

Instruction to Authors

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Chettinad Health City is a peer-reviewed general medical journal published four times a year by Chettinad Academy of Research and Education with the objective of providing an outlet for the following types of scientific communications:

- Reports of original research;
- Interesting case studies;
- Reviews;
- Short communications (research notes).

Besides these, the journal will also carry regular sections like latest medical news, correspondence, classroom, clinical quiz, student seminars, interviews etc. The journal is not restricted to in-house contributions and welcomes scientific communications from other Institutions in India and abroad. However, the journal strongly discourages duplication of data already published in other journals (even when certain cosmetic changes/additions are made). Besides, serialisation of the articles by the same author is not encouraged. Manuscripts must be solely the work of the author(s) stated, must not have been previously published elsewhere, and must not be under consideration by another journal. The journal prioritises reports of original research that are likely to change clinical practice or thinking about a disease. All papers submitted to the journal are subject to peer review process. All accepted papers will be appropriately edited before publication.

The journal follows the **Uniform Requirements for Manuscripts Submitted to Biomedical Journals**, issued by the **International Committee for Medical Journal Editors (ICMJE)**, and **COPE (the Committee on Publication Ethics) guidelines** for the code of conduct for editors.

Editorial Office Contact Information:

SUBMISSION OF MANUSCRIPT

All manuscripts submitted for publication to the CHCMJ should include the following:

Covering letter

A covering letter should explain why the paper should be published and identify one of the authors as the corresponding author. The corresponding author (or coauthor designee) will serve on behalf of all coauthors as the primary correspondent with the editorial office during the submission and review process. If the manuscript is accepted, the corresponding author will review an edited typescript and proof, and will be identified as the corresponding author in the published article. The corresponding author is responsible for ensuring that the Acknowledgment section of the manuscript is complete.

Manuscript including tables and panels

Manuscripts (including correspondence letters) should be submitted by e-mail/ CD/DVD as a MS Word document in addition to a hard copy. The hard copies

should be typed/printed in one and half space on one side of a good quality A4 bond paper (21.0 x 29.7 cms). Pages should be numbered consecutively. Typescript should be sent to the Editor, CHCMJ. Authors are advised to see a recent issue of the journal to get familiar with the format adopted on various elements of a paper.

Formatting

All research papers (basic science, clinical trials etc.) should :-

- (1) Be not more than 3000 words with 30 references
- (2) Include the elements arranged in the following order:- Title; Name(s) of the author(s); Department(s) and Institution(s); Abstract; Key words; Introduction; Material & Methods; Results; Discussion; Acknowledgement; and References. Abstract, Tables and legends for Figures should be typed on separate sheets and not in continuation of the main text.
- (3) The Title of the article should be short, continuous (broken or hyphenated titles are not acceptable) and yet sufficiently descriptive and informative so as to be useful in indexing and information retrieval. A short running title not exceeding 6-7 words may also be provided.
- (4) The Abstract (semistructured summary), with five paragraphs (Background, Methods, Findings, Interpretation), not exceeding 300 words. It should only highlight the principal findings and conclusions so that it can be used by abstracting services without modification. Conclusions and recommendations not found in the text of the articles should not be inserted in the Abstract. A set of suitable key words arranged alphabetically may be provided.
- (5) The Introduction should be brief and state precisely the scope of the paper. Review of the literature should be restricted to reasons for undertaking the present study and provide only the most essential background.
- (6) In Material & Methods, the nomenclature, the source of material and equipment used, with the manufacturers' details in parenthesis, should be clearly mentioned. The procedures adopted should be explicitly stated to enable other workers to reproduce the results, if necessary. New methods may be described in sufficient detail, indicating their limitations. Established methods can be just mentioned with authentic references and if there are significant deviations, reasons for adopting them should be given. While reporting experiments on human subjects and animals, the ICMR's Ethical guidelines for biomedical research on human subjects (2000) should be adhered to. Similarly, for experiments on laboratory animals the guidelines of the Committee for the Purpose of Control and Supervision of Experiments on Animals (CPCSEA) should be followed. The drugs and chemicals used should be precisely identified, including generic name(s), dosage(s) and route(s) of administration. The statistical

analysis done and statistical significance of the findings when appropriate should be mentioned. Unless absolutely necessary for a clear understanding of the article, detailed description of statistical treatment may be avoided. Articles based heavily on statistical considerations, however, need to give details particularly when new or uncommon methods are employed. Standard and routine statistical methods employed need to give only authentic references.

- (7) In Results, only such data as are essential for understanding the discussion and main conclusions emerging from the study should be included. The data should be arranged in unified and coherent sequence so that the report develops clearly and logically. Data presented in tables and figures should not be repeated in the text. The same data should not be presented both in tabular and graphic forms. Interpretation of the data should be taken up only under the Discussion and not under Results.
- (8) The Discussion should deal with the interpretation of results without repeating information already presented under Results. It should relate new findings to the known ones and include logical deductions. It should also mention any weaknesses of the study. The conclusions can be linked with the goals of the study but unqualified statements and conclusions not completely supported by the data should be avoided. Claiming of priority on work that is ongoing should also be avoided. All hypotheses should, if warranted, clearly be identified as such; recommendations may be included as part of the Discussion, only when considered absolutely necessary and relevant.
- (9) Acknowledgment should be brief and made for specific scientific/technical assistance and financial support only and not for providing routine departmental facilities and

encouragement or for help in the preparation of the manuscripts (including typing or secretarial assistance). The corresponding author must obtain written permission from each person named in the Acknowledgment section and must be willing to provide the editors with copies of these permissions if requested to do so. The corresponding author must sign the Acknowledgment statement part of the Authorship Form confirming that all persons who have contributed substantially but who are not authors are identified in the Acknowledgment section and that written permission from each person acknowledged has been obtained.

- (10) The total number of References should normally be restricted to a maximum of 30. References to literature cited should be numbered consecutively and placed at the end of the manuscript. In the text they should be indicated as superscript at the end of the line. As far as possible mentioning names of author(s) under references should be avoided in text. The titles of the journals should be abbreviated according to the style used by the Index Medicus.

The references should be in Vancouver style—e.g.,

- Smith A, Jones B, Clements S. Clinical transplantation of tissue-engineered airway. *Lancet* 2008; 372: 1201–09.
- Hourigan P. Ankle injuries. In: Chan D, ed. *Sports medicine*. London: Elsevier, 2008: 230–47.

- (11) All image formats (jpeg, tiff, gif) are acceptable; jpeg is most suitable
- (12) Case reports should present a diagnostic conundrum, and explain how it was solved. Case reports should
 - not be more than 1000 words with 10 references
 - Include the clinical presentation, history, examination, investigations, management, outcome and comments/discussion.