

Indian Pediatrics, the official journal of the Indian Academy of Pediatrics, is a peer-reviewed journal with a print order of about 17,000 per month. The journal is indexed in PubMed, Current Contents/Clinical Medicine, Science Citation Index Expanded(1), Medline, Indian Science Abstracts, getCITED, POPLINE, CANCERLIT, TOXLINE, Psych Line and DERMLINE. The journal gives priority to reports of outstanding clinical and experimental work, as well as important contributions related to common and topical problems related to children and adolescents.

Indian Pediatrics is also available free online at www.indianpediatrics.net.

Impact factor and web presence: The Impact factor of Indian Pediatrics is 0.75. It is the topmost ranking specialty journal of India. Alexa.com has rated the website of Indian Pediatrics as the 'Most Popular' (worldwide) website in its category.

MANUSCRIPT SUBMISSION

Address for submission: Manuscripts should be sent as MS Word attachments by e-mail to jiap@nic.in with a covering letter addressed to Prof Piyush Gupta, Editor-in-Chief, Indian Pediatrics, PO Box No. 3889, New Delhi 110 049, India. Registered letters should be mailed to: Prof Piyush Gupta, Editor-in-Chief, Indian Pediatrics, 115/4 (Ground Floor) Gautam Nagar, New Delhi 110 049, India. Tables, figures and text should be included in the same file if possible. Electronic submissions need not be simultaneously sent by post. However, photographs and/or figures and signed copyright statement by all the authors (*Annexure I*) need to be sent separately as hard copy. Manuscripts submitted only by post should also be accompanied with an electronic copy of the same on a compact disc.¹

Criteria for acceptance: The manuscript should meet the following criteria: the material is original, study methods are appropriate, data are sound, conclusions are reasonable and supported by the data, the information is important; the topic has general pediatric

interest; and that the article is written in reasonably good English. Knowledge, attitude, practice (KAP) studies are generally not accepted. The article should be submitted strictly in the style of Indian Pediatrics (*vide infra*). Manuscripts which do not follow the guidelines are likely to be sent back to authors without initiating the peer-review process.

The current acceptance rate of submitted articles is around 25%. All accepted manuscripts are subject to editorial modifications to suit the language and style of Indian Pediatrics. Manuscripts, once accepted, will be edited in accordance with 'AMA Manual of Style' and returned to author for approval. Rejected manuscripts are retained for three months to answer any queries, followed by shredding. Indian Pediatrics reserves the right to analyze the information obtained from submitted manuscripts as a part of editorial research to improve the peer-review process; this does not include use of the manuscript data.

Unauthorized use: The copyright of all accepted and published manuscripts is with Indian Pediatrics; these can not be reproduced elsewhere or distributed in any form, in whole or part, without the written permission from the Editor-in-Chief. Mass photocopying of published article would also amount to copyright violation. The name, logo, thumbnail, or contents of Indian Pediatrics cannot be used to promote commercial goods, in any form, without prior permission. Unauthorized use will attract legal action.

Review process: About one-tenth of the manuscripts are rejected after an initial in house review. The usual reasons for rejection at this stage are insufficient originality, serious scientific flaws, major ethical issues, absence of a message, article not related to children or adolescents, not submitted in desired format, not of interest to majority of readers, or not in accordance with the current priorities of the journal. Decision on such manuscripts is communicated to authors within two weeks. Remaining articles are sent in a 'masked fashion' to two or more reviewers having sufficient experience on the subject. Manuscripts are reviewed

¹ Indian Pediatrics is currently in the process of developing a mechanism for total online manuscript management. Once active, the authors need to follow the guidelines for submitting manuscript electronically through that system. The details of the electronic submission process would be posted on the website as soon as this system is activated.

maintaining authors' confidentiality. The peer reviewer identity is also kept confidential. Period of decision making process varies from 6-10 weeks depending on timely response from reviewers, revision by the author(s), and reappraisal on revisions(2).

Duplicate submission and Plagiarism: Manuscripts are considered with the understanding that they have not been published previously in print or electronic format and are not under consideration by another publication or electronic medium. The author should alert the editor if the work includes subjects about which a previous report has been published. A paper submitted to the Indian Pediatrics should not overlap by more than 10% with previously published work, or work submitted elsewhere. If in doubt, authors may submit copies of earlier published work or material submitted elsewhere to the editorial board of Indian Pediatrics to take the decision. If plagiarism or duplicate publication is attempted or occurs without such notification, authors should expect prompt rejection/retraction and editorial board's action such as barring the author from submitting articles in future, notification in the journal/ website, informing the other medical editors, etc.

An article which has been already rejected should not be resubmitted again under the original or modified title, especially if the contents remain substantially same. Author should provide full information regarding previous submission, if any, as such violations are viewed seriously.

Previous publication: Indian Pediatrics would not publish material that has already appeared elsewhere; but could accept some papers that have been published as abstracts or have been partially reported by the media at scientific meetings, and some that have already appeared in non-English language journals.

Embargo policy: Authors need to maintain confidentiality of contents of their manuscript, once accepted for publication. Information contained in or about the accepted articles should not be released in print/electronic form to any individual/media/agency, till the manuscript is published in print or electronic form in Indian Pediatrics.

Proofs and Reprints: The corresponding author shall be supplied the printers' proofs. Corrections on the proof should be mainly restricted to printers' errors only. No addition, deletion, alteration in the sequence of authors or change of corresponding authorship is permissible at this stage. Reprints may be ordered on payment.

CATEGORIES OF ARTICLES

Articles can be submitted as Perspective, Research Papers, Short Communications, Reviews, Images, Case Reports, Research Letters and Correspondence.

Perspective

Articles published under this heading intend to cover challenging and controversial topics of current interest in pediatric health care and the intersection between medicine and society. The related issues could be national, regional (South East Asia) or global. Though the articles are usually solicited, we welcome submissions and proposals from researchers and opinion makers provided they have sufficient credible experience and recognition on the subject for giving opinions. Some of the manuscripts submitted as 'Review Articles' may also be considered for publication under this section at the discretion of editors. The following guidelines need to be followed:

1. The number of authors should be limited to maximum of three.
2. The topic should be specific and related to child health in general.
3. Word limit is 2500 words and may include one figure and one Table.
4. Unstructured abstract of up to 150 words.
5. The views should be supported by appropriate evidence and references. Number of references should be limited to a maximum of 30.

