Instructions to the Authors

The Editorial Process

As a general rule, the receipt of a manuscript will be acknowledged within 2 weeks of submission; authors will be provided with a manuscript reference number for future correspondence. If an acknowledgment is not received in a reasonable period of time, the author should contact the Editorial Office.

Submissions are reviewed by the Editorial Office to ensure that it contains all parts. Submissions will be rejected if the author has not supplied all the material and documents as outlined in these author instructions. Manuscripts are then forwarded to the Editor-in-Chief, who makes an initial assessment of it. If the manuscript does not appear to be of sufficient merit or is not appropriate for the Journal, the manuscript will be rejected without review.

This journal operates a single blind review process. All contributions will be initially assessed by the editor for suitability for the journal. Papers deemed suitable are then sent to a minimum of two independent expert reviewers to assess the scientific quality of the paper. The Editor is responsible for the final decision regarding acceptance or rejection of articles. The Editor's decision is final.

Clinical trial registry

All randomized controlled trials submitted for publication should include a completed Consolidated Standards of Reporting Trials (CONSORT) flow chart (please go to www.consort-statement.org for more information). The TJO has adopted the ICMJE proposal that requires, as a condition of consideration for publication of clinical trials, registration in a public trials registry. Trials must register at or before the onset of patient enrolment. The clinical trial registration number should be included at the end of the abstract of the article.

For this purpose, a clinical trial is defined as any research study that prospectively assigns human participants or groups of humans to one or more health-related interventions to evaluate the effects of health outcomes. Health-related interventions include any intervention used to modify a biomedical or health-related outcome (for example drugs, surgical procedures, devices, behavioral treatments, dietary interventions, and process-of-care changes). Health outcomes include any biomedical or health-related measures obtained in patients or participants, including pharmacokinetic measures and adverse events.

Purely observational studies (those in which the assignment of the medical intervention is not at the discretion of the investigator) will not require registration. Further information can be found at http://www.icmje.org.

Registration of clinical trials:
Registration in a public trials registry is a condition for publication of clinical trials in this journal in accordance with International Committee of Medical Journal Editors recommendations. Trials must register at or before the onset of patient enrolment. The clinical trial registration number should be included at the end of the abstract of the article. A clinical trial is defined as any research study that prospectively assigns human participants or groups of humans to one or more health-related interventions to evaluate the effects of health outcomes. Health-related interventions include any intervention used to modify a biomedical or health-related outcome (for example drugs, surgical procedures, devices, behavioural treatments, dietary interventions, and process-of-care changes). Health outcomes include any biomedical or health-related measures obtained in patients or participants, including pharmacokinetic measures and adverse events. Purely observational studies (those in which the assignment of the medical intervention is not at the discretion of the investigator) will not require registration.

Prospective Study with Clinical Trial

Registration of clinical trials in one of the following websites:

www.anzctr.org.au

www.clinicaltrials.gov

www.ISRCTN.org

www.umin.ac.jp/ctr/index/htm

www.trialregister.nl

https://eudract.ema.europa.eu/ (new registrations after June 20, 2011)

WHO International Clinical Trials Portal http://www.who.int/ictrp/network/primary/en/index.html

Authorship Criteria

Authorship credit should be based only on substantial contributions to each of the three components mentioned below:

1. Concept and design of study or acquisition of data or analysis and interpretation of data;
2. Drafting the article or revising it critically for important intellectual content; and
3. Final approval of the version to be published.

Participation solely in the acquisition of funding or the collection of data does not justify authorship. General supervision of the research group is not sufficient for authorship. Each contributor should have participated sufficiently in the work to take public responsibility for appropriate portions of the content of the manuscript. The order of naming the contributors should be based on the relative contribution of the contributor towards the study and writing the manuscript. Once submitted the order cannot be changed without written consent of all the contributors. The journal prescribes a maximum number of authors for manuscripts depending upon the type of manuscript, its scope and number of institutions involved (vide infra). The authors should provide a justification, if the number of authors exceeds these limits.

