

Instructions to the Authors

[About the Journal](#) | [The Editorial Process](#) | [Manuscript Submission and Tracking](#) | [Preparation of Manuscript](#) | [References](#) | [Appendix](#) | [Checklist for submission of articles to PINT](#) | [Editorial Office](#) | [Authorship Criteria](#) | [Contribution Details](#) | [Conflicts of Interest/ Competing Interests](#) | [Copies of any permission\(s\)](#) | [Types of Manuscripts](#) | [Protection of Patients' Rights to Privacy](#) | [Sending a revised manuscript](#) | [Reprints and proofs](#) | [Copyrights](#) | [Contributors' form](#)

About the Journal



Published twice a year, is a peer-reviewed, online, open access, international journal that takes articles from all over the world. It is an official journal of “Pigmentary Disorders Society”. The Pigment International (PINT) is specifically designed to provide dermatologists around the world with a regular, up-to-date source of information on all aspects of the research, diagnosis and management of pigmentary disorders. PINT publishes articles of general and practical interest in the field of pigmentary disorders, including molecular biology, genetics and various diseases of pigment cells. The journal strives to bring out the best research in the field of pigment cells and aims to advance the understanding and management of the pigmentary disorders. PINT is guided by a distinguished, international editorial board and emphasizes a global approach to continuing medical education for physicians and other providers of health care with a specific interest in problems regarding the pigmentary disorders of skin.

Authors submitting manuscripts to PINT do so on the understanding that the work has not been published previously, is not being considered for publication elsewhere, and has been read and approved by all authors. Further, submission of manuscripts means that authors automatically agree to sign a Copyright Form and upload it from its website area.

All articles must be submitted online through <http://www.journalonweb.com/pigmentinternational>.

The journal levies no fees for submission, publication and processing. Articles are accepted in the following sections (all word limits exclude abstract and references):

- **Editorials:** These are usually solicited, contributed by editorial board members, but unsolicited material may also be considered (approx. 1000 to 1200 words). A maximum of 12 references may be included. Editorials should normally not have tables and figures.
- **Reviews:** The journal is particularly keen to publish concise, high-quality review articles with systematic critical assessments of literature and data sources. Review articles may be solicited by the Editor or may be submitted by authors for publication subject to peer review. The word count of the body text should not exceed 3000 words and should include an unstructured abstract (maximum 290 words) with key 3-5 words.
- **Original articles:** This includes reports of trials, studies of diagnostic tests or surveys. Original articles must include a structured abstract of 250 words with 5 headings: Background, Aims, Methods, Results, and Conclusion with 3-5 key words. Body text of article should include an Introduction, Methods, Results, Discussion, Acknowledgement if any, References, legends to figures, and tables with a word count limit of 3000 words. Double blind controlled trials must follow the CONSORT statement and observational studies must follow the STROBE guidelines. The articles would not be considered without submission of a completed CONSORT or STROBE checklist. Registration of clinical trials is desirable. Permission from ethics committee/ Institutional Review Board (IRB) and statement of sources of support and conflict of interest are mandatory for all studies. IRB approval must be mentioned in the “methods” section of all manuscripts.
- **Short communication:** Reports data on research projects that have progressed to a point where important preliminary observations should be disseminated. A “Summary and Significance” are required in the beginning of the article as “Abstract” of 250 words with 3-5 key words. It may be organized into Introduction, Methods, Results, and Discussion sections. Communications will be processed for rapid publication within journal production schedules. The word limit is of 2000 and a maximum of three figures/tables/illustrations are permissible.
- **Case reports:** Reports of extraordinary significance of a disease or a new disease are considered. Case reports must include an unstructured abstract (not more than 190 words) with 3-5 key words and should not exceed 1000 words of body text with up to 10 references. The article should be divided into Introduction, Case report(s), Discussion and References. Suitable figures and tables (maximum two) can be added.
- **The clinical picture:**
 1. An optimal clinical picture contributes to visual information that will be useful to other physicians.
 2. The purpose of this section is to provide high quality images to illustrate an important clinical pigmentary disorder, which should be interesting and educational. Good images relevant to daily practice are welcome.
 3. Most formats are acceptable, including JPEG (preferable), TIFF, BMP, GIF, Adobe Photoshop, Adobe Illustrator. The most important factor is that the images are clear (at least 1-4 MB in size) and of not less than 300 dpi.
 4. A brief description regarding the patient history and the condition ,management must be provided. (around 500 words) A maximum of 2 latest references may be given. A maximum of three authors can be considered for this section.

