INSTRUCTIONS FOR AUTHORS

The **"KHYBER MEDICAL UNIVERSITY JOURNAL (KMUJ),** is the official journal of Khyber Medical University, Peshawar, Pakistan. KMUJ started its publications in 2009 From Kohat University of Science & Technology (KUST) as *KUST Medical Journal (KMJ)* and in 2012 was renamed as KMUJ and handed over to Khyber Medical University Peshawar. KMUJ is a quarterly, peer reviewed medical journal and follows the uniform requirements for Manuscripts (URM) submitted to Biomedical journals as approved by the *International Committee of Medical Journal Editors (ICMJE)* as revised in 1997 published in N Eng J Med 1997; 336:309-15. Detailed information about updated URM can be downloaded from www.icmje.org. KMUJ is a member of **Committee on Publication Ethics (COPE)** and follows the COPE guidelines regarding publication ethics and malpractices.

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All submitted manuscripts submitted online or via email should be accompanied by a covering letter from the authors responsible for correspondence regarding the manuscript. The covering letter should contain the following copyright disclosure statement/undertaking, duly

signed by ALL contributing authors. Please note that we cannot accept electronic signatures; all authors must sign by hand. Please complete multiple forms if necessary, and send the scanned copy with your submission through email to: kmuj@kmu.edu.pk

- *We, the undersigned authors of the article*

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  Submitted for publication in KHYBER MEDICAL UNIVERSITY JOURNAL (KMUJ), have contributed significantly to and share in the responsibility for above.

- *The undersigned stipulate that the material submitted to KMUJ is new, original and has not been submitted to another publication for concurrent consideration.*

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- ***Any conflict of Interest*** *(including employment, consultancies, stock ownership, honoraria, paid expert testimony, patent applications and travel grants etc)..... Yes / No*

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- *If there has been any prior publication of any part of the work, this should be acknowledged and appropriate written permission included.*

- ***Role of the funding source:*** *(details of any funding sources and their role, if any, in the writing of the manuscript or the decision to submit it for publication)..... Yes/No*

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Note: Authors submitting their article online, are assumed to agree with the above mentioned statements and they have to check off the submission check list at *step no 1* of the 5 steps of online submission of articles. However, they have to submit the scanned copy/hard copy of printed declaration, duly signed by all authors. Without author's declaration, manuscripts will not be processed further.

2: FORMAT/ REQUIREMENTS

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

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- The journal will accept: (a) Original research articles (b) Review articles (c) Case reports (d) Editorials (f) Special communication (g) Short communications (h) Letter to the Editor.

- It should be typed in double space with clear margins on both sides.

- Begin each section or component on a new page.

- Review the sequence: title page, abstract and key words, text, acknowledgments, references, tables (each on separate page), legends.
- Illustrations, unmounted prints, should not be larger than 203 × 254 mm (8 × 10 inches).
- Manuscript should not exceed 20 pages excluding tables and references.
- There should be no more than 40 references in original article, 10 references in case report and no more than 100 references in a review article.
- Include permission to reproduce previously published material or to use illustrations that may identify human subjects.
- Keep copies of everything submitted.
- Approval certificate from *Institutional review board for bioethics (IRBB)/ research ethical committees*. From July 2016 onward no article will be processed without IRBB approval certificate.

3: ARTICLE PROCESSING FEE

KMUJ will charge Pak Rs 5,000 only (including Rs 2000 as processing fee and Rs 3000 as publication fee+ postal charges of 2 hard copies) on original articles only (Case report, review article, letter to editor and guest editorial are exempted).

Authors of ORIGINAL ARTICLES have to submit bank draft of Pak Rs 2000 at time of submission and remaining Rs 3000 when the manuscript is accepted for publication.

Articles are processed only after the receipt of processing fee.

Bank draft may be sent to the address below MANAGING EDITOR KMUJ KMU Institute of medical sciences (KIMS), DHQ HOSPITAL KDA KOHAT, Pakistan.

4: MATERIAL FOR PUBLICATION

All manuscripts of original research should contain following sections:-

a) Title Page

The title page should carry

1) The title of the article, which should be concise, specific and informative. Authors should include all information in the title that will make electronic retrieval of the article both sensitive and specific.
2) Full name of each author, with his or her highest academic degree(s) and institutional affiliation.
3) The name of the department(s) and institution(s) to which the work should be attributed.
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7) A *short running title/head or footline* of no more than 40 characters (count letters and spaces) at the foot of the title page.