Contribution Details

Contributors should submit “Authorship & Conflicts of Interest Statement”. All persons who meet authorship criteria are listed as authors, and all authors certify that they have participated sufficiently in the work to take public responsibility for the content, including participation in the concept, design, analysis, writing, or revision of the manuscript. Furthermore, each author certifies that this material or similar material has not been and will not be submitted to or published in any other publication.

Conflicts of Interest/ Competing Interests

Authorship & Conflicts of Interest Statement. Each author's contribution to the manuscript should be listed. Any and all potential and actual conflicts of interest should also be listed (see Section 2 for more information). Please use the TJO Authorship & Conflicts of Interest Statement form that is provided on the Journal's website at www.e-tjo.org. The corresponding author should sign on behalf of all the authors listed in the manuscript.

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Submission / Preparation of Manuscripts

Publication Charges

Authors will be charged NT$2500 per illustration, figure or table that is in color for printing. The journal does not charge for submission of the manuscripts.

Manuscript

Text should be typed double-spaced on one side of white A4 (210 X 297 mm) paper, with outer margins of 2.5 cm. A manuscript should include a title page, abstract, keywords, main text, acknowledgments (if any), references, and figures and tables as appropriate.

Each section of the manuscript should begin on a new page. Pages should be numbered consecutively, beginning with the title page.

Title Page:

The title page should contain the following information (in order, from the top to the bottom of the page):

1. article category
2. article title
3. author names and the affiliations
4. corresponding author details (name, e-mail, mailing address, telephone and fax numbers)
5. declaration of any potential financial and non-financial conflicts of interest.Registration number in case of a clinical trial and where it is registered (name of the registry and its URL)

Funding/Support Statement
All financial and material support for the research, work, writing and editorial assistance from internal or external agencies, including commercial companies, should be clearly and completely identified in a Funding/Support Statement.

Acknowledgments
General acknowledgments for consultations and statistical analyses should be listed concisely, including the names of the individuals who were directly involved. Consent should be obtained from those individuals before their names are listed in this section. Those acknowledged should not include secretarial, clerical or technical staff whose participation was limited to the performance of their normal duties.

Abstract and Keywords
Abstracts should be no more than 300 words in length. Abstracts for Original Articles should be structured, with the section headings: Background/Purpose, Methods, Results, Conclusion. Abstracts for Case Reports are unstructured, but should include the significance and purpose of the case presentation, the diagnostic methods of the case, the key data, and brief comments and suggestions with regard to the case. Abstracts for Review Articles and Brief Communications should also be unstructured. An abstract is often presented separately from the article, so it must be able to stand alone. For this reason, References should be avoided, but if essential, then cite the author(s) and year(s). Also, non-standard or uncommon abbreviations should be avoided, but if essential they must be defined at their first mention in the abstract itself. No abstract is required for Editorials and Letters to the Editor.

For all article categories, 3-5 relevant keywords taken from the MeSH list of Index Medicus (www.nlm.nih.gov/mesh) should be provided in alphabetical order. Avoid general and plural terms and multiple concepts (avoid, for example, "and", "of"). Be sparing with abbreviations: only abbreviations firmly established in the field may be eligible.

Tables

Tables should supplement, not duplicate, the text. They should have a concise table heading, be selfexplanatory, and numbered consecutively in the order of their citation in the text. Items requiring explanatory footnotes should be denoted using superscripted lowercase letters (a, b, c, etc.), with the footnotes arranged under the table in alphabetical order. Asterisks (*, **) are used only to indicate the probability level of tests of significance. Abbreviations used in the table must be defined and placed after the footnotes in alphabetical order. If you include a block of data or table from another source, whether published or unpublished, you must acknowledge the original source.

Figures
General guidelines
The number of figures should be restricted to the minimum necessary to support the textual material. Figures should have an informative figure legend and be numbered in the order of their citation in the text. All symbols and abbreviations should be defined in the figure legend in alphabetical order. Items requiring explanatory footnotes should follow the same style as that for tables unless you have written permission from the patient (or, where applicable, the next of kin), the personal details (such as their name and date of birth) of the patient must be removed. If their face is shown, use a black bar to cover their eyes so that they cannot be identified (for further information, see www.elsevier.com/ patientphotographs).