- **THERAPEUTIC PEARLS:** This section is for reporting innovative approach in management of pigmentary disorders. It may include newer, therapeutic measures and/or author's modifications in the existing modalities of treatment. Manuscript should not be more than 750 words with 5 references. Manuscript should include high resolution pre and post treatment clinical pictures along with the proposed mechanism of action of the reported therapeutic modality. This section can have maximum of three authors. Following points needs to be kept in mind while submitting manuscripts in this section:
 - At least two clinical images should be submitted, pre and post treatment, clearly indicating the change after treatment. Images must be in jpeg or jpg format, minimum 300 dpi.
 - The mechanism of action of the reported modality should be mentioned or logical explanation should be given.
 - The utility of newer technique in comparison to conventional treatment modality should either be evident by clinical response or should be explained in manuscript.
- **Letters to the editor:** Letters to the Editor (Correspondence) may be in response to issues arising from recently published articles, or short, free-standing pieces expressing an opinion. These should be formatted in one continuous section, normally be no more than 750 words in length, may have up to 5 references and a maximum of three photographs. No abstract is required.
- **History:** An article (up to 2500 words in length) on the history of pigmentary disorder, also a biographic account of a historic or noteworthy figure in dermatology. No abstract is required.
- **Perspective:** An article of 500-1000 words length with 0- 5 references on matters of interest to readers may be submitted. The author may express his or her opinion without complete documentation. No abstract is required.
- **Focus:** Short reviews (up to 1500 words) on instruments, equipment, drugs or procedures of pigmentary disorders may be submitted after consulting the editor on the selection of subject. No abstract is required.
- **Dermatological surgery:** An article relating to the surgical aspects of treatment. Article types may include Review, Report or Case Report Format.
- **Spot the diagnosis:** A classic clinical case with short history, examination, one to three good photographs and investigation findings (up to 150 words). It should be followed by the answer in the form of the diagnosis and a short review of the condition. Manuscripts submitted for this section could be authored by not more than four authors and could include up to 500 words excluding references. It could have up to 5 references.
- **Concept:** It focuses discussion of a specific question, emerging problem, or a controversial topic. Concept is expected to provide a data-based view and is often solicited from few contributors to allow coverage from different expertise.
- **Hypothesis:** A brief report offering a novel hypothesis for solving existing problem. These need not always be based on an existing data
- **Dermoscopy / Histopathology Pearls:** This section is for dermoscopy / histopathology images in pigmentary disorders. It can include classical and unique cases. Manuscript should not be more than 250 words with 5 references. Manuscript should include clinical picture followed by dermoscopic or histopathologic features. This section can have maximum of three authors. Following points needs to be kept in mind while submitting manuscript in this section:

Dermoscopy image:

- Dermoscopic images should not be more than two in number. Images should be labelled with coloured arrows and important features should be explained in legend.
- Type of dermoscope, magnification and mode (polarised/non-polarised) should be mentioned.
- Clinical and histopathologic images may be submitted wherever required.
- **Histopathology image:**
- Histopathology image should be rectangular. Magnification, stain should be mentioned.
- Clinical image may be submitted wherever required.
- **Crossword:**
- To be submitted by Editorial Board.

The Editorial Process



A manuscript will be reviewed for possible publication with the understanding that it is being submitted to Pigment International (PINT) alone at that point in time and has not been published anywhere, simultaneously submitted, or already accepted for publication elsewhere. The journal expects that authors would authorize one of them to correspond with the Journal for all matters related to the manuscript. All manuscripts received are duly acknowledged. On submission, editors review all submitted manuscripts initially for suitability for formal review. Manuscripts with insufficient originality, serious scientific or technical flaws, or lack of a significant message are rejected before proceeding for formal peer-review. Manuscripts that are unlikely to be of interest to the Pigment International (PINT) readers are also liable to be rejected at this stage itself.

Manuscripts that are found suitable for publication in Pigment International (PINT) are sent to two or more expert reviewers. During submission, the contributor is requested to provide names of two or three qualified reviewers who have had experience in the subject of the submitted manuscript, but this is not mandatory. The reviewers should not be affiliated with the same institutes as the contributor/s. However, the selection of these reviewers is at the sole discretion of the editor. The journal follows a double-blind review process, wherein the reviewers and authors are unaware of each other's identity. Every manuscript is also assigned to a member of the editorial team, who based on the comments from the reviewers takes a final decision on the manuscript. The comments and suggestions (acceptance/ rejection/ amendments in manuscript) received from reviewers are conveyed to the corresponding author. If

required, the author is requested to provide a point by point response to reviewers' comments and submit a revised version of the manuscript. This process is repeated till reviewers and editors are satisfied with the manuscript.

