Instructions to the Authors

Manuscripts must be prepared in accordance with “Uniform requirements for Manuscripts submitted to Biomedical Journal” developed by International Committee of Medical Journal Editors (October 2001). The uniform requirements and specific requirement of Indian Journal of Burns are summarized below.

All articles to be submitted online at https://review.jow.medknow.com/ijb

The Editorial Process

We are committed to prompt evaluation and publication of scientific papers in he Indian Journal of Burns. To maintain a high-quality publication, all submissions undergo a meticulous review process. Simultaneous/duplicate submissions of the same manuscript to different journals are not accepted. Manuscripts with contents outside the scope are not considered for review process.

Peer Review Policy:

All manuscripts submitted to Indian Journal of Burns (IJB) undergo double-blind, external peer review, unless they are either out of scope or below par for the journal, or the presentation or written English is of an unacceptably low standard. The key characteristics of peer review are listed below:

• All submitted manuscripts are reviewed by a minimum of two suitably qualified reviewers. Privileged information or ideas that are obtained through peer review must not be used for competitive gain by the reviewers.

• All publication decisions are made by the journals’ editor-in-chief on the basis of the reviews received from the reviewers. Members of the editorial board lend insight, advice and guidance to the editor-in-chief and co editor and assist decision making on specific submissions. In addition, editors have the option of seeking additional reviews when needed.

Authors are informed when editors decide further review is required. Authors of papers that are not accepted are notified promptly.

• Journal editorial team provides the administrative support that allows IJB to maintain the integrity of peer review while delivering rapid turnaround and maximum efficiency to authors, reviewers and editor alike.

• Our peer review process is confidential and identities of reviewers cannot be revealed. Reviewers are requested not to discuss any manuscript received for review from IJB, with anyone not directly involved in the review process.

• In order to accomplish a fair review and avoid bias, the name of the department/institute/ ethical committee of the author wherever appearing in the manuscript are masked in the manuscript when submitting for peer review process.

Types of Manuscripts and word limits

- • Original articles: Up to 3000 words excluding references and abstract. We encourage all articles reporting results of clinical trials to be registered in a public trials registry that is in conformity with the International Committee of Medical Journal Editors (ICMJE). Phase I trials designed to study pharmacokinetics or major toxicity are exempt.

  The article should essentially mention the reference number of the Ethics Committee / Institutional review board clearance in the methodology section.

  • Review articles: Up to 4000 words excluding references and abstract.

  • Case reports: Up to 1000 words excluding references and abstract and up to 10 references.

• Letter to the Editor: Up to 400 words and 4 references.

• Announcements of conferences, meetings, courses, awards, and other items likely to be of interest to the readers .

Online Submission

Articles should be submitted online at https://review.jow.medknow.com/ijb

New authors will have to register as author, which is a simple two step procedure. For online submission articles should be prepared in two files (first page file and article file). Images should be submitted separately. Tables are to be included in the article file.

• First Page File: All information which can reveal your identity should be here. Should contain title of the manuscript, authors name and their institutes, running title, key words, corresponding authors name

and full address including the email address, word count and number of images/figures and tables. A disclaimer regarding the source of funding and conflict of interest should be stated in the first page.

• Article file: The main text of the article, beginning from Abstract till References should be in this file. Do not include any information which discloses authors or institutes identity in this file. Do not incorporate images in the file. Tables should be provided within the article file itself

• Images: Submit good quality color images. Each image should be less than 2MB in size. All image formats (jpeg, tiff, gif, bmp, png, eps, etc.) are acceptable; jpeg is most suitable. The authors are required to obtain written permission from the patients if the photographs can be identified

• Legends: Legends for the figures/images should be kept ready for copy-paste during the submission process.

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.

A. BASIC PRINCIPLES FOR ALL MEDICAL RESEARCH

A. It is the duty of physicians who participate in medical research to protect the life, health, dignity, integrity, right to self-determination, privacy, and confidentiality of personal information of research subjects.

B. Medical research involving human subjects must conform to generally accepted scientific principles, be based on a thorough knowledge of the scientific literature, other relevant sources of information, and adequate laboratory and, as appropriate, animal experimentation. The welfare of animals used for research must be respected.