All lettering should be done professionally and should be in proportion to the drawing, graph or photograph. Photomicrographs must include an internal scale marker, and the legend should state the type of specimen, original magnification and stain. Figures must be submitted as separate picture files.

The Editorial and Peer Review Process
As a general rule, the receipt of a manuscript will be acknowledged within 2 weeks of submission; authors will be provided with a manuscript reference number for future correspondence. If an acknowledgment is not received in a reasonable period of time, the author should contact the Editorial Office.

Submissions are reviewed by the Editorial Office to ensure that it contains all parts. Submissions will be rejected if the author has not supplied all the material and documents as outlined in these author instructions.

Manuscripts are then forwarded to the Editor-in-Chief, who makes an initial assessment of it. If the manuscript does not appear to be of sufficient merit or is not appropriate for the Journal, the manuscript will be rejected without review.

Manuscripts that appear meritorious and appropriate for the Journal are sent to 2 or more expert consultants for peer review. Authors will usually be notified within 8 weeks of the

initial acknowledgment of whether the manuscript is accepted for publication, rejected, or subject to revision before acceptance. However, do note that delays are sometimes unavoidable.

Peer review
This journal operates a single blind review process. All contributions will be initially assessed by the editor for suitability for the journal. Papers deemed suitable are then sent to a minimum of two independent expert reviewers to assess the scientific quality of the paper. The Editor is responsible for the final decision regarding acceptance or rejection of articles. The Editor's decision is final.

Use of word processing software
It is important that the file be saved in the native format of the word processor used. The text should be in single-column format. Keep the layout of the text as simple as possible. Most formatting codes will be removed and replaced on processing the article. In particular, do not use the word processor's options to justify text or to hyphenate words. However, do use bold face, italics, subscripts, superscripts etc. When preparing tables, if you are using a table grid, use only one grid for each individual table and not a grid for each row. If no grid is used, use tabs, not spaces, to align columns.Note that source files of figures, tables and text graphics will be required whether or not you embed your figures in the text.

To avoid unnecessary errors you are strongly advised to use the 'spell-check' and 'grammar-check' functions of your word processor.

Article Structure
Main Text
The text for Original Articles should be organized into the following sections: Introduction, Methods, Results, Discussion. Sections for Case Reports are: Introduction, Case Presentation, Discussion. Each
section should begin on a new page.

Each heading and subheading should be numbered, e.g., "1. Introduction", "2. Methods", "2.1. Patients", "2.2. Statistical analyses", etc. Use these section numbers for internal cross-referencing if necessary: do not just refer to "the text". Each heading should appear on its own line.

Abbreviations
Where a term/definition will be continually referred to, it must be written in full when it first appears in the text, followed by the subsequent abbreviation in parentheses (even if it was previously defined in the abstract). Thereafter, the abbreviation may be used. An abbreviation should not be first defined in any section heading; if an abbreviation has previously been defined in the text, then the abbreviation may be used in a subsequent section heading. Restrict the number of abbreviations to those that are absolutely necessary and ensure consistency of abbreviations throughout the article. Ensure that an abbreviation so defined does actually appear later in the text (excluding in figures/tables), otherwise, it should be deleted.

Numbers
Numbers that begin a sentence or those that are less than 10 should be spelled out using letters. Centuries and decades should be spelled out, e.g., the Eighties or nineteenth century. Laboratory parameters, time, temperature, length, area, mass, and volume should be expressed using digits.

Units
International (SI) units must be used, with the exception of blood pressure values which are to be reported in mmHg. Use the metric system for the expression of length, area, mass, and volume. Temperatures are to be given in degrees Celsius.

Names of drugs, devices and other products.

Use the Recommended International Non-proprietary Name (rINN) for medicinal substances, unless the specific trade name of a drug is directly relevant to the discussion. Generic drug names should appear in lowercase letters in the text. If a specific proprietary drug needs to be identified, the brand name may appear only once in the manuscript in parentheses following the generic name the first time the drug is mentioned in the text.

For devices and other products, the specific brand or trade name, the manufacturer and their location (city, state, country) should be provided the first time the device or product is mentioned in the text, for example, "...IBM SPSS Statistics 21.0 was used (IBM Corp., Armonk, NY, USA)". Thereafter, the generic term (if appropriate) should be used.