Manuscripts accepted for publication are copy edited for grammar, punctuation, print style, and format. Page proofs are sent to the corresponding author. The corresponding author is expected to return the corrected proofs within three days. It may not be possible to incorporate corrections received after that period. The whole process of submission of the manuscript to final decision and sending and receiving proofs is completed online. To achieve faster and greater dissemination of knowledge and information, the journal publishes articles online as 'Ahead of Print' immediately on acceptance.

Manuscript Submission and Tracking



Manuscripts should be submitted using the online system, <http://www.journalonweb.com/pigmentinternational>. All communications will be made through the online system platform. All manuscripts received online are automatically acknowledged by e-mail which mentions tracking article number for future reference. Articles need not be sent by e-mail or post. Authors can check the status of their articles online and choose to receive automated e-mails at key stages of production. Please ensure that a complete e-mail address is provided when submitting the manuscript. The copyright form, covering letter and other documents mentioned should be uploaded as supplemental files at the time of submission.

After the editorial review, manuscripts are sent to at least two independent reviewers without revealing the identity of the contributors. Names and e-mail addresses of one or two reviewers who have had some experience in the subject of the submitted manuscript but who are not affiliated to the same institute as the authors can be suggested at the time of manuscript submission. Authors will be informed about the reviewers' comments and acceptance or rejection of their manuscript. There are no charges for submission and publication of manuscripts, including colour images. Reprints are not free and should be requested in a reprint request form that will be sent with the acceptance letter.

Copyright form: It should be uploaded at the time of submission of article.

Accepted articles: Articles are accepted for publication after a full peer review process. But it will be yet to undergo copy editing, type setting, pagination and proof reading process. Proofs will be sent in due course of time before final publication.

Proofs: Page proofs will be sent to the corresponding author via email and should be returned within 3 days of receipt to the Production Editor. Corrections received after that period may not be included. Significant textual alterations are unacceptable at proof stage without the written approval of the editor, and they are likely to result in the delay of publication. The editors reserve the customary right to style, to abridge the article to ensure clarity and conciseness and to decide the time of publication.

Preparation of Manuscript



Manuscript text should be submitted in word (.doc or .docx) or rich text format (.rtf). The use of clear, concise English is encouraged for the preparation of the manuscript. Text should be typed in Times New Roman, 12 point, 2.0 line spacing and with margins of at least 2.5 cm. To change paragraph in text, press ENTER. Do not indent the paragraph by pressing TAB. Do not type headings or any other text in ALL CAPITALS. Manuscripts should have a uniform style and should be submitted in accordance with these instructions. Manuscript in incorrect format may result in rejection. Do not use the software's facility for a header, footer or footnotes. Abbreviations must be defined when first used in the abstract and in the main text, as well as when first used in table and figure captions.

A manuscript should be divided into the following two files:

1. **First page file:** This document is the title page as per the following format: 1. Title of the article; 2. Short running title of not more than 90 characters; 3. Names of all contributors (first name, middle name initial, and surname in that sequence), highest academic degrees, and their professional affiliations; 4. Word count (text only, exclusive of title, abstract, references, tables, and figure legends); 5. Number of figures; 6. Number of tables; 7. Statement of conflict of interest; 8. Sources of support if any; 9. Address for correspondence - the name, address, phone numbers and email address of the corresponding contributor and 10. Acknowledgment if any. The corresponding author should promptly inform the editor of any change in e-mail id or mailing address.
2. **Article file:** This includes the main article manuscript without any identifying information about authors or their affiliations. The article file should have sections of Abstract, Key words, Introduction, Methods, Results, Discussion, References, Tables, Illustrations (drawings only; do not embed the images in the text file as these have to be submitted separately online) and Legends for illustrations in that order. For detailed information, please refer to the website or the current issue.
The covering letter can be added subsequently here or can be uploaded as a separate supplementary file.

Abstracts: Authors submitting original articles should note that structured abstracts are required. The structured abstract should adopt the format: Background, Aims, Methods, Results, and Conclusion. Review articles require abstracts but they need not be structured. Letters to the editor do not require abstracts. Abstracts should not contain citations to previously published work.

