

# Instructions to the Authors

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## About the Journal

The Journal of Advanced Biomedical Research (ABR) is an open access, peer-reviewed journal that publishes high-quality articles, in English, in all areas related to medicine and biology, including basic science research and clinical investigations that reach a conclusion of interest to an interdisciplinary readership.

The instructions for authors include information about preparing a manuscript for submission to ABR, criteria for publication, and the online submission process. We recommend that you take the time to read them before submitting a contribution to ABR. Other relevant information about the journal can be found in 'About this journal'.

# General Information

Manuscripts are accepted for consideration with the understanding that they are only the work of the author(s) stated; that they have been submitted solely to ABR; that they have not been previously published or presented elsewhere, either in whole or in part; and that the findings have not been posted online. The editors reserve the right to make editorial changes in all matter published in the Journal and cannot enter into correspondence about manuscripts not accepted for publication. The editors, editorial board, sponsoring organizations, and publishers are not responsible for the statements expressed by authors in their contributions.

ABR's decisions are independent, unbiased by scientific or national prejudices of particular individuals. The judgment about which papers are to be published is made by ABR's editors, not its referees. The editors see all the papers and have a broader perspective to make a decision on a paper, while referees are experienced in one field and see a small part of submitted papers. Moreover, as we are over-subscribed and can only consider papers in certain subject areas, submissions might be declined without being sent for review. Policy on such matters is directed by the editorial board and the publisher, and is formulated to maximize the impact of the journal as well as control the number of papers sent out for review. In such cases, we deliberately reply within a matter of days, so that authors can quickly resubmit the paper elsewhere, and most authors appreciate this. If an author is unsatisfied with the decision on the manuscript, he or she can write to the Editor via the Contact Us in their profile, citing the manuscript reference number, and wait for their response. Meanwhile, the manuscript must not be submitted for publication elsewhere.

If your question is not addressed on these pages then you may contact the ABR's editorial office via the Contact Us in the website.

# Article Types

Research articles and brief reports are original empirical articles, such as reports of randomized controlled trials, observational studies, or other basic, clinical and public health investigations. These make up the majority of journal pages.

Review articles may include narrative reviews and systematic reviews. In narrative reviews selected studies are compared and summarized on the basis of the author's experience, existing theories and models. Results are based on a qualitative rather than a quantitative level. Systematic reviews and meta-analyses are systematic, critical assessments of the literature and data sources pertaining to clinical topics, emphasizing factors such as cause, diagnosis, prognosis, therapy, and prevention. Data sources should be as current as possible.

Case Report is a detailed report of the symptoms, signs, diagnosis, treatment, and follow-up of an individual patient. Case reports may contain a demographic profile of the patient, but usually describe an unusual or novel occurrence.

Letters to the Editor offer opinions or interpretations of articles previously published in ABR. It is customary for the editorial office to send each letter to the author(s) of the original work; the authors' response may be published as a companion to the letter to the editor.

## Charges

All manuscripts (original articles, case reports, brief reports, and review articles) except for "letter to the editor" go through manuscript payment phase. A fee is also required when resubmitting a manuscript that was previously rejected.

Shortly after submitting a manuscript, **IRANIAN AUTHORS** will be notified to pay 3000000 IRR if their manuscript is qualified by the editor-in-chief to be sent for peer review. There will be a 50% discount of fee if either the first or the corresponding author (or both) is affiliated to Isfahan University of Medical Sciences (IUMS). The submission fee covers a portion of the costs associated with peer review.

There is a publication fee of 300 USD / 18000 INR which should be paid by the **AUTHORS FROM OTHER COUNTRIES EXCEPT FOR IRAN** after accepting the manuscript and it is payable by credit card through the private profile of the authors.

### Payment information:

#### 1-Iranian authors

Account No: 5174018330 Mellat Bank

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The authors have a 5-day interval to send a scanned copy of their receipt to the journal via [abr@mui.ac.ir](mailto:abr@mui.ac.ir) and include the specific tracking code for ABR on their bank receipt in the remark section in their profile.

#### 2-Foreign authors

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Account holder's name: Medknow Publications and Media Pvt Ltd

Account number:

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04062320001111 (For payments in INR)

04062440000140 (For payments in EURO)

The authors are required to mark a mail to [accounts@medknow.com](mailto:accounts@medknow.com) with the manuscript number once wire transfer is done.

IFSC Code: HDFC0000406

MICR Code: 400240060

Branch Code: 000406

## Publication Process and Timetable

The journal publishes articles on its website immediately on acceptance and follows a 'continuous publication' schedule. Articles are compiled for 'print on demand' quarterly issues.