Gene nomenclature

Current standard international nomenclature for genes should be adhered to. For human genes, use genetic notation and symbols approved by the HUGO Gene Nomenclature Committee (www.genenames.org). You may also refer to the resources available on PubMed at www.ncbi.nlm.nih.gov/guide/genes-expression. The Human Genome Variation Society has a useful site that provides guidance in naming mutations at www.hgvs.org/mutnomen/index.html. In your
manuscript, genes should be typed in italic font and include the accession number.

Statistical requirements

Statistical analysis is essential for all research papers except Case Reports. Use correct nomenclature for statistical methods (e.g., two sample t test, not unpaired t test). Descriptive statistics should follow the scales used in data description. Inferential statistics are important for interpreting results and should be described in detail.

All p values should be presented to the third decimal place for accuracy. The smallest p value that should be expressed is $p < 0.001$ since additional zeros do not convey useful information; the largest p value that should be expressed is $p > 0.99$.

Personal communications and unpublished data.
These sources cannot be included in the references list but may be described in the text. The author(s) must give the full name and highest academic degree of the person, the date of the communication, and indicate whether it was in oral or written (letter, fax, e-mail) form. A signed statement of permission should be included from each person identified as a source of information in a personal communication or as a source for unpublished data.

References
Authors are responsible for the accuracy and completeness of their references and for correct in-text citation. In the main text, tables and figure legends

• References should be indicated by superscripted Arabic numerals, numbered consecutively in order of appearance. The numerals should be placed outside periods and commas, and inside colons and semicolons. [The actual authors can be referred to, but the reference number(s) must always be given.]
• References cited in tables or figure legends should be included in sequence at the point where the table or figure is first mentioned in the main text.
• Do not cite abstracts unless they are the only available reference to an important concept.
• Do not cite uncompleted work or work that has not yet been accepted for publication (i.e., "unpublished observation", "personal communication") as references. Also see Section Personal communications and unpublished data In the references list
• References should be compiled at the end of the manuscript according to the order of citation in the text.
• References should be limited to those cited in the text only.
• Journal references should include, in order, authors' surnames and initials, article title, abbreviated journal name, year, volume and inclusive page numbers.

• The surnames and initials of all the authors up to 6 should be included, but when authors number 7 or more, list the first 6 authors only followed by "et al".
• Abbreviations for journal names should conform to those used in MEDLINE.
• If citing a website, provide the author information, article title, website address and the date you accessed the information.
• Reference to an article that is in press must state the journal name and, if possible, the year and volume.

Examples of the most common reference types are provided below. (Please pay particular attention to the formatting, word capitalization, spacing and style.)

Standard journal articles
Bisdas T, Pichlmaier M, Wilhelmi M, Bisdas S, Haverich A, Teebken O. Effects of the ABO-mismatch between donor and recipient of cryopreserved arterial homografts. Int Angiol. 2011;30:247–255.
Quintini C, D'Amico G, Brown C, Kawai H, Ishikawa T, Moroi J, et al. Splenic artery embolization for the treatment of refractory ascites after liver transplantation. Liver Transpl. 2011;17:668–673.

Journal supplement
Kaplan NM. The endothelium as prognostic factor and therapeutic target: what criteria should we apply? J Cardiovasc Pharmacol 1998;32(Suppl 3):S78-80.

Journal article not in English but with English abstract
Kawai H, Ishikawa T, Moroi J. Elderly patient with cerebellar malignant astrocytoma. No Shinkei Geka 2008;36:799-805. [In Japanese, English abstract]

Book with edition
Bradley EL. Medical and Surgical Management. 2nd ed. Philadelphia, PA: WB Saunders; 1982.

Book with editors
Letheridge S, Cannon CR, eds. Bilingual Education: Teaching English as a Second Language. New York, NY: Praeger; 1980.

Book chapter in book with editor and edition
Levitt MD. Pancreatitis. In: Sleisenger MH, ed. Cecil Textbook of Medicine. 18th ed. Philadelphia, PA: WB Saunders; 1988:774–780.

Book series with editors
Wilson JG, Fraser FC, eds. Handbook of Teratology, Vols. 1–4. New York, NY: Plenum Press; 1977–1978.