b) Abstract and Key Words

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

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

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

* The main manuscript of original article is divided into subsections according to ***"IMRAD"*** structure, with the headings ***I*ntroduction, *M*ethodology, *R*esults** and ***D*iscussion.**

c) Introduction

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

d) Methods

Describe your selection of the observational or experimental subjects (patients or laboratory animals, including controls) clearly. Identify the age, sex, and other important characteristics of the subjects. Because the relevance of such variables as age, sex, and ethnicity to the object of research is not always clear, authors should explicitly justify them when they are included in a study report. The guiding principle should be clarity about how and why a study was done in a particular way. For example, authors should explain why only subjects of certain ages were included or why women were excluded. Authors should avoid terms such as "race," which lacks precise biological meaning, and use alternative descriptors such as "ethnicity" or "ethnic group" instead. Authors should specify carefully what the descriptors mean, and tell exactly how the data were collected (for example, what terms were used in survey forms, whether the data were self-reported or assigned by others, etc.). Identify the methods, apparatus (give the manufacturer's name and address in parentheses), and procedures in sufficient detail to allow other workers to reproduce the results. Give references to established methods, including statistical methods (see below); provide references and brief descriptions for methods that have been published but are not well known; describe new or substantially modified methods, give reasons for using them, and evaluate their limitations. Identify precisely all drugs and chemicals used, including generic name(s), dose(s), and route(s) of administration. Reports of

randomized clinical trials should present information on all major study elements, including the protocol (study population, interventions or exposures, outcomes, and the rationale for statistical analysis), assignment of interventions (methods of randomization, concealment of allocation to treatment groups), and the method of masking (blinding). Authors submitting review manuscripts should include a section describing the methods used for locating, selecting, extracting, and synthesizing data. These methods should also be summarized in the abstract.

e) Ethics

When reporting experiments on human subjects, indicate whether the procedures followed were in accordance with the ethical standards of the responsible committee on human experimentation (institutional or regional) and with the Helsinki Declaration of 1975, as revised in 1983. Do not use patients' names, initials, or hospital numbers, especially in illustrative material. When reporting experiments on animals, indicate whether the institution's or a national research council's guide for, or any national law on, the care and use of laboratory animals was followed. Send the copy of approval certificate from *Institutional review board for bioethics/ research ethical committees.*

f) Statistics

Describe statistical methods with enough detail to enable a knowledgeable reader with access to the original data to verify the reported results. When possible, quantify findings and present them with appropriate indicators of measurement error or uncertainty (such as confidence intervals). Avoid relying solely on statistical hypothesis testing, such as the use of P values, which fails to convey important quantitative information. Discuss the eligibility of experimental subjects. Give details about randomization. Describe the methods for and success of any blinding of observations. Report the complications of treatment, if any. Give numbers of observations and report losses to observation (such as dropouts from a clinical trial). References for the design of the study and statistical methods should be to standard works when possible (with pages stated) rather than to papers in which the designs or methods were originally reported. Specify any general-use computer programs used. Put a general description of methods in the Methods section. When data are summarized in the Results section, specify the statistical methods used to analyze them. Restrict tables and figures to those needed to explain the argument of the paper and to assess its support. Use graphs as an alternative to tables with many entries; do not duplicate data in graphs and tables. Avoid nontechnical uses of technical terms in statistics, such as "random" (which implies a randomizing device), "normal," "significant," "correlations," and "sample." Define statistical terms, abbreviations, and most symbols.

g) Results

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

h) Discussion

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

i) Acknowledgments

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

j) References

References should be numbered consecutively in the order in which they are first mentioned in the text. Identify references in text, tables, and legends by Arabic numerals in parentheses. References cited only in tables or figures legends should be numbered in accordance with the sequence established by the first identification in the text of the particular table or figure. Use the style of the examples below, which are based on the formats used by the NLM in Index Medicus. The titles of journals should be abbreviated according to the style used in Index Medicus. Consult the List of Journals Indexed in Index Medicus, published annually as a separate publication by the library and as a list in the January issue of Index Medicus. The list can also be obtained through the library's web site. Avoid using abstracts as references. References to papers accepted but not yet published should be designated as "in press" or "forthcoming"; authors should obtain written permission to cite such papers as well as verification that they have been accepted for publication.

Information from manuscripts submitted but not accepted should be cited in the text as "unpublished observations" with written permission from the source. Avoid citing a "personal communication" unless it provides essential information not available from a public source, in which case the name of the person and date of communication should be cited in parentheses in the text. For scientific articles, authors should obtain written permission and confirmation of accuracy from the source of a personal communication. The references must be verified by the author(s) against the original documents. The Uniform Requirements style (the Vancouver style) is based largely on an ANSI standard style adapted by the NLM for its databases. Notes have been added where Vancouver style differs from the style now used by NLM.

Articles in Journals

1. Standard journal article

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

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

2. Organization as author:

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

3. No author given

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

4. Article not in English:

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

5. Volume with supplement:

   Shen HM, Zhang QF. Risk assessment of nickel carcinogenicity and occupational lung cancer. Environ Health Perspect 1994;102 Suppl 1:275-82.