Tables and illustrations: Tables and illustrations should not be inserted in the appropriate place in the text but should be included at the end of the manuscript after references, each on a separate page. Sketches/flow diagrams should be included in the article file document (MS Word). Tables and illustrations should be referred to in text as follows: Table 1, Table 2, Fig. 1, Figs 2–4 consecutively in the order of their first citation in the text. The place at which the table or illustrations is to be inserted in the printed text should be indicated clearly in the manuscript. Each table and/or illustrations must have a self-explanatory legend.

Figures: All figures should be supplied in JPEG (preferably), TIFF, BMP, GIF, Adobe Photoshop, Adobe Illustrator, format and preferably of a size 1- 4 MB each. It should be uploaded online simultaneously as separate file at the time of submission of the manuscript. The figures should be referred to in text as follows: Fig. 1, Figs 2–4. Where a figure has more than one panel, each panel should be labelled in the top left-hand corner using lower case letters in parentheses, i.e., (a), (b), etc., and a brief description of each panel given in the figure legend. For clinical photographs, either the subjects must not be identifiable or their pictures must be accompanied by written permission to use the photograph. For histopathology photographs, please mention the magnification scale and the method of staining. Figures should be clear with high resolutions (resolution not less than 1200 X 2400 pixels, at least 1 MB in size, maximum of 4 MB each) and a minimum of 300 dpi. After acceptance of the manuscript, you will be contacted to provide print-quality figures if you have not already done so. Figure legends should be included in the article file after references.

References



References should follow the Vancouver system of references, outlined below, and should be cited in the text as consecutive, un-bracketed superscript numbers. Arrange the reference list in the sequence in which the references are first cited. Personal communications should not be cited in the reference list but may appear parenthetically in the text.

Format for references:

List the first six authors followed by et al. If six or fewer authors, please include all authors names. List the Surname, followed by the initials, for each author; the title of the paper; journal title (abbreviated according to the style of Index Medicus [www.nlm.nih.gov]; in case the journal is not listed in the Index Medicus, the full journal title should be given); year of publication; volume number; first and last page numbers. Please observe the interpunctuation most carefully.

Examples:

For journal articles:

Sehgal VN, Srivastava G, Dogra S. Tacrolimus in dermatology-pharmacokinetics, mechanism of action, drug interactions, dosages, and side effects: part I. *Skinmed*. 2008; 7:27-30.

For books:

Hunt TK, editor. *Wound healing and wound infection: theory and surgical practice*. New York: Appleton-Century-Crofts; 1980.

For chapters in books:

Lever WF, Schaumberg Lever G. Pityriasis rubra pilaris. In: Lever WF, Schaumberg Lever G, editors. *Histopathology of the skin*. 7th ed. Philadelphia: JB Lippincott; 1996. p. 176-8.

For electronic media:

Bhatia A, Prakash S. Topical phenytoin for wound healing. *Dermatology Online Journal*. Available at: <http://dermatology.cdlib.org>. Accessed November 3, 2004.

N.B. In case of any doubt, please refer to “ICMJJE Recommendations, formerly the Uniform Requirements for Manuscripts” for biomedical journals at the web page www.icmje.org or in the *Annals of Internal Medicine* (*Ann Intern Med* 1997; 126:36-47) for more detailed guidelines.

Appendix



Covering letter and other documents: A covering letter stating the title of the paper and the following points should be submitted as supplemental file at the time of submission.

Authorship: All the authors have contributed enough towards this publication to justify authorship criteria.

Copyright: We transfer all copyright ownership of the enclosed manuscript to the Pigment International, if it is accepted for publication.

We warrant that this paper is original and has not been in part or in whole simultaneously submitted to or published in another journal.

Sources of support: For studies, add 'This study was supported (or not supported) financially or otherwise (specify) by!'

Conflict of interest: Please specify, if any, conflict of interest.

Ethics committee / Institutional review board's permission: We also declare that the study was assessed and approved by the institutional ethics committee / institutional review board. A scanned copy of the letter of approval can be uploaded as supplemental file.

Permission: Copy of permission(s), if any, to reproduce published material is enclosed. A scanned copy of the same can be uploaded as supplemental file at the time of submission.

Patient's consent: The patient's consent to use photographs that may reveal the identity of the patient is enclosed. A scanned copy of the same can be uploaded as supplemental file at the

time of submission.

Checklist for submission of articles to PINT



For online submission:

1. Prepare first page file as per instructions to authors
2. Prepare article file including tables and legends to photographs. Do not include author names or affiliations or correspondence address in any part of the article file.
3. Label digital images or scanned photographs- as jpeg or tiff files of less than 4MB each.
4. Register as an author at the web-site www.journalonweb.com (not needed if you have registered earlier).
5. Follow instructions for submission in your work area.
6. Fill up the copyright form, and upload the same from your website area.

