

## **Instructions to Authors**

Authors should submit two hard copies of manuscripts and electronic version of the manuscript in a Compact Disc to the Editor. Authors also encouraged submitting a copy of manuscript to the Editor by electronic mail. Accepted papers will be processed further, if the papers are rejected, the decision will be communicated to the corresponding author but the manuscripts will not be returned.

### **Preparing a Manuscript:**

Authors should keep their manuscripts as short as they reasonably can. Manuscripts should be typed double spaced on one side of good quality A4 size paper. Page number should appear in the upper right hand corner of each page, beginning with the title page.

The language of manuscript must be simple and explicit.

Author's/Co-author's name or any other identification should not appear anywhere in the body of the manuscript to facilitate blind review.

Articles were accepted under following headings:

- a. Letter to Editor.
- b. Original Research Articles.
- c. Short communications.
- d. Perspectives (Innovative teaching methods, Innovative practice approach, Novel pharmaceutical care models, Debates, view points)
- e. Invited articles.
- f. Case reports.
- g. Drug Reviews.
- h. Events.

### **Original Research Articles:**

It should be arranged into the following sections:

- 1) Title page,
- 2) Abstract and Key words,
- 3) Introduction,
- 4) Materials and Methods,

- 5) Results,
- 6) Discussion,
- 7) Acknowledgement,
- 8) References,
- 9) Tables,
- 10) Figures.

The total number of words should not exceed 3200.

**Title page**

It should be paginated as page 1 of the paper. It should carry the title, authors' names and their affiliations, running title, address for correspondence including e-mail address.

**Title:**

Must be informative, specific and short and not exceed 100 characters.

**Authors and affiliations:**

The names of authors and their appropriate addresses should be given.

It should be made clear which address relates to which author.

**Running title:**

It is a short title printed in the journal at the right top corner of right hand page of the article (except the lead page). A short running title of not more than 50 characters should be given.

**Address for correspondence:**

The corresponding author's address should be given in the title page. The fax number (if available) may be mentioned. The e-mail ID of the corresponding author or the contact e-mail ID must also be provided.

**Abstract and key words**

**Abstract:**

It must start on a new page carrying the following information: (a) Title (without authors' names or affiliations), (b) Abstract, (c) Key words, (d) Running title. It should not exceed 200 words excluding the title and the key words. The abstract must be concise, clear and informative rather

than indicative. New and important aspects must be emphasized.

The abstract must be in a structured form consisting of OBJECTIVES, METHODS, RESULTS and CONCLUSIONS briefly explaining what was intended, done, observed and concluded. Authors should state the main conclusions clearly and not in vague statements. The conclusions and recommendations not found in the text of the article should not be given in the abstract.

**Key words:**

Provide 3-5 keywords which will help readers or indexing agencies in cross-indexing the study. The words found in title need not be given as key words.

**Introduction**

It should start on a new page. Essentially this section must introduce the subject and briefly say how the idea for research originated. Give a concise background of the study. Do not review literature extensively but provide the most recent work that has a direct bearing on the subject. Justification for research aims and objectives must be clearly mentioned without any ambiguity. The purpose of the study should be stated at the end. It should not exceed 500 words.

**Material and Methods**

This section should deal with the materials used and the methodology - how the work was carried out. The procedure adopted should be described in sufficient detail to allow the study to be interpreted and repeated by the readers, if necessary. The number of subjects, the number of groups studied, the study design, sources of drugs with dosage regimen or instruments used, statistical methods and ethical aspects must be mentioned under the section. The methodology - the data collection procedure - must be described in sufficient detail. If a procedure is a commonly used one, giving a reference (previously published) would suffice. If a method is not well known (though previously published) it is better to describe it briefly. Give explicit descriptions of modifications or new methods so that the readers can judge their accuracy, reproducibility and reliability.

The nomenclature, the source of material and equipment used, with details of the manufacturers in parentheses, should be clearly mentioned. Drugs and chemicals should be precisely identified

using their non-proprietary names or generic names. If necessary, the proprietary or commercial name may be inserted once in parentheses. The first letter of the drug name should be small for generic name (e.g., dipyridamole, propranolol) but capitalized for proprietary names (e.g., Persantin, Inderal). The routes of administration may be abbreviated, e.g., intraarterial (i.a.), intracerebroventricular (i.c.v.), intra-gastric lavage (i.g.), intramuscular (i.m.), intraperitoneal (i.p.), intravenous (i.v.), per os (p.o.), subcutaneous (s.c.), transdermal (t.d.).