Research Papers

These articles should report research relevant to clinical pediatrics including randomized clinical trials, intervention studies, studies of screening and diagnostic tests, cohort studies, cost-effectiveness analyses, case control studies and cross-sectional studies. For reporting research, the authors are expected to comply with the 'Uniform Requirements for Manuscripts Submitted to Biomedical Journals' prepared by the International Committee of Medical Journal Editors (ICMJE)(3). Additionally, authors need to adhere to the standard recommended reporting guidelines (**Table I**) depending on the study design of the submitted article.

Clinical trial: A clinical trial is any study that prospectively assigns human subjects to some intervention (with or without a comparison group) to evaluate the relationship between a medical

TABLE I DETAILS OF REPORTING GUIDELINES FOR DIFFERENT STUDY DESIGNS

Study Design	Guideline/Statement	Source
Randomized controlled trial	CONsolidated Standards Of Reporting Trials (CONSORT) Statement(4,5)	http://www.consort-statement.org/
Diagnostic accuracy studies	STAndards for Reporting of Diagnostic accuracy (STARD)	http://www.equator-network.org/index.aspx?o=1050
Observational studies	STAndards for Reporting OBServational studies in Epidemiology (STROBE)(7)	http://www.strobe-statement.org/Checklist.html
Systematic reviews/ Meta-analyses of RCT	Preferred Reporting Items for Systematic reviews and Meta-Analyses (PRISMA)(8)	http://www.consort-statement.org/index.aspx?o=1345
Meta-analyses of observational studies	Meta-analysis Of Observational Studies in Epidemiology (MOOSE)(9)	http://www.equator-network.org/index.aspx?o=1052

intervention and a health outcome. In randomized controlled clinical trials, individuals are randomly allocated to receive or not receive a preventive, therapeutic, or diagnostic intervention and then followed up to determine the effect of the intervention. Manuscripts reporting the results of a randomized controlled trial (RCT) should include the CONSORT flow diagram showing the progress of patients throughout the trial (**Fig. 1**). The CONSORT checklist (4,5) also should be completed and submitted with the manuscript.

Trial registration: We urge the authors to register their clinical trials involving human subjects in CTRI (Clinical Trials Registry of India) available at www.ctri.in, hosted by the Indian Council of Medical Research(10). Preference will be accorded to registered clinical trials. Registration in one of the following trial registers is also acceptable: <http://www.actr.org.au>; <http://www.clinicaltrials.gov>; <http://isrctn.org>; <http://www.trialregister.nl/trialreg/index.asp>; and <http://www.umin.ac.jp/ctr>.

Preparing a research paper: Each manuscript should be accompanied with a structured Abstract in not more than 250 words using the following headings: Objective, Design, Setting, Participants/patients, Intervention (if any), Main Outcome Measures, Results, and Conclusions (See under heading ‘Preparing the Manuscript’). Four to five key words to facilitate indexing should be provided in alphabetical order below the abstract. The text should be arranged in sections on Introduction, Methods, Results and Discussion. Key Message should

be provided at the end of the manuscript in a box under 2 headings: ‘What is Already Known’ and ‘What this Study Adds’. As far as possible, authors should restrict to a one line answer for each of these two queries. Number of tables and figures should be limited to a maximum of 4 and 2 respectively. Extra tables and figures, subject to clearance by editorial review process, can be allowed on payment. The typical text length for such contributions is 1500-2000 words (excluding title page, abstract, tables, figures, acknowledgments, key messages and references). Number of references should be limited to 25.

Short Communications

Brief accounts of descriptive, observational studies, epidemiological assessments, and surveys are published as Short Communications. A series of cases can also be considered as Short Communication. Abstract should be unstructured, limited to 100 words; and highlight the aims, methods and main results. Provide 2-3 key words. The text should contain no more than 1000 words, two illustrations/tables and up to 15 references, preferably recent publications. The text should be arranged in order of Introduction, Methods, Results and Discussion. Also include a box entitled ‘What this Study Adds’, highlighting the main result of the study. The number of authors should be limited to five.

Review Article

State-of-the-art review articles or systematic, critical assessments of literature are also published. The authors may consult the Editor-in-Chief before submitting such

