

SCOPE

GUIDELINES FOR AUTHOR

The Journal of Clinical and Scientific Research (JCSR) [ISSN (print) 2277-5706 and ISSN (online) 2277-8357] publishes original communications of clinical and biomedical research. It presents innovative and novel biomedical research that advances, illuminates medical science or educates the journal readers as well as those that improve the clinical acumen. It is issued Quarterly, in four issues per year. Manuscripts dealing with clinical and biomedical research will be considered for publication as *Original Articles* provided they contain results of original investigations. Medical practitioners are encouraged to contribute interesting *Case Reports*. *Review Articles* (whether invited or submitted) are intended to provide comprehensive latest review of burning topics in clinical and biomedical research. *Short Communications* of original research and clinical experiences, *Commentaries* on issues related to patient care, *Radiology Forum*, and *Book Reviews* are considered under *Special Features* category. *Correspondences* on opinion/discussion on published articles as well as other relevant issues will also be considered. All manuscripts submitted to JCSR will go through a stringent peer review process. All accepted manuscripts will be suitably edited before publication and published papers then become the sole property of JCSR and will be copyrighted by the JCSR. The JCSR strongly discourages duplication/reduplication of data already published in other journals. Manuscripts are considered with the understanding that they are not under consideration for publication elsewhere. If and when duplication is detected after publishing in JCSR, the journal will 'retract' such articles. The journal bases its policies on "Uniform Requirements for Manuscripts Submitted to Biomedical Journals" which can be accessed at the URL: [http:// www.icmje.org/urm_full.pdf](http://www.icmje.org/urm_full.pdf)

SUBMISSION OF MANUSCRIPT

All manuscripts submitted for publication to the JCSR should include the following:

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A covering letter is to be attached which explains the significance of the work with respect to its contribution to the scope of the journal.

One of the authors should be identified as the corresponding author of the paper, who would be responsible for the contents of the paper and also sign the covering letter.

The covering letter, apart from significance of the work being submitted, should provide the category under which the manuscript is to be considered and contribution of each of the authors and persons/departments mentioned in the acknowledgements. The covering letter should also contain a statement that the manuscript has been seen and approved by all authors and that it is not under consideration for publication elsewhere in a similar form, in any language, except in abstract form.

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Manuscripts should be submitted through e-mail (jcsr@svims.gov.in; editorjcsr@gmail.com). Manuscripts can also be submitted as soft copy in a CD posted to Executive Editor-in-chief. Pages should be numbered consecutively and the contents arranged in the following order: **-Title page; Manuscript including Acknowledgements; References; Tables; Legends for Figures and Figures.** Each of these should start on a separate page.

The text should be typed in MS-Word and Figures/Photographs in JPEG or TIFF format.

Title Page

The title page should include:

- a) The complete manuscript title (max 125 characters including letters and spaces);
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2A. Original Article

Abstract

All manuscripts should have a structured abstract of 250 words with subheadings of Background, Methods, Results, and Conclusions. Abstract should be brief and indicate the scope and significant results of the paper. It should only highlight the principal findings and conclusions so that it can be used by abstracting services without modification. Conclusions and recommendations not found in the text of the articles should *not* be inserted in the Abstract.

Text

The text must be organized under the following main headings: Introduction, Material and Methods, Results, Discussion. Any statistical methods must be detailed in the Material and Methods section. The word limit is as follows:

Type of article	(Text excluding Abstract, References, Tables & Figures)	Max. No. of References	Max. No. of Figures	Max. No. of Tables
Original article	3500	50	4	4

Introduction

Introduction should be brief and state precisely the scope of the paper. Review of the literature should be restricted to reasons for undertaking the present study and provide only the most essential background.

Material and Methods

Experimental investigation on human subjects: for manuscripts reporting the results of experimental investigation on human subjects, human derived materials, or human medical records, please include one of the following statements in the Material and Methods section:

* Institutional Review Board (IRB)/Ethics Committee approval was obtained.

* IRB/Ethics Committee decided approval was not required for this study.