Bulletin
Substance Abuse and Mental Health Services Administration. Emergency Department Trends from the Drug Abuse Warning Network, Final Estimates 1995–2002. Rockville, MD: Substance Abuse and Mental Health Services Administration, Office of Applied Statistics; 2003.

Electronic publications
Duchin JS. Can preparedness for biological terrorism save us from pertussis? Arch Pediatr Adolesc Med. 2004;158(2). Available at http://archpedi.ama-assn.org/cgi/content/full/158/2/106. Accessed June 12, 2004.

Smeeth L, Iliffe S. Community screening for visual impairment in the elderly. Cochrane Database Syst Rev. 2002(2):CD001054. Doi:10.1002/14651858.CD1001054.

Thesis
Griffiths P. Nursing Patients in Transition: An Ethnography of the Role of the Nurse on an Acute Medical Admissions Unit. PhD thesis. Wales, UK: University of Wales; 2007.

Website

NICE—XNational Institute for Health and Care Excellence. Acute Upper Gastrointestinal Bleeding: Management (CG141). London, UK: NICE; 2012. Available at http://publications.nice.org.uk/acuteupper-gastrointestinal-bleeding-management-cg141 Accessed April 15, 2013.

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Types of Manuscripts

The categories of articles that are published in the Journal are listed and described below. Please select the category that best describes your paper. If your paper does not fall into any of these categories, please contact the Editorial Office.

Review and Systematic Review Articles
These should aim to provide the reader with a balanced overview of an important and topical subject in the field, and should be systematic and critical assessments of literature and data sources. They should cover aspects of a topic in which scientific consensus exists as well as aspects that remain controversial and are the subject of ongoing scientific research. All articles and data sources reviewed should include information about the specific type of study or analysis, population, intervention, exposure, and tests or outcomes. All articles or data sources should be selected systematically for inclusion in the review and critically evaluated. The text (including references) should not exceed 4500 words.

Format guide
• Word limit: 4500 words (main text)
• Abstract: unstructured, up to 250 words
• References: 100 or less
• Tables/Figures: no limit

Special Reports
These are miscellaneous articles of special interest to the ophthalmological community; limited to 4500 words.

Format guide
• Word limit: 4500 words (main text)
AUTHOR INFORMATION PACK 13 Jul 2016 www.elsevier.com/locate/tjo 5
• Abstract: unstructured, up to 250 words
• References: 50 or less
• Tables/Figures: no limit

Editorials
Editorials are invited articles or comments concerning a specific paper in the Journal. Although editorials are normally invited, unsolicited editorials may be submitted.

Format guide
• Word limit: 1500 words (main text)
• Abstract: No abstract required for this type of manuscript
• References:15 or less
• Tables/Figures: no limit

Original Articles
These may be randomized trials, intervention studies, studies of screening and diagnostic tests, laboratory and animal studies, cohort studies, cost-effectiveness analyses, case-control studies, and surveys with high response rates, which represent new and significant contributions to the field.

Section headings should be: Abstract, Introduction, Methods, Results, Discussion, Acknowledgments (if any), References.

The Introduction should provide a brief background to the subject of the paper, explain the importance of the study, and state a precise study question or purpose.

The Methods section should describe the study design and methods (including the study setting and dates, patients/participants with inclusion and exclusion criteria, patient samples or animal specimens used, the essential features of any interventions, the main outcome measures, the laboratory methods followed, or data sources and how these were selected for the study), and state the statistical procedures employed in the research.

The Results section should comprise the study results presented in a logical sequence, supplemented by tables and/or figures. Take care that the text does not repeat data that are presented in the tables and/or figures. Only emphasize and summarize the essential features of any interventions, the main outcome measures, and the main results.

The Discussion section should be used to emphasize the new and important aspects of the study, placing the results in context with published literature, the implications of the findings, and the conclusions that follow from the study results.

Format guide
• Number of cases: more than 10 cases (suggested)
• Word limit: 3500 words (main text)
• Abstract: structured, up to 250 words
• References: 50 or less
• Tables/Figures: no limit

Brief Communications
These should clearly and concisely describe clinical or technical notes, preliminary experimental results or instrumentation and analytic techniques. Section headings should be: Abstract, Introduction, Methods, Results, Discussion, Acknowledgments (if any), References. The Editors reserve the right to decide what constitutes a Brief Communication.