6. Issue with supplement

   Payne DK, Sullivan MD, Massie MJ. Women's psychological reactions to breast cancer. Semin Oncol 1996; 23 (1 Suppl 2):89-97.

7. Volume with part

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

8. Issue with part

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

9. Issue with no volume

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

10. No issue or volume

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

11. Pagination in Roman numerals

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

12. Type of article indicated as needed

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

13. Article containing retraction

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

14. Article retracted

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

15. Article with published erratum

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

Books and Other Monographs

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

16. Personal author(s)

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

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

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

18. Organization as author and publisher

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

19. Chapter in a book

    (Note: Previous Vancouver style had a colon rather than a p before pagination.) Phillips SJ, Whisnant JP. Hypertension and stroke. In: Laragh

JH, Brenner BM, editors. Hypertension: pathophysiology, diagnosis, and management. 2nd ed. New York: Raven Press; 1995. p. 465-78.

20. Conference proceedings

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

21. Conference paper

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

22. Scientific or technical report

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

23. Dissertation

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

24. Patent

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

Unpublished Material

25. In press

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

Electronic Material

26. Journal article in electronic format

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

27. Monograph in electronic format

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

28. Computer file

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

k) Illustrations and legends

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l) Tables

Tables should be self-explanatory and numbered in Roman numerals in the order of their mention in the text. Provide a brief title for each. Type each double-spaced on a separate page. Abbreviations should be defined in a double-spaced footnote at the end of the table. If any material in a table or a table itself has been taken from pre-

viously copyrighted material, a double paced footnote must give full credit to the original source and permission of the author and publisher must be obtained. Send letters of permission to the Editor with the manuscript.

m) Conflict of Interest Notification Page

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

n) Randomized Controlled trials

KMUJ requires a completed CONSORT 2010 checklist and flow diagram as a condition of submission when reporting the results a randomized trial. Templates for these can be found here or on the CONSORT website [www.consort-statement.com] which also describes several CONSORT checklist extensions for different designs and types of data beyond two group parallel trials. You should ensure that your article, at minimum, reports content addressed by each item of the checklist. Meeting these basic reporting requirements will greatly improve the value of your trial report and may enhance its chances for eventual publication.

o) Systematic review article

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

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

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

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

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

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

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

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

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

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

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

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

p) Narrative review article

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

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

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

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

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

Word count: Between 2000 and 5000 words.

Tables: up to 5.

Illustrations: up to 3.

References: up to 100.

q) Case reports

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

r) Letters to the Editor

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

s) Guidelines

Authors should take help from the following guidelines in writing manuscripts. For further details of various reporting guidelines for main study types consult: https://www.equator-network.org/

5. CHECKLIST FOR THE AUTHOR

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- Original and two photocopies of the article (double-spaced)
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- Section of Journal to be published in (or note if a review article)
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- Authors, academic degrees, and affiliations
- Author to whom correspondence and reprint requests are to be sent, including address, business phone and fax numbers, and e-mail address
- Structured abstract, 250-words (maximum)
- Text (including Introduction, Methodology, Results and Discussion)
- References
- Illustrations, properly labeled (3 glossy sets)
- Legends
- Tables (provide brief title for each), typed on separate sheets
- Permission to reproduce published material in all forms and media

Authors should take help from following guidelines in writing manuscripts

Initiative	Type of study	Source
CONSORT randomized controlled http://www.consort-statement.org (updated) trials CONSORT 2010)	randomized controlled trials	http://www.consort-statement.org
STARD	studies of diagnostic accuracy	http://www.consort-statement.org/stardstatement.htm
PRISMA	systematic reviews and meta-analyses	http://www.prisma-statement.org/prismastatement/
STROBE	observational studies in epidemiology	http://www.strobe-statement.org
MOOSE	meta-analyses of observational studies in epidemiology	http://www.consort-statement.org/Initiatives/MOOSE/moose.pdf

- Informed consent to publish patient photographs
- a completed CONSORT 2010 checklist and flow diagram when reporting the results of a randomized trial.

6) AUTHORSHIP

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

1) have made substantial contributions to conception and design, or acquisition of data, or analysis and interpretation of data;
2) have been involved in drafting the manuscript or revising it critically for important intellectual content; and
3) have given final approval of the version to be published.
4) agree to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

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

7) CONFLICT OF INTEREST

- At the end of the text, under a subheading "Conflict of interest", all authors must disclose any financial and personal relationships with other people or organizations that could inappropriately influence (bias) their work. Examples of financial conflicts include employment, consultancies, stock ownership, honoraria, paid expert testimony, patents or patent applications, and travel grants, all within 3 years of beginning the work submitted. If there are no conflicts of interest, authors should state that.
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8) ROLE OF THE FUNDING SOURCE

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