Editorial Office



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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 provide a description of contributions made by each of them towards the manuscript. Description should be divided in following categories, as applicable: concept, design, definition of intellectual content, literature search, clinical studies, experimental studies, data acquisition, data analysis, statistical analysis, manuscript preparation, manuscript editing and manuscript review. One or more author should take responsibility for the integrity of the work as a whole from inception to published article and should be designated as 'guarantor'.

Conflicts of Interest/ Competing Interests



All authors of must disclose any and all conflicts of interest they may have with publication of the manuscript or an institution or product that is mentioned in the manuscript and/or is important to the outcome of the study presented. Authors should also disclose conflict of interest with products that compete with those mentioned in their manuscript.

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It is the responsibility of authors/ contributors to obtain permissions for reproducing any copyrighted material. A copy of the permission obtained must accompany the manuscript. Copies of any and all published articles or other manuscripts in preparation or submitted elsewhere that are related to the manuscript must also accompany the manuscript.

Types of Manuscripts



Original articles:

These include randomized controlled trials, intervention studies, studies of screening and diagnostic test, outcome studies, cost effectiveness analyses, case-control series, and surveys with high response rate. The text of original articles amounting to up to 3000 words (excluding Abstract, references and Tables) should be divided into sections with the headings Abstract, Key-words, Introduction, Material and Methods, Results, Discussion, References, Tables and Figure legends.

Abstract: A structured abstract is required, which should be divided into sections with the subheadings, Objective, Methods, Results, Conclusions.

Introduction: State the purpose and summarize the rationale for the study or observation.

Materials and Methods: It should include and describe the following aspects:

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 institution's 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.

Study design:

Selection and Description of Participants: Describe your selection of the observational or experimental participants (patients or laboratory animals, including controls) clearly, including eligibility and exclusion criteria and a description of the source population. **Technical information:** Identify the methods, apparatus (give the manufacturer's name and address in parentheses), and procedures in sufficient detail to allow other workers to reproduce the results. Give references to established methods, including statistical methods (see below); provide references and brief descriptions for methods that have been published but are not well known; describe new or substantially modified methods, give reasons for using them, and evaluate their limitations. Identify precisely all drugs and chemicals used, including generic name(s), dose(s), and route(s) of administration.

Reports of randomized clinical trials should present information on all major study elements, including the protocol, 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>).

Reporting Guidelines for Specific Study Designs

Guideline	Type of Study	Source
STROBE	Observational studies including cohort, case-control, and cross-sectional studies	https://www.strobe-statement.org/index.php?id=available-checklists
	Randomized	http://www.consort-statement.org

CONSORT	controlled trials	
SQUIRE	Quality improvement projects	http://squire-statement.org/index.cfm?fuseaction=Page.ViewPage&PageID=471
PRISMA	Systematic reviews and meta-analyses	http://prisma-statement.org/PRISMAStatement/Checklist.aspx
STARD	Studies of diagnostic accuracy	https://pubs.rsna.org/doi/full/10.1148/radiol.2015151516
CARE	Case Reports	https://www.care-statement.org/checklist
AGREE	Clinical Practice Guidelines	https://www.agreetrust.org/wp-content/uploads/2016/02/AGREE-Reporting-Checklist-2016.pdf

The reporting guidelines for other type of studies can be found at <https://www.equator-network.org/reporting-guidelines/>

Statistics: Whenever possible quantify findings and present them with appropriate indicators of measurement error or uncertainty (such as confidence intervals). Authors should report losses to observation (such as, dropouts from a clinical trial). When data are summarized in the Results section, specify the statistical methods used to analyze them. Avoid non-technical uses of technical terms in statistics, such as 'random' (which implies a randomizing device), 'normal', 'significant', 'correlations', and 'sample'. Define statistical terms, abbreviations, and most symbols. Specify the computer software used. Use upper italics (*P* 0.048). For all *P* values include the exact value and not less than 0.05 or 0.001. Mean differences in continuous variables, proportions in categorical variables and relative risks including odds ratios and hazard ratios should be accompanied by their confidence intervals.

Results: Present your results in a logical sequence in the text, tables, and illustrations, giving the main or most important findings first. Do not repeat in the text all the data in the tables or illustrations; emphasize or summarize only important observations. Extra- or supplementary materials and technical detail can be placed in an appendix where it will be accessible but will not interrupt the flow of the text; alternatively, it can be published only in the electronic version of the journal.