The approximate timetable for the various stages leading to publication in ABR is as follows:

**Editorial Review:** 4-7 days from initial submission for internal review and to learn whether the manuscript will be rejected or sent out for peer review. ABR staff would check structure and content of manuscripts to ensure compliance with standard structures (based on the type of study), journal's scope, and standard guidelines. The manuscripts are primarily evaluated by the Editor-in-Chief in case of quality and novelty and adherence to ethical issues. This step would triage articles in shortest possible time, helps editorial make fair final decision, and improves articles quality by revising manuscript. Manuscripts with insufficient originality, serious scientific flaws, or absence of importance of message are rejected

**Peer Review process (a double-blind review):**4-8 weeks until all the reviews are received and the editors make a decision on whether the paper should be accepted, revised, or rejected based on reviews. Most papers are sent to two or three external reviewers(referees), but some are sent to more. ABR welcomes authors' suggestions for suitable independent referees (with their contact details), but the editor is free to decide who to use as referees. Furthermore, our statisticians check the manuscripts for any methodological flaws, format, and their report compliance with the journal's instructions. Although we make every effort to ensure manuscripts are assessed fairly, ABR is not responsible for the conduct of its referees. Occasionally, the reviewers may not be able to complete the review process within the set deadline. However, the final review process will definitely be completed within 12 weeks.

**Revision:** The revised version of the manuscript should be submitted online in a manner similar to that used for submission of the manuscript for the first time. However, there is no need to submit the "First Page" or "Copyright form" file while submitting a revised version. 4 weeks is the maximum time authors take to submit a revision. Please note that submission of a revised manuscript does not guarantee its acceptance by the journal. If we do not hear from you within this period, we will consider it your non-desire to continue the article with us and withdraw the manuscript.

**Decision:**3-6 weeks (4 weeks on average) for final decision of provisional acceptance/rejection (may include a re-review). The author's responses to the comments along with the reviewers' comments will be evaluated by the Editor-in-Chief, and a final reviewer who can be a member of the Editorial Board. The Editors-in-Chief will decide which articles should be published.

**Technical Check:** 4 weeks for the manuscript to be subedited (copyedited) by the publisher, which includes editing the language (especially for papers written by authors whose native language is not English), checking manuscript formatting, simplicity of writing, referencing, and ensuring that the figures and tables are clear.

**Author proof:** Our subeditors send authors the edited text for approval before it is typeset. The corresponding (or other single designated) author is responsible on behalf of all co-authors for the accuracy of all content, including spelling of names and current affiliations of all co-authors, so please ensure these are checked carefully. Please note that no significant changes can be made in the manuscript in this phase except for typographical or minor clerical errors. If you have any difficulty in downloading or uploading the proofs, please write to

proofs@medknow.com. In case we do not hear from the authors within 5 days, we may proceed with publication of the article as it is or postpone the publication to the next issue.

**Editor check:** The editor evaluates the manuscript for final acceptance in 7 days.

**Under issue preparation:** In this phase pagination, which is the process of dividing a document into discrete pages, is done by the publisher.

**Galley proof:** Authors should try and be available to answer any enquiries during this time. Please note that this is the LAST STEP to perform any modifications on your manuscript. No changes are possible after this phase. Authors are requested to check the file and upload the corrected file within 5 days. If you have any difficulty in downloading or uploading the proofs, please write to proofs@medknow.com. In case we do not hear from you within the stipulated time, we may proceed with publication of the article as it is or postpone the publication to the next issue.

**Under issue preparation and ready for publication**

**Published:** ABR will be published freely online and authors will have free electronic access to the full text (PDF) of the article. Authors can freely download the PDF file from which they can print unlimited copies of their articles.

## How to Submit a Paper

ABR uses an online submission and peer-review program located at [www.journalonweb.com/ABR](http://www.journalonweb.com/ABR). Authors should adhere to the instructions below to make sure the structure of the manuscript conforms to ABR's requirements. By reducing the likelihood of errors, time would be saved in manuscript process. After submission, contributors are advised to preserve the article, images and comments safely.

1-The **first page file** (cover letter, title page and contributors form) is a document (text/rtf/doc/pdf file. Do not zip the file) that includes all information which can reveal authors' identity:

Full title

Manuscript type

Author name(s) and affiliation(s): Include the first name, middle initial, last name, and highest academic degree of each author, the names of their departments and institutions (including city and state) to which the work should be attributed, and E-mail addresses. The number of authors is limited to 6 for all article files except for case reports and letters to the editor which is limited to 4 authors. The authors should provide a justification, if the number of authors exceeds these limits. Only those who have done substantial work in a particular field can write a review article.