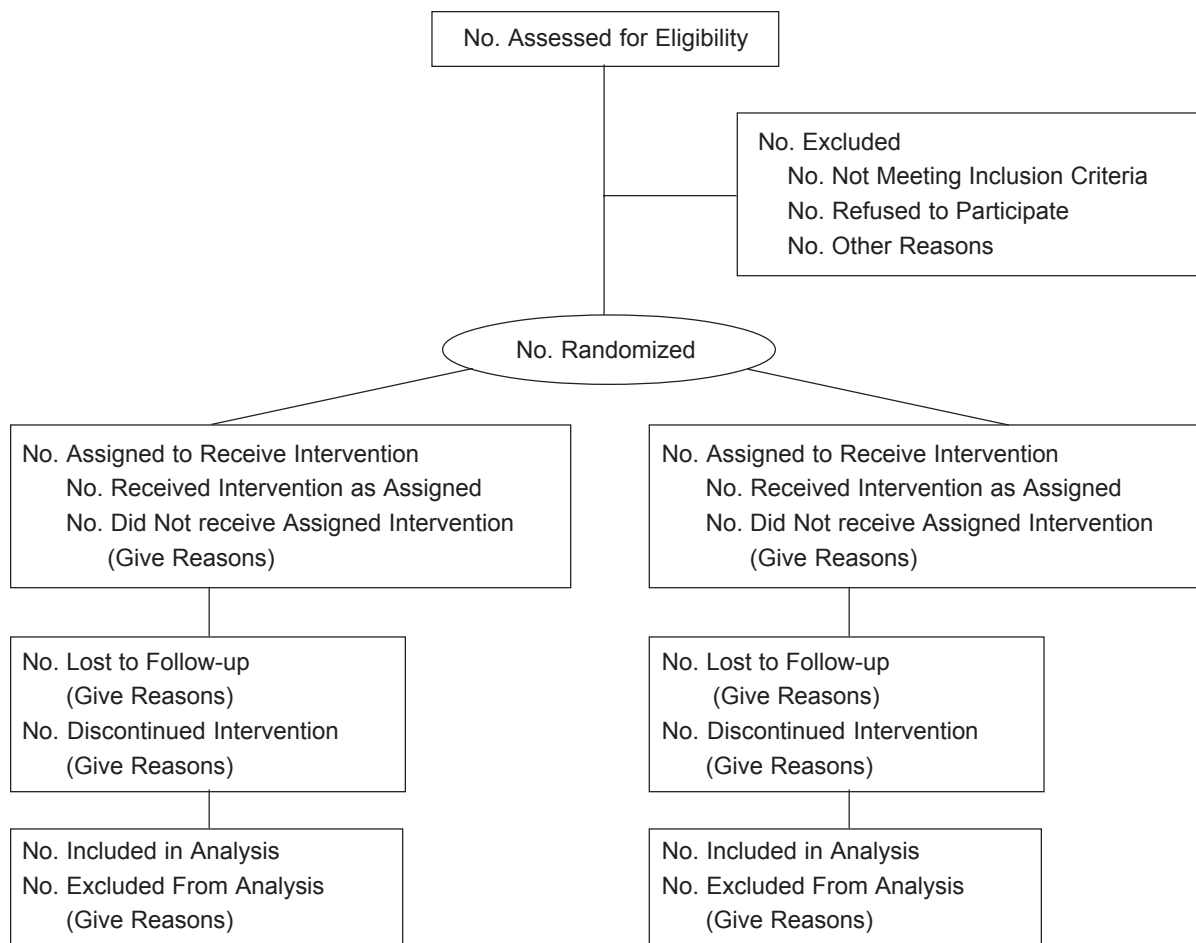


FIG. 1 Profile of a Randomized Controlled Trial.

articles as similar reviews may be already in submission. Normally a review article on a subject already published in Indian Pediatrics in last 3 years is not accepted. The typical length for review articles is 2500-3000 words (excluding tables, figures, and references). Authors submitting review manuscripts should include an abstract of around 200 words describing the need and purpose of review, methods used for locating, selecting, extracting and synthesizing data, and main conclusions. Number of authors should be limited to three. The number of references should be limited to 50.

Drug Review: Indian Pediatrics publishes state of the art reviews on the drugs/agents meant for therapeutic or prophylactic use in children. It is expected that the authors have sufficient credible experience in the related field. The following guidelines should be adhered to when preparing a drug review:

1. Drug should be recently developed and should be available commercially for use in human subjects. The reviews related to agents under research and development, are generally not accepted.
2. Drug should preferably belong to a new class of drugs or having substantial difference in properties and not just an addition to the existing drugs having many similar properties/actions in that class/group of compounds.
3. The drug should have the potential to be used on a large scale for pediatric conditions. Drugs primarily catering to other medical fields (e.g. adult medicine, dermatology or surgical specialities) are not preferred.
4. The drug and related review should have the potential to influence practice, policy and research related issues.

5. The review should be a systematic, critical assessment of the literature and not just an elaboration of the information already provided by pharmaceutical companies.

Clinical Practice Guidelines/Recommendations

In order to streamline the diagnosis, management or prevention of various childhood problems, Indian Pediatrics periodically publishes Guidelines and Recommendations formulated by various Chapters and Task Forces constituted by Indian Academy of Pediatrics (IAP) or a similar National association/society. The 8 desirable attributes of practice guidelines are validity, reliability and reproducibility, clinical applicability, flexibility, clarity, documentation, development by a multidisciplinary process, and plans for review(11). In order to maintain uniformity of reporting and improve readability and applicability of these practice guidelines, the following **10-point policy** should be followed:

1. The Guideline/Recommendation should have been formalized through a consultative meeting/conference/workshop having a National representation approved by Indian Academy of Pediatrics (IAP) or a similar society. The Guidelines emerging out of one such meeting should be preferably presented in a single paper.
2. The date(s) and place of such meeting should be clearly mentioned in the Introduction. The names of the chairperson, convener and participants should be listed as 'Annexure' at the end of the draft.
3. For indexing purposes, the author of the guidelines would be the name of the organization/working group e.g., Indian Academy of Pediatrics: Nephrology Group. However, names of up to six persons as writing committee may be placed at the end of the manuscript before 'References'.
4. The final guidelines should be cleared by the related Society/Chapter. A letter to this effect should be enclosed. It is presumed that the corresponding author has obtained permission from all members of the committee/expert group to act in this capacity.
5. The manuscript should consist of an Abstract (250-300 words), Text (3000-4000 words), and References (limited to 50). The number of figures and tables should be limited to maximum of 5 each.
6. *Abstract*: Should be structured as Justification, Process, Objectives, and Recommendations.

7. Text should be arranged in headings of Introduction, Aims and Objectives, and Recommendations.

(a) *Introduction*: Justify the need of formulating the guidelines/recommendations in a brief paragraph followed by the process of arriving at the guidelines/recommendations. Describe the methods used to search the literature, and criteria used to grade the quality of evidence.

(b) *Aims and Objectives*: Should clearly state (in doable terms, using action verbs) the terms of reference of the consultative meeting/conference/workshop. List 2-3 main objectives only.

(c) The main text of the Guidelines/Recommendations should be mentioned under the same terms of reference as per aims and objectives outlined earlier. Preferably, provide level of evidence for each major recommendation.

(d) The Recommendations should not provide 'Review of literature' or 'What is already known' For example, if the guidelines pertain to management of Dengue fever, there is no point in writing about the epidemiology, clinical features, differential diagnosis, etc. of Dengue fever. Background material on the concerned subject will not be published.

(e) If guidelines are adapted from statement of some other society or from earlier recommendations, only changes need to be highlighted (preferably in a tabular form) without repeating the detailed guidelines. However, if there is a pressing need to repeat the recommendations, it should be done after taking permission from the parent society/journal (as applicable) clearly mentioning and citing the source.

8. State, whether or not there is a plan to review these guidelines and an expiration date for this version of the guideline.
9. Any competing interest including funding support should be declared.
10. We encourage the authors to attach a COGS (Conference on Guidelines Standardization) checklist for reporting clinical practice guidelines(12).