C. Appropriate caution must be exercised in the conduct of medical research that may harm the environment.

D. The design and performance of each research study involving human subjects must be clearly described in a research protocol. The protocol should contain a statement of the ethical considerations involved and should indicate how the principles in this Declaration have been addressed. The protocol should include information regarding funding, sponsors, institutional affiliations, other potential conflicts of interest, incentives for subjects and provisions for treating and/or compensating subjects who are harmed as a consequence of participation in the

research study. The protocol should describe arrangements for post-study access by study subjects to interventions identified as beneficial in the study or access to other appropriate care or benefits.

E. The research protocol must be submitted for consideration, comment, guidance and approval to a research ethics committee before the study begins. This committee must be independent of the researcher, the sponsor and any other undue influence. It must take into consideration the laws and regulations of the country or countries in which the research is to be performed as well as applicable international norms and standards but these must not be allowed to reduce or eliminate any of the protections for research subjects set forth in this Declaration. The committee must have the right to monitor ongoing studies. The researcher must provide monitoring information to the committee, especially information about any serious adverse events. No change to the protocol may be made without consideration and approval by the committee.

F. Medical research involving human subjects must be conducted only by individuals with the appropriate scientific training and qualifications. Research on patients or healthy volunteers requires the supervision of a competent and appropriately qualified physician or other health care professional. The responsibility for the protection of research subjects must always rest with the physician or other health care professional and never the research subjects, even though they have given consent.

G. Medical research involving a disadvantaged or vulnerable population or community is only justified if the research is responsive to the health needs and priorities of this population or community and if there is a reasonable likelihood that this population or community stands to benefit from the results of the research.

H. Every medical research study involving human subjects must be preceded by careful assessment of predictable risks and burdens to the individuals and communities involved in the research in comparison with foreseeable benefits to them and to other individuals or communities affected by the condition under investigation.

I. Every clinical trial must be registered in a publicly accessible database before recruitment of the first subject.

J. Physicians may not participate in a research study involving human subjects unless they are confident that the risks involved have been adequately assessed and can be satisfactorily managed. Physicians must immediately stop a study when the risks are found to outweigh the potential benefits or when there is conclusive proof of positive and beneficial results.

K. Medical research involving human subjects may only be conducted if the importance of the objective outweighs the inherent risks and burdens to the research subjects.

L. Participation by competent individuals as subjects in medical research must be voluntary. Although it may be appropriate to consult family members or community leaders, no competent individual may be enrolled in a research study unless he or she freely agrees.

M. Every precaution must be taken to protect the privacy of research subjects and the confidentiality of their personal information and to minimize the impact of the study on their physical, mental and social integrity.

N. In medical research involving competent human subjects, each potential subject must be adequately informed of the aims, methods, sources of funding, any possible conflicts of interest, institutional affiliations of the researcher, the anticipated benefits and potential risks of the study and the discomfort it may entail, and any other relevant aspects of the study. The potential subject must be informed of the right to refuse to participate in the study or to withdraw consent to participate at any time without reprisal. Special attention should be given to the specific information needs of individual potential subjects as well as to the methods used to deliver the information. After ensuring that the potential subject has understood the information, the physician or another appropriately qualified individual must then seek the potential subject's freely-given informed consent, preferably in writing. If the consent cannot be expressed in writing, the non-written consent must be formally documented and witnessed.

O. For medical research using identifiable human material or data, physicians must normally seek consent for the collection, analysis, storage and/or reuse. There may be situations where consent would be impossible or impractical to obtain for such research or would pose a threat to the validity of the research. In such situations the research may be done only after consideration and approval of a research ethics committee.

P. When seeking informed consent for participation in a research study the physician should be particularly cautious if the potential subject is in a dependent relationship with the physician or may consent under duress. In such situations the informed consent should be sought by an appropriately qualified individual who is completely independent of this relationship.

Q. For a potential research subject who is incompetent, the physician must seek informed consent from the legally authorized representative. These individuals must not be included in a research study that has no likelihood of benefit for them unless it is intended to promote the health of the population represented by the potential subject, the research cannot instead be performed with competent persons, and the research entails only minimal risk and minimal burden.