Corresponding author information: One or more authors should take responsibility for the integrity of the work as a whole, from inception to published article. Include the name, address, telephone and fax numbers, and e-mail address.

Word count: Provide the total word count (abstract only, text only), the number of pages, tables, and figures, and the number of attachments (manuscript, figures, supplementary information if any)

Running title (not more than 90 characters)

Acknowledgments: Acknowledge only people who have made substantive contributions to the study.

Conflict of interest: Include a publishable statement disclosing any commercial associations, current and over the past 5 years, that might pose a conflict of interest.

Financial Support: List sources of support and funding in the form of grants, equipment, or drugs should be disclosed here. Describe the role of the study sponsor(s), if any, in study design.

**2-The copyright form** is a doc, .docx, .pdf, .jpg, .gif, .png file (Do not zip the file), less than 10MB in size, which is signed by all the contributors and states the manuscript is only the work of the author(s) stated, has been submitted solely to ABR and that it has not been previously published or presented, either in whole or in part, nor have the findings been posted online. Submission of a manuscript implies that if and when the manuscript is accepted for publication, the authors agree to automatic transfer of the copyright to the publisher. The corresponding author must include a statement confirming full access to all aspects of the research and writing process, and takes final responsibility for the paper.

**3-Manuscript requirements:** The article file is a text/rtf/doc/pdf file (Do not zip the file), not more than 400 KB in size, written uniformly in English.

Do not include any information revealing your identity such as acknowledgement, your names in page headers, name of the institute in material and methods, citing previous study as 'our study', names on figure labels, name of institute in photographs, etc.

Do not incorporate images in the file. If file size is large, graphs can be submitted as images separately without incorporating them in the article file to reduce the size of the file.

Times New Roman 12-point is recommended for text, tables and figure legends.

Abbreviations should be spelt out in full for the first time in the text. Numerals from 1 to 10 should be spelt out. Numerals at the beginning of the sentence should be spelt out. Headings should be in title case (not ALL CAPITALS, not underlined). No other automatic formatting is permitted.

The full text of the manuscript should include the following:

**1-Full Title** of the manuscript should be concise but informative; highlight rather than explain; be a label, and improve searchability of the article; use no symbols or abbreviations.

**2-Abstract:** Provide an abstract of not more than 250 words (150 words for case reports) for all types of articles except for letter to the editor. Structured format is required for original articles and brief reports. It should consist of four paragraphs, labeled Background, Materials and Methods, Results, and Conclusions. They should briefly describe, respectively, the problem being addressed in the study, how the study was performed, the salient results, and what the authors conclude from the results. No literature should be cited. 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.

**3-Keywords:** about 3 to 6 key words that will provide indexing references should be listed for all types of articles except letter to the editor.

#### **4-Text**

Up to 600 words for letter to the editor

Up to 600 words for case reports including introduction, case history, discussion, and conclusion

Up to 3000 words for original works and 4000 word for reviews including the following (if the manuscript is a narrative review it may not include a materials and methods section and results section):

The **Introduction** should provide a clear statement of the problem, objectives and hypothesis, the relevant literature on the subject, and the proposed approach or solution. It should be understandable to colleagues from a broad range of scientific disciplines. The introduction of a case report should include why this case is unique. If it is rare, how rare, how many cases have been reported.

**Materials and methods** include design; setting/participants; years of data collection, when the study/analysis was conducted, essential features of intervention, statistical methodologies, and informed consent. This section may include subheadings. It should be complete enough to allow experiments to be reproduced. However, only truly new procedures should be described in detail; previously published procedures and methods in general should be cited, and important modifications of published procedures should be mentioned briefly.

Reports of clinical trials should present information on all major study elements, including the protocol, assignment of interventions (methods of randomization, concealment of allocation to treatment groups), and the method of masking (blinding), based on the CONSORT Statement (<http://www.consort-statement.org>). These manuscripts must include the trial registry name and registration number, and date of registration in the methods section.

For systematic reviews the methods should include inclusion and exclusion criteria for sources description of search and selection process, type of study or analysis description of population, intervention, exposure, tests/outcomes for each article or data source.

Capitalize trade names and include the manufacturer's name and address.

Use the SI system of units and the recommended international non-proprietary name (rINN) for drug names.

Ensure that the dose, route, and frequency of administration of any drug you mention are correct.