Case Reports

Clinical cases highlighting some unusual or new but clinically relevant aspects of a condition are published

as Case Reports. Single case reports are not accepted, unless some new or unusual aspect regarding etiopathogenesis, diagnosis or management is brought out that adds to the existing body of knowledge. Genetic syndromes without a major phenotypic reporting will be sent back to authors without initiating the peer review process. Minor or clinically insignificant variations of rare but wellknown disorders are also not preferred. Rarity of the reported condition alone also will not be a criterion for acceptance.

The text should not exceed 1000 words and is arranged as introduction, case report and discussion. Include a brief Abstract of about 50 words. Number of tables/figures should be limited to 2. Include up to 10 most recent references. Photographs should be in black and white only. For details, see below under Figures and Illustrations. A maximum of three authors are permitted from a single department. Case Reports involving more than one department can have a maximum of four authors. The patient's written consent, or that of the next of kin, to publication must be obtained. The authors would be asked to submit a signed consent form before publication for all Case Reports and Images.

Research Letters

Under this heading, short correspondence pertaining to research would be included. Research Letters reporting original research should not exceed 500 words of text and 10 references. They may have no more than 4 authors; other persons who have contributed to the study may be indicated in an Acknowledgment, with their permission. An abstract of up to 50 words reporting the key findings should also be included. Letters must not duplicate other material published, submitted or planned to be submitted for publication. In general, the matter of the letter should be unstructured but should follow the general sequence of introduction, methods, results and discussion and all other guidelines in 'Preparing the Manuscript'.

Correspondence

Letters commenting upon recent articles in *Indian Pediatrics* are welcome. Such letters should be received within 3 months of the article's publication. At the Editorial board's discretion, the letter may be sent to the authors for reply and the letter alone or letter and reply together may be published after appropriate review. Letters may also relate to other topic of interest to pediatricians, or useful clinical observations. Letters should not have more than 400 words; contain not more

than one Figure/Table and 5 most recent references. The text need not be divided into sections. The number of authors should not exceed two, including the authors' reply in response to a letter commenting upon an article published in *Indian Pediatrics*. In the later case, inclusion of only one of the authors (of the article in question) is permissible, besides the corresponding author. The corresponding author shall remain the first author for such reply. Names of additional persons who have helped in data acquisition can be mentioned in the 'Acknowledgment' section.

Images

Only clinical photographs with/without accompanying skiagrams or pathological images are considered for publication. Image should clearly identify the condition and have the classical characteristics of the clinical condition. Clinical photograph of condition which are very common, extremely rare, where diagnosis is obvious (e.g., penile agenesis), or where diagnosis is not at all possible on images alone would not be considered. Photographs should be of high quality, usually 127 × 173 mm (5 × 7 in) but no larger than 203 × 254 mm (8 × 10 in). A short text of about 150 words depicting the condition is needed. The number of authors should not exceed two. Images are to be sent as hard copies only by surface/air mail. An electronic submission for this section is not acceptable. The authors should ensure that images of similar nature have not been published earlier. Authors must obtain signed informed consent from the patient.

PREPARING THE MANUSCRIPT

Manuscripts should be prepared in accordance with the 'Uniform Requirements for Manuscripts Submitted to Biomedical Journals'(3). A summary of technical requirements for preparing the manuscript is provided below:

- Use American (US) English throughout.
- Double-space throughout including title page, abstract, text, acknowledgements, key messages, references, figure legends and tables. Start each of these sections (in same order) on a new page, numbered consecutively in the upper right hand corner, beginning with the title page.
- Use at least 12 point font size (Times New Roman or Arial).
- Submit photographs in a separate heavy paper envelope (enclosed in cardboard, to prevent bending during mail handling).

- Use nonproprietary names of drugs, devices and other products.
- After acceptance, a signed statement by all authors regarding authorship criteria, responsibility, financial disclosure and acknowledgement, as per standard format (See *Annexure I*) of the journal. Those sending their manuscript through e-mail are also required to submit this form by post with original signatures.
- Use 1 side of standard size 21.6×27.9 cm (8½ ×11 inch) A4, white bond paper, with margins of at least 2.5 cm (1 inch) on each side.

Manuscripts not fulfilling the technical requirements shall be returned to the authors without initiating the peer-review process.

Title Page

The page should contain (i) the title of the article: which should be concise but informative (simpler the title the better; preferably it should contain all the key words to help electronic retrieval reliably); (ii) a short running title of not more than 40 characters placed at the foot end of the title page; (iii) initials and surname (both are essential) of each author with the highest academic degree(s) and designation at the time when the work was done; Initials will not be accepted for surnames. For example; 'Vidya K': here, 'K' will be considered as the Initial and 'Vidya' will be indexed as surname; (iv) details of the contribution of each author; (v) name of department(s) and institution(s) to which the work should be attributed; (vi) disclaimers, if any; (vii) name, address, telephone, fax, e-mail address of the corresponding author, (viii) source(s) of support in the form of grants, equipment, drugs or all of these; and (ix) declaration on competing interests; and (x) word count (not including abstract, tables, figures, acknowledgments, key messages and references). Also, indicate on top the category (i.e. Research Paper, Short Communications, Review, Case Report, Images, Correspondence *etc.*), for which the article is being submitted.

Authorship Criteria

All persons designated as authors should qualify for the authorship. Authorship credit should be based on substantial contributions to (i) concept and design, or acquisition of data, or analysis and interpretation of data; (ii) drafting the article or revising it critically for important intellectual content; and (iii) final approval of the ver-

sion to be published. Conditions (i), (ii) and (iii) must be met, for all authors, individually. Participation solely in the acquisition of funding or the collection of data does not justify authorship. All such people who contributed to the work but do not satisfy all the conditions should be named in the acknowledgements. Authors are responsible for obtaining written permissions from everyone acknowledged by name. One of the authors shall act as guarantor of the paper and he/she should take the responsibility for the integrity of the work as a whole, from its inception to published article. Guarantor should also take responsibility for obtaining permission from appropriate authority, if any material (including tables, figures or text) is used in the article from another publication. Copyright violations by authors will be viewed seriously; and all authors will be equally responsible for such acts. Authors should provide a description of what each author contributed on the title page. Indian Pediatrics reserves the right to satisfy itself regarding the specific role of each listed author to justify authorship. All authors must give signed consent to publication (*Annexure I*). Example of citing contributors' credit *i.e.* specific contribution of each author is given below:

Contributors: KDP conceived and designed the study and revised the manuscript for important intellectual content. He will act as guarantor of the study. AI, and AK collected data and drafted the paper. AI also conducted the laboratory tests, and interpreted them. SK analyzed the data and helped in manuscript writing. The final manuscript was approved by all authors.