The nomenclature, the source of material and equipment used, with the manufacturer's details in parenthesis, should be clearly mentioned. The procedures adopted should be explicitly stated to enable other workers to reproduce the results, if necessary. New methods may be described in sufficient detail and indicating their limitations. Established methods can be just mentioned with authentic references and significant deviations, if any, given with reasons for adopting them. While reporting experiments on human subjects and animals, it should be clearly mentioned that procedures followed are in accordance with the ethical standards laid down by the national bodies or organizations of the particular country. Adequate information should be provided on the care and use of laboratory animals, source of animals, strain, age, sex, housing and nutrition etc. Whenever needed, appropriate certification should be provided at the time of submission of the manuscripts. The drugs and chemicals used should be precisely identified, including generic name(s), dosage(s) and route(s) of administration.

The statistical analysis done and statistical significance of the findings when appropriate should be mentioned. Unless absolutely necessary for a clear understanding of the article, detailed description of statistical treatment may be avoided. Articles based heavily on statistical considerations, however, need to give details particularly when new or uncommon methods are employed. Standard and routine statistical methods employed need to be given authentic references. The statistical software used also should be mentioned.

Results

Only such data as are essential for understanding the discussion and main conclusions emerging from the study should be included. The data should be arranged in unified and coherent sequence so that the report develops clearly and logically. Data presented in tables and figures should *not* be repeated in the text. Only important observations need to be emphasized or summarized. The same data should not be presented both in tabular and graphic forms. Interpretation of the data should be taken up only under the Discussion and *not* under Results.

Discussion

The discussion should deal with the interpretation of results without repeating information already presented under Results. It should relate new findings to the known ones and include logical deductions. It should also mention any weaknesses of the study.

The conclusions can be linked with the goals of the study but unqualified statements and conclusions not completely supported by the data should be avoided. Claiming of priority on work that is ongoing should also be avoided. All hypotheses should, if warranted, clearly be identified as such; recommendations may be included as part of the Discussion, only when considered absolutely necessary and relevant.

2B. Case Report

Abstract

All manuscripts should have an abstract of 250 words with no subheadings. Abstract should be brief and indicate the background and need for reporting the case. Conclusions and recommendations not found in the text of the articles should *not* be inserted in the Abstract.

Text

The text must be organized under the following main headings: Introduction, Case Report and Discussion. The word limit is as follows:

Type of article	(Text excluding Abstract, References, Tables & Figures)	Max. No. of References	Max. No. of Figures	Max. No. of Tables
Case Report	2000	10	4	1

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Introduction should be brief and state precisely the scope of the paper. Review of the literature should be able to explain the background and reasons for presenting the case as a report.

Case report

Clinically relevant details of the case, key laboratory investigation and the final diagnosis must be described.

Discussion

The discussion should deal with comparison of the present case with similar reports in literature and also highlight importance of the findings of this case for future patient care

2C. Review article

Abstract

All manuscripts should have an structured abstract of 250 words without any subheadings. Abstract should be brief and indicate the scope of the paper. It should only highlight the principal findings and conclusions so that it can be used by abstracting services without modification. Conclusions and recommendations not found in the text of the articles should *not* be inserted in the Abstract.

Text

The text must be organized under the headings as dictated by the subject :

Type of article	(Text excluding Abstract, References, Tables & Figures)	Max. No. of References	Max. No. of Figures	Max. No. of Tables
Review article	4000	100	5	5

2D. Short Communication

Abstract

All original research communications should have a structured abstract of 100 words (with subheadings of background and objectives, methods, results, interpretation and conclusions). That should be brief and indicate the scope and significant results of the paper. It should only highlight

the principal findings and conclusions so that it can be used by abstracting services without modification. Conclusions and recommendations not found in the text of the articles should *not* be inserted in the Abstract.

All case reports should have an abstract of 100 words with no subheadings. Abstract should be brief and indicate the background and need for reporting the case. Conclusions and recommendations not found in the text of the articles should *not* be inserted in the Abstract.

Text

For Original research communication, the text must be organized under the following main headings: Introduction, Material and Methods, Results, Discussion. Any statistical methods must be detailed in the Material and Methods section.

For a clinical experience reporting, the text must be organized under the following main headings: Introduction, Case report and Discussion.

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Type of article	(Text excluding Abstract, References, Tables & Figures)	Max. No. of References	Max. No. of Figures	Max. No. of Tables
Original article	1500	15	2	2
Case report	1000	10	4	1

The organization of manuscript shall be on the samelines as “Original Article” for original research communication and as “Case Report” for short clinical experience communication.