Use gene names approved by the Human Gene Organization.

**Advanced Biomedical Journal would publish clinical trials that have been registered with a clinical trial registry that allows free online access to public. This is applicable to clinical trials that have begun enrollment of subjects in or after June 2008.**

**Registration in the following trial registers is acceptable: <http://www.ctri.in/>; <http://www.actr.org.au/>; <http://www.clinicaltrials.gov/>; <http://isrctn.org/>; <http://www.irct.ir/>; <http://www.trialregister.nl/trialreg/index.asp>; and <http://www.umin.ac.jp/ctr>.**

**Results** should be presented with clarity and precision. The results should be written in the past tense when describing findings in the authors' experiments. Results should be explained, but largely without referring to the literature. This section may also include subheadings. Discussion, speculation and detailed interpretation of data should not be included in the Results but should be put into the Discussion section.

The **Discussion** can include subheadings and should interpret the findings in view of the results obtained in this and in past studies on this topic. Emphasize what is novel about findings, discuss in context of published literature, and emphasize contribution to literature in medicine and public health.

State the **Conclusions** in a few sentences at the end of the paper.

**5-References** are to follow the Vancouver Style and should be identified by number in the order in which they are mentioned in the text (citation-order system) within parentheses. References that apply only to tables and figures should be numbered in sequence where the text first refers to the table or figure. The reference limit for case reports and letter to the editor is 7 and for original articles and brief reports is 40. Titles of journals must be abbreviated according to Index Medicus style, which can be found at <http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?db=journals>. Follow the punctuation marks carefully. Do not include unnecessary bibliographic elements such as issue number, month of publication, etc. Include names of six authors followed by et al if there are more than six authors.

#### **Example References**

##### Journal article

Vega KJ, Pina I, Krevsky B. Heart transplantation is associated with an increased risk for pancreatobiliary disease. *Ann Intern Med* 1996;124(11):980-3.

##### Book

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

##### Book chapter

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.

##### Website

Include in references only those websites that take the reader directly to a document within a website

Task Force on Community Preventive Services. Using evidence for public health decision making: overview of the Guide to Community Preventive Services. CDC. 2005.

[www.thecommunityguide.org/about/Overview\\_GuideCommunityPreventiveServices\\_1and2.pdf](http://www.thecommunityguide.org/about/Overview_GuideCommunityPreventiveServices_1and2.pdf).

##### Articles accepted but not yet published

Vega KJ, Pina I, Krevsky B. Heart transplantation is associated with an increased risk for pancreatobiliary disease. *Ann Intern Med*. In press.

**6-Figures and tables:** Provide a title for each table (not more than 40 words). The number of figures and tables should be in proportion to the amount of text. Tables longer than two pages will likely be published as an online-only appendix. For letter to the editor tables and figures are included only if absolutely necessary.

Figures are free of charge. Acceptable formats for pictures, photos, and figures are PDF, DOC, PPT, JPG, GIF, TIF, BMP, EPS (jpeg is most suitable. Do not zip the files). You may either insert figures, photographs or images in the text file or upload your figures separately. However, inserting in the manuscript file may not work well for complicated graphics, or may

increase the size of the manuscript file, which requires you to send the figures separately. Legends for all figures should be included in the file with the text (not more than 40 words). Please make sure there is no repetition of data in tables/graphs and in text. Table and figure numbers should be in Roman letters. It is permissible to send low-resolution images for peer review (each image should be less than 400 KB in size, please maintain at least 400 pixels X 3 inches), although we may ask for high-resolution files (up to 10 MB) at a later stage. If an outside illustrator has created a figure, the Journal reserves the right to modify or redraw it to meet our specifications for publication. The author must explicitly acquire all rights to the illustration from the artist in order for us to publish it. Credit note for borrowed figures/tables should be provided.

If photographs of patients are used, either they should not be identifiable or the photographs should be accompanied by written permission to use them.

**4-Supplementary files** are essential background to the article, but which are too large or impractical to be included in the printed version. ABR produces and posts audio/video casts related to the articles. If an author would like to participate in the production of a video cast, please contact the editorial office. In addition, authors may be interested in submitting other types of visuals to enhance the article. The ABR editors and staff will work with authors who would like to provide animated GIFs, links to database files, or JAVA-applets, for example.

### **Ethics Policy**

The editors and staff of ABR adhere to the ethical standards established by the Committee on Publication Ethics (COPE; [www.publicationethics.org](http://www.publicationethics.org)) and are committed to providing authors with a transparent process in the handling of manuscripts received in the editorial office.