When data are summarized in the Results section, give numeric results not only as derivatives (for example, percentages) but also as the absolute numbers from which the derivatives were calculated, and specify the statistical methods used to analyze them. Restrict tables and figures to those needed to explain the argument of the paper and to assess its support. Use graphs as an alternative to tables with many entries; do not duplicate data in graphs and tables. Where scientifically appropriate, analyses of the data by variables such as age and sex should be included.

Discussion: Include summary of *key findings* (primary outcome measures, secondary outcome measures, results as they relate to a prior hypothesis); *Strengths and limitations* of the study (study question, study design, data collection, analysis and interpretation); *Interpretation and implications* in the context of the totality of evidence (is there a systematic review to refer to, if not, could one be reasonably done here and now?, what this study adds to the available evidence, effects on patient care and health policy, possible mechanisms); *Controversies* raised by this study; and *Future research directions* (for this particular research collaboration, underlying mechanisms, clinical research).

Do not repeat in detail data or other material given in the Introduction or the Results section. In particular, contributors should avoid making statements on economic benefits and costs unless their manuscript includes economic data and analyses. Avoid claiming priority and alluding to work that has not been completed. New hypotheses may be stated if needed, however they should be clearly labeled as such. About 30 references can be included. These articles generally should not have more than six authors.

Review Articles:

It is expected that these articles would be written by individuals who have done substantial work on the subject or are considered experts in the field. A short summary of the work done by the contributor(s) in the field of review should accompany the manuscript.

The prescribed word count is up to 3000 words excluding tables, references and abstract. The manuscript may have about 90 references. The manuscript should have an unstructured Abstract (250 words) representing an accurate summary of the article. The section titles would depend upon the topic reviewed. Authors submitting review article should include a section describing the methods used for locating, selecting, extracting, and synthesizing data. These methods should also be summarized in the abstract.

The journal expects the contributors to give post-publication updates on the subject of review. The update should be brief, covering the advances in the field after the publication of the article and should be sent as a letter to editor, as and when major development occurs in the field.

Case reports:

New, interesting and rare cases can be reported. They should be unique, describing a great diagnostic or therapeutic challenge and providing a learning point for the readers. Cases with clinical significance or implications will be given priority. These communications could be of up to 1000 words (excluding Abstract and references) and should have the following headings: Abstract (unstructured), Key-words, Introduction, Case report, Discussion, Reference, Tables and Legends in that order.

The manuscript could be of up to 1000 words (excluding references and abstract) and could be supported with up to 10 references. Case Reports could be authored by up to four authors.

Letter to the Editor:

These should be short and decisive observations. They should preferably be related to articles previously published in the Journal or views expressed in the journal. They should not be preliminary observations that need a later paper for validation. The letter could have up to 500 words and 5 references. It could be generally authored by not more than four authors.

Other:

Editorial, Guest Editorial, Commentary and Opinion are solicited by the editorial board.

References

References should be *numbered* consecutively in the order in which they are first mentioned in the text (not in alphabetic order). Identify references in text, tables, and legends by Arabic numerals in superscript with square bracket after the punctuation 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 Medicus*. The titles of journals *should be abbreviated* according to the style used in *Index Medicus*. Use complete name of the journal for non-indexed journals. Avoid using abstracts as references. Information from manuscripts submitted but not accepted should be cited in the text as "unpublished observations" with written permission from the source. Avoid citing a "personal communication" unless it provides essential information not available from a public source, in which case the name of the person and date of communication should be cited in parentheses in the text. 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. Parija SC, 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**(3): 255–256.
2. 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**(6): 2022-2027.
1. Otranto D, Capelli G, Genchi C. Changing distribution patterns of canine vector borne diseases in Italy: leishmaniosis vs. dirofilariosis. *Parasites & Vectors* 2009; **2**(Suppl 1): S2.

Books and Other Monographs

1. Parija SC. *Textbook of Medical Parasitology*. 3rd ed. New Delhi: All India Publishers and Distributors; 2008.
2. Garcia LS. Filarial Nematodes. In: Garcia LS (ed.) *Diagnostic Medical Parasitology*. Washington DC: ASM Press; 2007, p. 319-356.
3. Nesheim MC. Ascariasis and human nutrition. In Crompton DWT, Nesbemi MC, Pawlowski ZS. (eds.) *Ascariasis and its prevention and control*. London: Taylor and Francis; 1989, p. 87–100.

Electronic Sources as reference

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