Group authorship: All members of the Group (e.g., Pediatric Nephrology Subchapter of IAP) must meet the criteria of authorship as described above.

Competing Interests

Competing interest for a given manuscript exists when the author has ties to activities that could inappropriately influence his or her judgment, whether or not judgment is in fact affected(13). Financial relationships with industry—for example, through employment, consultancies, stock ownership, honoraria, grant, expert testimony, either directly or through immediate family, are usually considered to be the most important competing interests. However, conflicts can occur for other reasons, such as personal relationships, academic competition and intellectual passion. If any of the authors have accepted reimbursement for attending symposium, a fee for speaking, fee for organizing educational activities,

funds for research, funds for a member of the staff or consultation fees from an organization that may in any way gain or lose financially from the results of the study, review, editorial or letter, a competing interest would be deemed to exist. If any of the authors had been employed by an organization that may in any way gain or lose financially from the publication, or if any of them hold stocks or shares in such an organization, competing interest would be deemed to exist. If competing interest exists, the author(s) must disclose them while submitting the manuscript.

Funding

Authors are also required to report all financial and material support for the research and work.

Abstract and Key words

The second page should carry an abstract in case of research papers (250 words), review articles (200 words), perspective (150 words), short communications (100 words), research letter (50 words), and case report (50 words), respectively. For research papers, the abstract should be structured using the following headings: Objective, Design, Setting, Methods, Results, and Conclusions. For brevity, parts of the abstract may be written as phrases rather than complete sentences. Each section should include the following content:

Objective: State the precise objective or study question addressed in the paper. If more than one objective is addressed, the main objective should be indicated and only key secondary objectives stated.

Design: Describe the basic design of the study (e.g., randomized controlled trial, case-control study, prospective, cross sectional etc.).

Setting: Describe the study setting to assist readers to determine the applicability of the report to other circumstances, for example, general community, a primary care or referral center, private or institutional practice, or ambulatory or hospitalized care. State the years of the study and the duration of follow-up.

Participants/patients: State the numbers of participants, eligibility criteria, and the selection process. For selection procedures, these terms should be used, if appropriate: random sample (where random refers to a formal, randomized selection in which all eligible individuals have a fixed and usually equal chance of selection); population-based sample; referred sample; consecutive sample; volunteer sample; or convenience

sample. Include the number of otherwise eligible individuals who were approached but refused. If matching is used for comparison groups, characteristics that are matched should be specified. Provide key sociodemographic features of participants. In follow-up studies, indicate the proportion of participants who completed the study. For intervention studies, mention the number of patients withdrawn because of adverse effects.

Intervention: The essential features of any interventions should be described, including their method and duration of administration. The intervention should be named by its most common clinical name, and nonproprietary drug names should be used. Include any co-intervention.

Main Outcome Measure(s): Indicate the primary study outcome measurement(s) as planned before data collection began. If the manuscript does not report the main planned outcomes of a study, this fact should be stated and the reason indicated. State clearly if the hypothesis being tested was formulated during or after data collection. Explain outcomes or measurements unfamiliar to a general medical readership.

Results: The main outcomes of the study should be reported and quantified, and must include measures of absolute risks (such as increase/decrease or absolute differences between groups), along with 95% confidence intervals or *P* values. Measures of relative risk also may be reported (eg, relative risk, hazard ratios) and should include confidence intervals. Studies of screening and diagnostic tests should report sensitivity, specificity, and likelihood ratio. All randomized controlled trials should include the results of intention-to-treat analysis, and all surveys should include response rates.

Conclusions: Provide only conclusions of the study directly supported by the results, along with implications for clinical practice. Avoid speculation and overgeneralization of the results. Emphasize equally the important positive and negative findings.

Abstract for Short Communications: The abstract should be unstructured and state the purpose of the study, basic methodology, main findings (giving specific data and statistical significance) and key conclusion(s), within 100 words. Below the abstract, authors should provide 3-5 key words for indexing; terms from the Medical Subject Headings (MESH) list of *Index Medicus* should be used.

Abstract for Reviews: Review articles should include an abstract of no more than 250 words with the following sections: Context (describing the clinical question or issue and its importance in clinical practice or public health), Evidence acquisition (describing the data sources used, including the search strategies, years searched, and other sources), Results (major findings of the review with the greatest emphasis laid on the findings based on highest quality evidence) and Conclusions (emphasize how clinicians should apply current knowledge).

Introduction

The introduction must clearly justify and state the question that the author(s) tried to answer in the study. It may be necessary to briefly review the relevant literature. Cite only those references that are essential to justify the proposed study.

Methods

The methods section should describe, in logical sequence, how the study was designed (*e.g.*, how randomization was done), carried out (*e.g.*, how subjects were chosen or excluded, ethical considerations, accurate details of materials used, exact drug dosage and form of treatment *etc.*) and data were analyzed (*e.g.*, an estimate of the power of the study, exact test used for statistical analysis *etc.*). For standard methods, appropriate references are sufficient, but if standard methods are modified these should be clearly brought out. Authors should provide complete details of any new methods or apparatus used (manufacturer's name and address in parentheses).

Ethics: All studies involving human subjects must address the ethical issues. 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 1964, as revised in 2004(14). All such studies should have obtained ethical clearance in writing from a formally constituted Research Ethics Committee or Institutional Review Board as the case may be. *Indian Pediatrics* reserves the right to demand a copy of the relevant document whenever necessary. Even when a study has been approved by a research ethics committee or institutional review board, editors may be worried about the ethics of the work. Editors may then ask authors for more detailed information and ask them how they justified the ethical and moral basis

of the work. Editors may also ask authors to provide the contact details of the research ethics committee that reviewed the work, so that the journal can request further information and justification from that committee. For studies that have not been reviewed by research ethics committees or institutional review boards editors may ask authors to explain what ethical issues they considered and how they justified their work. Editors may consult other editorial colleagues, association of medical editors or more commonly the "Ethical Committee" of *Indian Pediatrics* to evaluate the ethical aspects of any article, and reserve the right to reject a manuscript on ethical grounds, on the basis of recommendations of its "Ethical Committee", even if the research was cleared by the institutional research board. Besides rejecting the manuscript, *Indian Pediatrics* reserves the right of explaining such concerns to the head of the authors' institution or medical council in order to prevent unethical practice and to protect patients.