2E. Special feature – commentaries on issues related to patient care, clinical images, radiology forum, and book reviews, etc.

There will be no abstract. The text is to be arranged as dictated by the subject.

Acknowledgment

Acknowledgment should be brief and made for specific financial support and /or scientific/technical assistance and *not* for providing routine departmental facilities and encouragement or for help in the preparation of the manuscripts (including typing or secretarial assistance). The specific technical assistance to be acknowledged includes those persons/departments wherein the scale of involvement in the study requires mention but does not merit authorship. Acknowledge statistical consultation and assistance (when provided by a person different from authors). Acknowledgement is to be placed at the end of the article before the references. Indicate the name, degree and affiliation of the individuals mentioned as well as the role played that led to them being acknowledged.

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References should follow the text and begin on a separate page. They must be double-spaced and numbered consecutively in order of appearance in the text. Switch off any automated reference numbering tool, if in use. Identify references in text, tables, and legends by Arabic numerals (in superscript). References cited only in tables or in legends to figures should be numbered in continuation of the references cited in the manuscript with a sequence established by the first identification in the text of the particular table or illustration.

References to literature cited should be numbered consecutively and placed at the end of the manuscript. In the text they should be indicated above the line (superior). As far as possible mentioning names of author(s) under references should be avoided in text.

Reference citation style (adapted from “International Committee of Medical Journal Editors (ICMJE) Uniform Requirements for Manuscripts Submitted to Biomedical Journals: Sample References. Available at URL: http://www.nlm.nih.gov/bsd/uniform_requirements.html).

Articles in Journals: The titles of the journals should be abbreviated according to the style used by the *Index Medicus*. The list of journals indexed, published annually, in the January issue of the *Index Medicus* may be consulted.

Standard journal article

1. List the authors followed by title, journal abbreviation , year of publication, volume and page number as illustrated below:

Halpern SD, Ubel PA, Caplan AL. Solid-organ transplantation in HIV-infected patients. *N Engl J Med* 2002;347:284-7.

2. If there are more than six authors only the first six authors should be mentioned as shown below:

Rose ME, Huerbin MB, Melick J, Marion DW, Palmer AM, Schiding JK, et al. Regulation of interstitial excitatory amino acid concentrations after cortical contusion injury. *Brain Res* 2002;935:40-6.

Organization as author

3. Diabetes Prevention Program Research Group. Hypertension, insulin, and proinsulin in participants with impaired glucose tolerance. *Hypertension* 2002;40:679-86.

Both personal authors and an organization as author

4. Vallancien G, Emberton M, Harving N, van Moorselaar RJ; Alf-One Study Group. Sexual dysfunction in 1,274 European men suffering from lower urinary tract symptoms. *J Urol* 2003;169:2257-61.

No author given

5. 21st century heart solution may have a sting in the tail. *BMJ* 2002;325(7357):184.

Article not in English

6. Ellingsen AE, Wilhelmsen I. Sykdomsangst blant medisiner- og jusstudenter. *Tidsskr Nor Lægeforen* 2002;122:785-7.

Volume with supplement

7. Geraud G, Spierings EL, Keywood C. Tolerability and safety of frovatriptan with short- and long-term use for treatment of migraine and in comparison with sumatriptan. *Headache* 2002;42 Suppl 2:S93-9.

Article published electronically ahead of the print version

8. Yu WM, Hawley TS, Hawley RG, Qu CK. Immortalization of yolk sac-derived precursor cells. *Blood* 2002 Nov 15;100:3828-31. Epub 2002 Jul 5.

Books and Other Monographs

9. Murray PR, Rosenthal KS, Kobayashi GS, Pfaller MA. Medical microbiology. 4th ed. St. Louis: Mosby; 2002.

Editor(s), compiler(s) as author

10. Gilstrap LC 3rd, Cunningham FG, VanDorsten JP, editors. Operative obstetrics. 2nd ed. New York: McGraw-Hill; 2002.

Author(s) and editor(s)

11. Breedlove GK, Schorfheide AM. Adolescent pregnancy. 2nd ed. Wiecezorek RR, editor. White Plains (NY): March of Dimes Education Services; 2001.

Organization(s) as author

12. Royal Adelaide Hospital; University of Adelaide, Department of Clinical Nursing. Compendium of nursing research and practice development, 1999-2000. Adelaide (Australia): Adelaide University; 2001.