Format guide
• Number of cases: 4 to 10 cases (suggested)
• Word limit: 2000 words (main text)
• Abstract: unstructured, up to 250 words
• References: 25 or less
• Tables/Figures: no limit

Case Reports
These are short discussions of a case or case series with unique features not previously described that make an important teaching point or scientific observation. They may describe novel techniques, novel use of equipment, or new information on diseases of importance. Section headings should be: Abstract, Introduction, Case Presentation, Discussion, Acknowledgments (if

any), References.

The Introduction should describe the purpose of the report, the significance of the disease and its specificity, and briefly review the relevant literature.

The Case Presentation should include the general data of the case, medical history, family history, chief complaint, present illness, clinical manifestation, methods of diagnosis and treatment, and outcome.

The Discussion should compare, analyze and discuss the similarities and differences between the reported case and similar previously reported cases. The importance or specificity of the case should be restated when discussing the differential diagnoses. Suggest the prognosis of the disease and possibility of prevention.

Format guide
• Number of cases: 1 to 3 cases (suggested)
• Word limit: 2000 words (excluding references)
• Abstract: unstructured, up to 250 words
• References: 25 or less
• Tables/Figures: 5 maximum

Letters to the Editor
These include brief constructive comments concerning previously published articles, interesting cases that do not meet the requirement of being truly exceptional, and other communications of general interest. Letters should have a title and include appropriate references, and include the corresponding author's mailing and e-mail addresses. Letters are edited, sometimes extensively, to sharpen their focus. They may be sent for peer review at the discretion of the Editors.

Format guide
• Word limit: 600 words (main text)
• Abstract: No abstract required for this type of manuscript
• References: up to 5 references
• Tables/Figures: 5 maximum

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Editorial and Ethics Policies:
Please see our information pages **:** http://medknow.com/EthicalGuidelines.asp

Human and animal rights
If the work involves the use of human subjects, the author should ensure that the work described has been carried out in accordance with The Code of Ethics of the World Medical Association (Declaration of Helsinki) for experiments involving humans; Uniform Requirements for manuscripts submitted to Biomedical journals. Authors should include a statement in the manuscript that informed consent was obtained for experimentation with human subjects. The privacy rights of human subjects must always be observed.

All animal experiments should comply with the ARRIVE guidelines and should be carried out in accordance with the U.K. Animals (Scientific Procedures) Act, 1986 and associated guidelines, EU Directive 2010/63/EU for animal experiments, or the National Institutes of Health guide for the care and use of Laboratory animals (NIH Publications No. 8023, revised 1978) and the authors should clearly indicate in the manuscript that such guidelines have been followed.

Ethical Approval of Studies and Informed Consent
For human or animal experimental investigations, appropriate institutional review board or ethics committee approval is required, and such approval should be stated in the methods section of the manuscript. For those investigators who do not have formal ethics review committees, the principles outlined in the Declaration of Helsinki should be followed (World Medical Association. Declaration of Helsinki: Ethical Principles for Medical Research Involving Human Subjects. Available at http://www.wma.net/en/30publications/10policies/b3/17c.pdf).

For investigations of human subjects, state explicitly in the methods section of the manuscript that informed consent was obtained from all participating adult subjects and from parents or legal guardians for minors or incapacitated adults, together with the manner in which informed consent was obtained (i.e., oral or written).

If a manuscript contains patient data, there must be some statement in the article (sometimes as part of the methods) in which the authors confirm that they obtained consent from the patients to use their data.

Every article that contains patient information (**identifiable or not**) should contain a patient consent statement in the section of Ethical approval statement.

In the section of Method, it's normal to see the following:

> ***Ethical approval***
> The study was conducted in accordance with the Declaration of Helsinki and was approved by the local ethics committee of the institute. Informed written consent was obtained from all patients prior to their enrollment in this study.