Informed consent must be obtained in writing from all human participants of a trial. *Indian Pediatrics* reserves the right of seeking from the authors the details of the information given to subjects about the deviations from the normal, the risks involved and the potential benefits to the society. Authors should not use patients' names, initials, or hospital numbers, especially in illustrative material. Written consent must be obtained from patients or caregivers for publication (in print or electronic form) of clinical details or/and clinical photographs in all 'Case Reports', 'Images' and qualitative research reports. The identity of the patient in clinical photographs should be masked by suitable methods.

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). Provide actual *P* values, rather than stating as just < 0.05 or > 0.05 etc. 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. Define statistical terms, abbreviations and most symbols.

Results

This section should include only relevant,

representative data and not all information collected during the study. Major findings should be presented clearly and concisely. Text, tables, and illustrations should be used judiciously. Avoid repeating in the text all the data depicted in the tables or illustrations; emphasize or summarize only important observations. Restrict tables and figures to those needed to explain the argument of the paper and to assess its support. Cite the tables in the text and type them on separate sheets. It may also be useful to mention what the study did not find.

Discussion

Discussion ordinarily should not be more than one third of the total length of the manuscript. Do not attempt a detailed review of literature. This section should include, in the order specified: (i) a summary of the major findings, (ii) their relationship to other similar studies, (iii) strength and limitations of methods and (iv) implications of these findings in future research. Conclusions should be linked to the goals of the study. Avoid unqualified statements and conclusions not completely supported by the data. Authors should also refrain from making statements on economic benefits and costs unless their manuscript includes economic data and analyses.

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 head 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 advisers,” “critically reviewed the study proposal,” “collected data,” or “provided and cared for study patients.” A written consent is required from all the persons acknowledged, indicating their acceptance for the same.

References

Authors need to be accurate in citing and quoting references(15). 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 curved parentheses. References cited only in tables or in legends to figures

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. The titles of journals should be abbreviated according to the style used in *Index Medicus*. Do not use abstracts, unpublished observations and personal communications as references. References to papers accepted but not yet published should be designated as “in press”; authors should obtain written permission to cite such papers as well as verification that they have been accepted for publication.

The references must be verified by the author against the original documents. The Uniform Requirements style (the Vancouver style) is based largely on an American National Standards Institute (ANSI) standard style adapted by the NLM for its databases.

Article in journals

List all authors when six or less. When seven or more, list only first six and add *et al.*

Swaminathan S, Datta M, Radhamani MP, Mathew S, Reetha AM, Rajajee S, *et al.* A profile of bacteriologically confirmed pulmonary tuberculosis in children. *Indian Pediatr* 2008; 45: 743-747.

Organization as author

Working Group on Management of Congenital Heart Diseases in India. Consensus on timing of intervention for common congenital heart disease. *Indian Pediatr* 2008; 45: 117-126.

Polio Eradication Committee, Indian Academy of Pediatrics (PEC,IAP), Vashishtha VM, John TJ, Agarwal RK, Kalra A. Universal immunization program and polio eradication in India. *Indian Pediatr* 2008; 45: 807-813.

Personal author

Singh M. Care of the Newborn, 5th ed. New Delhi: Sagar publications; 1999.

Chapter in book

Gupta P, Shah D, Ghai OP. Micronutrients in health and disease. In: Ghai OP, Gupta P, Paul VK, editors. *Ghai Essential Pediatrics*. 6th ed. New Delhi: CBS Publishers and Distributors; 2004. p. 119-135.

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.

Conference paper

Mukherjee DK, Chowdhury BH, Das MM. Intrauterine growth of low birth weight babies and its relation to various placental and maternal factors- A multifaceted study. In: Choudhury P, Sachdev HPS, Puri RK, Verma IC, editors. 8th Asian Congress of Pediatrics; 1994 Feb 6-11; New Delhi, India. New Delhi: Jaypee Brothers; 1994. p. 36.

Newspaper article

Bacteria boost. Hindustan Times 2008 Nov 23; New Delhi: p.19 (col 1-4).

Dictionary and similar references

Stedman's medical dictionary. 26th ed. Baltimore: Williams & Wilkins; 1995. Apraxia; p. 119-120.

Unpublished accepted material

Gupta N, Shah D, Singh U, Tiwari A. Antenatal diagnosis of large sacro-coccygeal teratoma with fetal cardiomegaly and hydrops. Kathmandu Univ Med J. In press 2008.

Material from Internet

The IMRAD Research Paper Format. FIN-1 Finnish Institutions Research Paper (Hopkins), Department of Translation Studies, University of Tampere. Available from: URL: <http://www.uta.fi/FAST/FIN/RESEARCH/imrad.html>. Accessed November 24, 2008.

International Committee of Medical Journal Editors. Sponsorship, Authorship, and Accountability. Available from: URL: <http://www.icmje.org/sponsor.htm>. Accessed November 24, 2008.

Electronic material

Neonatal Resuscitation Program (NRP) Training Aids [on CD-ROM]. National Neonatology Forum, New Delhi, 2006.

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

Tables

Type each table with double-spacing on a separate sheet of paper. Do not submit tables as photographs. Number tables consecutively (Roman numerals) in the order of their first citation in the text, and supply a brief but self-explanatory title for each. Tables with only two columns should be avoided. Give each column a short or abbreviated heading. Place explanatory matter in footnotes, not in the heading. Explain in footnotes all nonstandard abbreviations that are used in each table. For footnotes use the following symbols, in this sequence: *, †, ‡, §, ||, ¶, **, ††, ‡‡, §§ and so on. Identify statistical measures of variations such as standard deviation and standard error of the mean. Do not use internal horizontal and vertical rules. Be sure that each table is cited in the text. If data is used from another published or unpublished source, obtain permission and acknowledge them fully.