R. When a potential research subject who is deemed incompetent is able to give assent to decisions about participation in research, the physician must seek that assent in addition to the consent of the legally authorized representative. The potential subject's dissent should be respected.

S. Research involving subjects who are physically or mentally incapable of giving consent, for example, unconscious patients, may be done only if the physical or mental condition that prevents giving informed consent is a necessary characteristic of the research population. In such circumstances the physician should seek informed consent from the legally authorized representative. If no such representative is available and if the research cannot be delayed, the study may proceed without informed consent provided that the specific reasons for involving

subjects with a condition that renders them unable to give informed consent have been stated in the research protocol and the study has been approved by a research ethics committee. Consent to remain in the research should be obtained as soon as possible from the subject or a legally authorized representative.

T. Authors, editors and publishers all have ethical obligations with regard to the publication of the results of research. Authors have a duty to make publicly available the results of their research on human subjects and are accountable for the completeness and accuracy of their reports. They should adhere to accepted guidelines for ethical reporting. Negative and inconclusive as well as positive results should be published or otherwise made publicly available. Sources of funding, institutional affiliations and conflicts of interest should be declared in the publication. Reports of research not in accordance with the principles of this Declaration should not be accepted for publication.

B. ADDITIONAL PRINCIPLES FOR MEDICAL RESEARCH COMBINED WITH MEDICAL CARE

A. The physician may combine medical research with medical care only to the extent that the research is justified by its potential preventive, diagnostic or therapeutic value and if the physician has good reason to believe that participation in the research study will not adversely affect the health of the patients who serve as research subjects.

B. The benefits, risks, burdens and effectiveness of a new intervention must be tested against those of the best current proven intervention, except in the following circumstances:

• The use of placebo, or no treatment, is acceptable in studies where no current proven intervention exists; or

• Where for compelling and scientifically sound methodological reasons the use of placebo is necessary to determine the efficacy or safety of an intervention and the patients who receive placebo or no treatment will not be subject to any risk of serious or irreversible harm. Extreme care must be taken to avoid abuse of this option.

C. At the conclusion of the study, patients entered into the study are entitled to be informed about the outcome of the study and to share any benefits that result from it, for example, access to interventions identified as beneficial in the study or to other appropriate care or benefits.

D. The physician must fully inform the patient which aspects of the care are related to the research. The refusal of a patient to participate in a study or the patient's decision to withdraw from the study must never interfere with the patient-physician relationship.

E. In the treatment of a patient, where proven interventions do not exist or have been ineffective, the physician, after seeking expert advice, with informed consent from the patient or a legally authorized representative, may use an unproven intervention if in the physician's judgement it offers hope of saving life, re-establishing health or alleviating suffering. Where possible, this intervention should be made the object of research, designed to evaluate its safety and efficacy. In all cases, new information should be recorded and, where appropriate, made publicly available.

Statistics

When possible, quantify findings and present them with appropriate indicators of measurement error or uncertainty (such as confidence intervals). Put a general description of methods in the Methods section. When data are summarized in the Results section, specify the statistical methods used to analyse them.

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. 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. Contributors should obtain written permission and confirmation of accuracy from the source of a personal communication. The commonly cited types of references are shown here, for other types of references such as electronic media, newspaper items, etc. please refer http://www.icmje.org.

1. Standard journal article: Seshadri L, George SS, Vasudevan B, Krishna S. Cervical intraepithelial neoplasia and human papilloma virus infection in renal transplant recipients. Indian J Cancer 2001;38:92-5.List the first six contributors followed by et al.
2. Personal author(s): Ringsven MK, Bond D. Gerontology and leadership skills for nurses. 2nd ed. Albany (NY): Delmar Publishers; 1996.
3. Chapter in a book: 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. pp465-78.

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- • Tables should be self-explanatory and should not duplicate textual material.

  • Tables with more than 10 columns and 25 rows are not acceptable.

  • Number tables, in Arabic numerals, consecutively in the order of their first citation in the text and supply a brief title for each.

  • Place explanatory matter in footnotes, not in the heading.

  • Explain in footnotes all non-standard abbreviations used in table.

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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:

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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.

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