Chapter in a book

13. Meltzer PS, Kallioniemi A, Trent JM. Chromosome alterations in human solid tumors. In: Vogelstein B, Kinzler KW, editors. The genetic basis of human cancer. New York: McGraw-Hill; 2002. p. 93-113.

Conference proceedings

14. Harnden P, Joffe JK, Jones WG, editors. Germ cell tumours V. Proceedings of the 5th Germ Cell Tumour Conference; 2001 Sep 13-15; Leeds, UK. New York: Springer; 2002.

Conference paper

15. Christensen S, Oppacher F. An analysis of Koza's computational effort statistic for genetic programming. In: Foster JA, Lutton E, Miller J, Ryan C, Tettamanzi AG, editors. Genetic programming. EuroGP 2002: Proceedings of the 5th European Conference on Genetic Programming; 2002 Apr 3-5; Kinsdale, Ireland. Berlin: Springer; 2002. p. 182-91.

Scientific or technical report

Issued by funding/sponsoring agency:

16. Yen GG (Oklahoma State University, School of Electrical and Computer Engineering, Stillwater, OK). Health monitoring on vibration signatures. Final report. Arlington (VA): Air Force Office of Scientific Research (US), Air Force Research Laboratory; 2002 Feb. Report No.: AFRLSRBLTR020123. Contract No.: F496209810049.

Patent

17. Pagedas AC, inventor; Ancel Surgical R&D Inc., assignee. Flexible endoscopic grasping and cutting device and positioning tool assembly. United States patent US 20020103498. 2002 Aug 1.

Unpublished Material

In press

(Note: NLM prefers "forthcoming" because not all items will be printed.)

Tian D, Araki H, Stahl E, Bergelson J, Kreitman M. Signature of balancing selection in Arabidopsis. Proc Natl Acad Sci U S A. In press 2002.

Electronic Material

CD-ROM

Anderson SC, Poulsen KB. Anderson's electronic atlas of hematology [CD-ROM]. Philadelphia: Lippincott Williams & Wilkins; 2002.

Journal article on the Internet

Aboud S. Quality improvement initiative in nursing homes: the ANA acts in an advisory role. Am J Nurs [serial on the Internet]. 2002 Jun [cited 2002 Aug 12];102(6):[about 3 p.]. Available from: <http://www.nursingworld.org/AJN/2002/june/Wawatch.htm>

Monograph on the Internet

Foley KM, Gelband H, editors. Improving palliative care for cancer [monograph on the Internet]. Washington: National Academy Press; 2001 [cited 2002 Jul 9]. Available from: <http://www.nap.edu/books/0309074029/html/>.

Homepage/Web site

Cancer-Pain.org [homepage on the Internet]. New York: Association of Cancer Online Resources, Inc.; c2000-01 [updated 2002 May 16; cited 2002 Jul 9]. Available from: <http://www.cancer-pain.org/>.

Part of a homepage/Web site

American Medical Association [homepage on the Internet]. Chicago: The Association; c1995-2002 [updated 2001 Aug 23; cited 2002 Aug 12]. AMA Office of Group Practice Liaison; [about 2 screens]. Available from: <http://www.ama-assn.org/ama/pub/category/1736.html>

40. Database on the Internet

Open database:

Who's Certified [database on the Internet]. Evanston (IL): The American Board of Medical Specialists. c2000 - [cited 2001 Mar 8]. Available from: <http://www.abms.org/newsearch.asp>

Closed database:

Jablonski S. Online Multiple Congenital Anomaly/Mental Retardation (MCA/MR) Syndromes [database on the Internet]. Bethesda (MD): National Library of Medicine (US). d1999 [updated 2001 Nov 20; cited 2002 Aug 12]. Available from: http://www.nlm.nih.gov/mesh/jablonski/syndrome_title.html

41. Part of a database on the Internet

MeSH Browser [database on the Internet]. Bethesda (MD): National Library of Medicine (US); 2002 - [cited 2003 Jun 10]. Meta-analysis; unique ID: D015201; [about 3 p.]. Available from: <http://www.nlm.nih.gov/mesh/MBrowser.html> Files updated weekly.

MeSH Browser [database on the Internet]. Bethesda (MD): National Library of Medicine (US); 2002 - [cited 2003 Jun 10]. Meta-analysis; unique ID: D015201; [about 3 p.]. Available from: <http://www.nlm.nih.gov/mesh/MBrowser.html> Files updated weekly.