Figures and Illustrations

Figures should be professionally drawn and photographed; freehand or typewritten lettering is unacceptable. Instead of original drawings, X-ray films, and other material, send sharp, glossy, black-and-white photographic prints of high quality, usually 127 × 173 mm (5 × 7 in) but no larger than 203 × 254 mm (8 × 10 in). For color illustrations, provide negatives or positive transparencies, along with color prints. Color photographs are not accepted, except for images section. It is preferable to have the photograph in portrait form rather than in landscape form to fit easily into one column. Letters, numbers, and symbols in photographs should be clearly legible.

Each figure should have a label pasted on its back indicating the number of the figure, author's name, and an arrow to mark the top and left side of the figure. Do not write on the back of figures or scratch or mar them by using paper clips. Do not bend figures or mount them on cardboard.

If photographs of individual/people are used, either the subjects must not be identifiable or their pictures must be accompanied by written permission to use the photograph. It is advisable to cover the eyes unless specifically need to be shown. If a figure has been published, acknowledge the original source and submit written permission from the copyright holder to reproduce the material. Figures should be numbered consecutively (Arabic numerals) according to the order in which they have been first cited in the text.

Legends for Illustrations

Type or print out legends for illustrations using double-spacing, starting on a separate page, with Arabic numerals corresponding to the illustrations. When symbols, arrows, numbers, or letters are used to identify parts of the illustrations, identify and explain each one clearly in the legend. Explain the internal scale and identify the method of staining in photomicrographs.

Units of Measurement

Measurements of length, height, weight, and volume should be reported in metric units, i.e. meter (m), gram (g), or liter (L) or their decimal multiples. Milliliter or deciliter should be expressed as mL or dL and not ml/dl. Red and white blood cell counts are to be expressed as $\times 10^6/\text{mL}$ and $\times 10^3/\text{mL}$, respectively. Temperatures should be given in degrees Celsius. Blood pressures should be given in millimeters of mercury (mm Hg). All hematological and clinical chemistry measurements should be reported in the conventional system or in terms of the International System of Units (SI) (*Annexure II*).

Abbreviations and Symbols

Use only standard abbreviations. Avoid abbreviations in the title and abstract. The full term for which an abbreviation stands should precede its first use in the text unless it is a standard unit of measurement. Year, month, day, hour, minute and second should be abbreviated as yr, mo, d, h, min, and s, respectively.

REFERENCES

1. Gupta P, Choudhury P. Impact factor and Indian Pediatrics. *Indian Pediatr* 2006; 43: 107-110.
2. Gupta P, Kaur G, Sharma B, Shah D, Choudhury P. What is submitted and what gets accepted in Indian Pediatrics: Analysis of submissions, review process, decision making, and criteria for rejection. *Indian Pediatr* 2006; 43: 479-489.
3. International Committee of Medical Journal Editors. Uniform Requirements for Manuscripts Submitted to Biomedical Journals. *Ann Intern Med* 1997; 126: 36-47. (Updated October 2007 version Available from: URL: <http://www.icmje.org>. Accessed November 22, 2007).
4. Moher M, Schulz KF, Altman DG, for the CONSORT Group. The CONSORT Statement: revised recommendations for improving the quality of reports of parallel group randomized trials. *Lancet* 2001; 357: 1191-1194. (Also available from:

URL: <http://www.consort-statement.org>. Accessed November 21, 2007).

5. Altman DG, Schulz KF, Moher D, Egger M, Davidoff F, Elbourne D, *et al.* for the CONSORT Group. The revised CONSORT statement for reporting randomized trials: explanation and elaboration. *Ann Intern Med* 2001; 134: 663-694. (Also available from: URL: <http://www.consort-statement.org>. Accessed November 21, 2007).
6. Bossuyt PM, Reitsma JB, Bruns DE, Gatsonis CA, Glasziou PP, Irwig LM, *et al.* for the STARD Group. Towards complete and accurate reporting of studies of diagnostic accuracy: The STARD Initiative. *Clin Chem* 2003; 49: 1-6.
7. STROBE statement: Checklist of essential items Version 3 (Sept 2005). Available from: URL: <http://www.equator-network.org/index.aspx?o=1051>. Accessed November 21, 2007.
8. Moher D, Cook DJ, Eastwood S, Olkin I, Rennie D, Stroup DF. Improving the quality of reports of meta-analyses of randomised controlled trials: The QUOROM statement. *Quality of Reporting of Meta-Analyses*. *Lancet*. 1999; 354: 1896-1900.
9. Stroup DF, Berlin JA, Morton SC, Olkin I, Williamson GD, Rennie D, *et al.* for the Meta-analysis of observational studies in epidemiology (MOOSE) Group. Meta-analysis of observational studies in epidemiology: a proposal for reporting. *JAMA* 2000; 283: 2008-2012.
10. Clinical Trials Registry - India. National Institute of Medical Statistics (ICMR). Available from: URL: http://www.ctri.in/Clinicaltrials/trials_jsp/index.jsp. Accessed November 18, 2008.
11. Institute of Medicine. *Guidelines for Clinical Practice: From Development to Use*. Washington DC: National Academy Press; 1992.
12. Shiffman RN, Shekelle P, Overhage JM, Slutsky J, Grimshaw J, Deshpande AM. Standardized Reporting of Clinical Practice Guidelines: A proposal from the Conference on Guideline Standardization. *Ann Intern Med* 2003; 139: 493-498.
13. Gupta P, Choudhury P. Declaring competing interests. *Indian Pediatr* 2003; 40: 3-6.
14. 52nd WMA General Assembly. World Medical Association Declaration of Helsinki. Ethical principles for medical research involving human subjects. Adopted 1964. Updated 2004. Available from: URL: <http://www.wma.net/e/policy/b3.htm>. Accessed October 11, 2006.
15. Gupta P, Yadav M, Mohta A, Choudhury P. References in Indian Pediatrics: Authors need to be accurate. *Indian Pediatr* 2005; 42: 140-145.