In addition, ABR follows the guidance on editorial independence produced by the World Association of Medical Editors ([www.wame.org](http://www.wame.org)), and subscribes to the tenets of reporting guidelines established by the EQUATOR network ([www.equator-network.org/](http://www.equator-network.org/)). ABR supports the policies of the International Committee of Medical Journal Editors (ICMJE), and the following author instructions follow the ICMJE Uniform Requirements for Manuscripts Submitted to Biomedical Journals, available at [www.icmje.org/](http://www.icmje.org/). Manuscript preparation should follow these ICMJE guidelines.

### **Checking for plagiarism, duplicate publication and text recycling**

In the interest of preserving the scientific integrity of all articles published in ABR, starting in January 2012, the Editorial Office will be running all revised manuscripts through an online plagiarism-prevention program. Following the lead of the Committee on Publication Ethics (COPE), whose policies are in turn supported by the ICMJE, if plagiarism is discovered, the author will be notified before any further action is taken. ABR adheres to the process established by COPE, whose guidelines and flowcharts for action are available online at [publicationethics.org](http://publicationethics.org).

### **Authorship Criteria**

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

Concept and design of study or acquisition of data or analysis and interpretation of data;

Drafting the article or revising it critically for important intellectual content; and

Final approval of the version to be published.

Acquisition of funding, the collection of data, or general supervision of the research group, by themselves, do not justify 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. The author list of any submission should be decided upon and fixed BEFORE submission. Once submitted the order cannot be changed without written consent of all the contributors. Please also note that electronic signatures or copied and pasted signatures are not acceptable.

### **Ethics**

When reporting studies on human beings, indicate whether the procedures followed were in accordance with the ethical standards of the responsible committee on human experimentation (institutional or regional) and with the Helsinki Declaration of 1975, as revised in 2000 (available at <https://www.wma.net/policies-post/wma-declaration-of-helsinki-ethical-principles-for-medical-research-involving-human-subjects/>). For prospective studies involving human participants, authors are expected to mention about approval of (regional/ national/ institutional or independent Ethics Committee or Review Board, obtaining informed consent from adult research participants and obtaining assent for children aged over 7 years participating in the trial. The age beyond which assent would be required could vary as per regional and/ or national guidelines. Ensure confidentiality of subjects by desisting from mentioning participants' names, initials or hospital numbers, especially in illustrative material. When reporting experiments on animals, indicate whether the institutions or a national research council's guide for, or any national law on the care and use of laboratory animals was followed.

Evidence for approval by a local Ethics Committee (for both human as well as animal studies) must be supplied by the authors on demand. Animal experimental procedures should be as humane as possible and the details of anesthetics and analgesics used should be clearly stated. The ethical standards of experiments must be in accordance with the guidelines provided by the CPCSEA and World Medical Association Declaration of Helsinki on Ethical Principles for Medical Research Involving Humans for studies involving experimental animals and human beings, respectively). The journal will not consider any paper which is ethically unacceptable. A statement on ethics committee permission and ethical practices must be included in all research articles under the 'Materials and Methods' section.

### **Misconduct**

We will energetically pursue accusations of misconduct directed at authors, Editors or referees and have a number of sanctions at our disposal including the option to inform employers about accusations and ask them to mount their own internal investigations. Accusations should not be made lightly or in the absence of the likelihood of supporting evidence being obtainable. The Journal may take the view that accusations are malicious if supporting evidence cannot be found and may direct sanctions against accusers in such cases. Any accusation of misconduct should be addressed to the Editor-in-Chief (unless it involves the Editor-in-Chief, in which case it should be directed to the Chairman of the Advisory Board). ABR is a member of COPE and will follow its guidelines on the handling of investigations into research misconduct.

## **FAQs (Frequently Asked Questions)**

You may refer to your profile, click on Help/FAQs.

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## **Protection of Patients' Right to Privacy**

Identifying information should not be published in written descriptions, photographs, sonograms, CT scans, etc., and pedigrees unless the information is essential for scientific purposes and the patient (or parent or guardian, wherever applicable) gives informed consent for publication. Authors should remove patients' names from figures unless they have obtained informed

consent from the patients. The journal abides by ICMJE guidelines:

1) Authors, not the journals nor the publisher, need to obtain the patient consent form before the publication and have the form properly archived. The consent forms are not to be uploaded with the cover letter or sent through email to editorial or publisher offices.

2) If the manuscript contains patient images that preclude anonymity, or a description that has obvious indication to the identity of the patient, a statement about obtaining informed patient consent should be indicated in the manuscript.