In Case Reports, it is normal to see the following:

> **Declaration of patient consent**
>
> The authors certify that they have obtained all appropriate patient consent forms. In the form the patient(s) has/have given his/her/their consent for his/her/their images and other clinical information to be reported in the journal. The patients understand that their names and initials will not be published and due efforts will be made to conceal their identity, but anonymity cannot be guaranteed.

For work involving animals, the guidelines for their care and use that were followed should be stated in the methods section of the manuscript. For those investigators who do not have formal institutional guidelines relating to animal experiments, the European Commission Directive 86/609/EEC for animal experiments (available at http://ec.europa.eu/environment/chemicals/lab_animals/legislation_en.htm); should be followed and the same should be stated in the methods section of the manuscript.

Disclosure of Conflicts of Interest
A conflict of interest occurs when an individual's objectivity is potentially compromised by a desire for financial gain, prominence, professional advancement or a successful outcome. TJO Editors strive to ensure that what is published in the Journal is as balanced, objective and evidence-based as possible. Since it can be difficult to distinguish between an actual conflict of interest and a perceived conflict of interest, the Journal requires authors to disclose all and any potential conflicts of interest.

Conflicts of interest may be financial or non-financial. Financial conflicts include financial relationships such as honoraria; educational grants; participation in speakers' bureaus; membership, employment, consultancies, stock ownership, or other equity interest; expert testimony or patent-licensing arrangements. Non-financial conflicts include personal or professional relationships, affiliations, academic competition, intellectual passion, knowledge or beliefs that might affect objectivity.

References

References should be *numbered c*onsecutively in the order in which they are first mentioned in the text (not in alphabetic order). Iden*tify references in text,* tables, and legends by Arabic numerals in superscript with square bracket after the punctuat*ion marks. 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 Medi*cus. The titles of journals *should be abbreviated acc*ording 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. The commonly cited types of references are shown here, for other types of references such as newspaper items please refer to ICMJE Guidelines (http://www.icmje.org or http://www.nlm.nih.gov/bsd/uniform_requirements.html).

Articles in Journals

1. Standard journal article (for up to six authors): Parija S C, Ravinder PT, Shariff M**.** Detection of hydatid antigen in the fluid samples from hydatid cysts by co-agglutination. Trans. R.Soc. Trop. Med. Hyg.1996; 90**:**255–256.
2. Standard journal article (for more than six authors): List the first six contributors followed by *et al*.

Roddy P, Goiri J, Flevaud L, Palma PP, Morote S, Lima N. *et al*., Field Evaluation of a Rapid Immunochromatographic Assay for Detection of *Trypanosoma cruzi* Infection by Use of Whole Blood. J. Clin. Microbiol. 2008; 46: 2022-2027.

1. Volume with supplement: Otranto D, Capelli G, Genchi C: Changing distribution patterns of canine vector borne diseases in Italy: leishmaniosis vs. dirofilariosis.*Parasites & Vectors* 2009; Suppl 1**:**S2.

Books and Other Monographs

1. Personal author(s): Parija SC. Textbook of Medical Parasitology. 3rd ed. All India Publishers and Distributors. 2008.
2. Editor(s), compiler(s) as author: Garcia LS, Filarial Nematodes In: Garcia LS (editor) Diagnostic Medical Parasitology ASM press Washington DC 2007: pp 319-356.
3. Chapter in a book: Nesheim M C. Ascariasis and human nutrition. *In* Ascariasis and its prevention and control, D. W. T. Crompton, M. C. Nesbemi, and Z. S. Pawlowski (eds.). Taylor and Francis,London, U.K.1989, pp. 87–100.

Electronic Sources as reference

Journal article on the Internet: Parija SC, Khairnar K. Detection of excretory *Entamoeba histolytica* DNA in the urine, and detection of *E. histolytica* DNA and lectin antigen in the liver abscess pus for the diagnosis of amoebic liver abscess .*BMC Microbiology* 2007, **7:**41.doi:10.1186/1471-2180-7-41. http://www.biomedcentral.com/1471-2180/7/41

Tables

- Tables should be self-explanatory and should not duplicate textual material.
- Tables with more than 10 columns and 25 rows are not acceptable.
- Number tables, in Arabic numerals, consecutively in the order of their first citation in the text and supply a brief title for each.
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