ANNEXURE I

Authorship Criteria and Responsibility, Financial Disclosure, Acknowledgment, and Copyright Transfer Form

Manuscript no. IP/2009/

Manuscript Title

I/We certify that the manuscript represents valid work and that neither this manuscript nor one with substantially similar content under my/our authorship has been published or is being considered for publication elsewhere. For papers with more than 1 author, We agree to allow the corresponding author to serve as the primary correspondent with the editorial office, to review the edited typescript and proof.

I/We have seen and approved the submitted manuscript. All of us have participated sufficiently in the work to take public responsibility for the contents. All the authors have made substantial contributions to the intellectual content of the paper and fulfil at least 1 condition for each of the 3 categories of contributions: i.e., Category 1 (conception and design, acquisition of data, analysis and interpretation of data), Category 2 (drafting of the manuscript, critical revision of the manuscript for important intellectual content) and Category 3 (final approval of the version to be published).

I/We also certify that all my/our affiliations with

or financial involvement with any organization or entity with a financial interest in or financial conflict with the subject matter or materials discussed in the manuscript are completely disclosed on the title page of the manuscript. My/our right to examine, analyze, and publish the data is not infringed upon by any contractual agreement.

I/We certify that all persons who have made substantial contributions to the work reported in this manuscript (e.g., data collection, writing or editing assistance) but who do not fulfill the authorship criteria are named along with their specific contributions in an acknowledgment section in the manuscript. If an acknowledgment section is not included, no other persons have made substantial contributions to this manuscript. I/We also certify that all persons named in the acknowledgment section have provided written permission to be named.

The author(s) undersigned hereby transfer(s), assign(s), or otherwise convey(s) all copyright ownership, including any and all rights incidental thereto, exclusively to the Indian Pediatrics, in the event that such work is published in Indian Pediatrics.

Authors' name(s) in order of appearance in the manuscript	Signatures (date)
---	-------------------

- 1.
- 2.
- 3.
- 4.

ANNEXURE II UNITS OF MEASUREMENTS

Parameter	Conventional Unit	SI Unit
Acid phosphatase	units/L	U/L
Alanine aminotransferase (ALT)	units/L	U/L
Albumin	g/dL	g/L
Alkaline phosphatase	units/L	U/L
Ammonia (as NH ₃)	µg/dL	µmol/L
Amylase	units/L	U/L
Aspartate aminotransferase (AST)	units/L	U/L
Bicarbonate	mEq/L	mmol/L
Bilirubin	mg/dL	µmol/L
Paco ₂	mm Hg	mm Hg
pH	pH units	pH units
Pao ₂	mm Hg	mm Hg
Calcium	mg/dL, mEq/L	mmol/L
Carbon dioxide	mEq/L	mmol/L
Ceruloplasmin	mg/dL	mg/L
Chloride	mEq/L	mmol/L
Cholesterol	mg/dL	mmol/L
Corticotropin (ACTH)	pg/mL	pmol/L
Cortisol	µg/dL	nmol/L
Creatine	mg/dL	µmol/L
Creatine kinase (CK)	units/L	U/L
Creatinine	mg/dL	µmol/L
Creatinine clearance	mL/min	mL/s
Erythrocyte sedimentation rate	mm/h	mm/h
Estradiol	pg/mL	pmol/L
Estriol	ng/mL	nmol/L
Estrone	ng/dL	pmol/L
Ferritin	ng/mL	pmol/L
á-fetoprotein	ng/mL	µg/L
Follicle-stimulating hormone	mIU/mL	IU/L
Glucose	mg/dL	mmol/L
Hematocrit	%	proportion of 1.0
Hemoglobin (whole blood)	g/dL	g/L
Insulin	µIU/mL	pmol/L
Iron, total	µg/dL	µmol/L
Lead	µg/dL	µmol/L
Lipids (total)	mg/dL	g/L
Lipoprotein (a)	mg/dL	µmol/L
Magnesium	mg/dL mEq/L	mmol/L
Nitrogen, nonprotein	mg/dL	mmol/L
Osmolality	mOsm/kg	mmol/kg
Parathyroid hormone	pg/mL	ng/L
Phenobarbital	mg/L	µmol/L
Phenytoin	µg/mL	µmol/L

Phosphorus	mg/dL	mmol/L
Platelets (thrombocytes)	$\times 10^3/\mu\text{L}$	$\times 10^9/\text{L}$
Potassium	mEq/L	mmol/L
Progesterone	ng/mL	nmol/L
Prolactin	$\mu\text{g/L}$	pmol
Protein, total	g/dL	g/L
Prothrombin time (PT)	s	s
Protoporphyrin, erythrocyte	$\mu\text{g/dL}$	$\mu\text{mol/L}$
Red blood cell count	$\times 10^6/\mu\text{L}$	$\times 10^{12}/\text{L}$
Reticulocyte count	% of RBCs	Proportion of 1.0
Sodium	mEq/L	mmol/L
Testosterone	ng/dL	nmol/L
Thyroglobulin	ng/mL	$\mu\text{g/L}$
TSH	mIU/L	mIU/L
Thyroxine, free (T_4)	ng/dL	pmol/L
Thyroxine, total (T_4)	$\mu\text{g/dL}$	nmol/L
Transferrin	mg/dL	g/L
Triglycerides	mg/dL	mmol/L
Triiodothyronine Free (T_3)	pg/dL	pmol/L
Total (T_3)	ng/dL	nmol/L
Urea nitrogen	mg/dL	mmol/L
Uric acid	mg/dL	$\mu\text{mol/L}$
Vitamin A (retinol)	$\mu\text{g/dL}$	$\mu\text{mol/L}$
Vitamin B ₆ (pyridoxine)	ng/mL	nmol/L
Vitamin B ₁₂ (cyanocobalamin)	pg/mL	pmol/L
Vitamin C (ascorbic acid)	mg/dL	$\mu\text{mol/L}$
Vitamin D (1,25-Dihydroxyvitamin D)	pg/mL	pmol/L
Vitamin D (25-Hydroxyvitamin D)	ng/mL	nmol/L
Vitamin E	mg/dL	$\mu\text{mol/L}$
Vitamin K	ng/mL	nmol/L
White blood cell count	$\times 10^3/\mu\text{L}$	$\times 10^9/\text{L}$
White blood cell differential count	%	proportion of 1.0
Zinc	$\mu\text{g/dL}$	$\mu\text{mol/L}$