative, the editor may choose to work closely with the authors to make the manuscript acceptable for publication.
- The editor should not make decisions regarding manuscripts about which he may have a conflict of interest, for example manuscripts submitted by members of the editor's own institution or people who have been collaborators of the editor in the past. In this instance, the manuscript should be handled by an assistant editor or preferably a person outside of the editorial office who is given full power to select reviewers and make decisions regarding acceptance or rejection. The same policy

should be followed if the editor himself submits a manuscript - other than an editorial - to his journal, which he should only rarely.

- Revised manuscripts should be evaluated by editors, to determine if the revisions are satisfactory, and not returned to reviewers. An exception might be when the revised manuscript includes changes that may have introduced important new shortcomings about which the editor needs advice from one or more of the original reviewers. Revised manuscripts should not be sent to new reviewers.
- Editors should immediately reject a resubmitted manuscript that was previously rejected and has not been revised.

12) PLAGIARISM

- All articles submitted to PMSRJ are subjected to plagiarism testing. PMSRJ follows the standard definition and description of plagiarism (http://facpub. stjohns.edu/~roigm/plagiarism/ Index.html) and we endorse Committee of Publication Ethics (COPE), ICMJE, Pakistan Association of Medical Editors (PAME), Higher Education Commission (HEC) policies regarding plagiarism available on www.cope.org, www.icmje.org and www.hec. gov. pk
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