Tables

Tables should be typed separately and numbered consecutively with Arabic numerals (1,2,3 *etc*). They should bear brief title and column headings should also be short. Units of measurement should be abbreviated and placed below the headings. Statistical measurement variations such as SD and SE should be identified. Inclusion of structural formulae in Tables should be avoided. Also, Tables should not be submitted as photographs. As a general rule, Tables should not unnecessarily offer duplicate information offered in the text. Type each Table on a separate sheet, using double spacing. Tables should be created in a word document using the table tools. Do not format Tables as columns or tabs.

Illustrations

Illustrations should be submitted, electronically as JPEG/TIFF file, numbered consecutively in Arabic numerals. Line drawings should be made on good quality tracing paper of Bristol board. Letters, numbers and symbols should be clear in the figures and of sufficient size, so that when reduced, they could be accommodated in single column (8.5 cm) or double column (17.0 x 21.0 cm) without loss in clarity. Titles and explanation of symbols in the legends for illustrations, should be typed on separate pages.

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Enzyme Nomenclature

For enzymes, only the trivial names recommended by the IUPAC-IUB Commission should be used. At its first citation in the text of the paper its code number and systematic name should be indicated.

Abbreviations

Only standard abbreviations are to be used. *Scientific Style and Format: The CBE Manual for Authors, Editors, and Publishers*. Sixth edition (1994), prepared by the Council of Biology Editors Style Manual Committee may be consulted for additional standard abbreviations. The abbreviations should conform to the International System of Units (SI), *The SI for the Health Professions* (World Health Organization, Geneva) 1977. The title of the article should not contain abbreviations. The full term for which the abbreviation stands should be given after its first use in the text unless it is a standard unit of measurement. The abbreviations should be used in the text, tables and illustrations without a full stop.

Full name	Abbreviation	Full name	Abbreviation
Molar (mole/litre)	M	Roentgen	R
milli molar (m mole/litre)	mM	Gravity	g
Micromolar (mole/litre)	μ M	Ortho	o
mole (quantity of substance)	mol	Meta	m
Normal	N	Para	p
Metre	m	intramuscular	im
Centimeter	cm	intraperitoneal	ip
square centimeter	cm ²	intravenous	iv
Millimeter	mm	subcutaneous	sc
Micrometer	μ m	mg/dl	mg/dl
Nanometer	nm	po	po
Picometre	pm	lethal dose-50	LD ₅₀
mg/100 ml	mg/100 ml	Ampere	A
Oral	oral	milli Ampere	mA
Angstrom	$^{\circ}$ A	Watt	W
Litre	l	anti meridiem (before noon)	am
Milliliter	ml	post meridiem (after noon)	pm
Microlitre	μ l	volume	vol
Gram	g	volume ratio	vol/vol
Milligram	mg	(volume per volume)	(volume per volume)
Kilogram	kg	second(s)	sec
hour(s)	h	week(s)	wk
minute(s)	min	year(s)	yr
Weight	wt	(weight per weight)	(weight per weight)
weight per volume	wt/vol	Curie	Ci
weight ratio	wt/wt	rad	rad
revolution per minute	rpm	counts per minute	cpm

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A conflict of interest exists if authors or their institutions have financial or personal relationships with other people or organizations that could inappropriately influence (bias) their actions. A conflict can be actual or potential, and full disclosure to the Editor is absolute requirement. All submissions must include disclosure of all relationships that could be viewed as presenting a potential conflict of interest. All authors must disclose any financial and personal relationships with other people or organizations that could inappropriately influence (bias) their work. If there are no conflicts of interest, authors should state so.

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Email: jcsr@svims.gov.in; editorjcsr@gmail.com

Postal address:

Dr P.V.L.N. SrinivasaRao
Executive Editor-in-Chief
Journal of Clinical and Scientific Research
Editorial office
II Floor, New OPD Block
Sri Venkateswara Institute of Medical Sciences
Tirupati 517 507
India
Phone +91-877-2287777; Ext. 2465



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Form for Disclosure of Potential conflicts of Interest

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Entity: government agency, foundation, commercial sponsor, academic institution, etc.

Grant: A grant from an entity, generally [but not always] paid to your organization

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