### **Statistical Methods:**

The details of statistical tests used and the level of significance should be stated. If more than one test is used it is important to indicate which groups and parameters have been subjected to which test.

### **Results**

The results should be stated concisely without comments. It should be presented in logical sequence in the text with appropriate reference to tables and/or figures. The data given in tables or figures should not be repeated in the text. The same data should not be presented in both tabular and graphic forms. Simple data may be given in the text itself instead of figures or tables. Avoid discussions and conclusions in the results section.

### **Discussion**

This section should deal with the interpretation, rather than recapitulation of results. It is important to discuss the new and significant observations in the light of previous work. Discuss also the weaknesses or pitfalls in the study. New hypotheses or recommendations can be put forth.

Avoid unqualified statements and conclusions not completely supported by the data. Repetition of information given under Introduction and Results should be avoided. Conclusions must be drawn considering the strengths and weaknesses of the study. They must be conveyed in the last paragraph under Discussion. Make sure conclusions drawn should tally with the objectives stated under Introduction.

## **Acknowledgements**

It should be typed in a new page. Acknowledge only persons who have contributed to the scientific content or provided technical support. Sources of financial support should be mentioned.

## **References**

It should begin on a new page. The number of references should normally be restricted to a maximum of 25 for a full paper. Avoid citing abstracts as references.

Papers which have been submitted and accepted but not yet published may be included in the list of references with the name of the journal and indicated as “In press”. A photocopy of the acceptance letter should be submitted with the manuscript. Information from manuscript “submitted” but “not yet accepted” should not be included.

Avoid using abstracts as references. The “unpublished observations” and “personal communications” may not be used as references but may be inserted (in parentheses) in the text.

References are to be cited in the text by superscribed number and should be in the order in which they appear. References cited only in tables or in legends to figures should be numbered in accordance with a sequence established by the first identification in the text of the particular table or illustration.

The references must be verified by the author(s) against the original documents. The list of references should be typed double spaced following the Vancouver style.

Examples are given in Annexure II.

## **Tables**

Each table must be self-explanatory and presented in such a way that they are easily understandable without referring to the text. It should be typed with double spacing and numbered consecutively with Arabic numerals. Provide a short descriptive caption above each table with foot notes and/or explanations underneath. The number of observations, subjects and the units of numerical figures must be given. It is also important to mention whether the given

values are mean, median, mean $\pm$ SD or mean $\pm$ SEM. All significant results must be indicated using asterisks. Appropriate positions for the tables within the text may be indicated.

### **Check list for Table**

- Serially numbered?
- Short self explanatory caption given?
- Columns have headings?
- Units of data given?
- 'n' mentioned?
- Mean  $\pm$  SD or Mean  $\pm$  SEM given?
- Statistical significance of groups indicated by asterisks or other markers?
- P values given?
- Rows and columns properly aligned?
- Appropriate position in the text indicated?

### **Figures**

Each figure must be numbered and a short descriptive caption must be provided. All significant results should be indicated using asterisks. For graphs and flow charts, it is not necessary to submit the photographs. A manually prepared or computer drawn figure (with good contrast) on a good quality paper is acceptable.

Identify each figure/diagrams on the back with a typed label which shows the number of the figure, the name of the leading author, the title of the manuscript and the top side of the figure. The approximate position of each figure should be marked on the margin of the text.

Legends for figures should be typed under the figure if possible or on a separate sheet.

Large/complex tables or figures may be submitted in "Final Print (camera ready) format" which will be scanned and printed as such.

### **Check list for Figure**

- Serially numbered? Self explanatory caption given?
- X and Y axes graduated?
- X and Y axes titled (legend)?
- Units mentioned (if necessary)?
- Different symbols/markers for different groups given?
- SD or SEM represented (graphically)?
- Statistical significance indicated?
- Approximate position in the text marked?

### **Short communications:**

The manuscript should not be divided into sub-sections. It may have up to 1200 words (including a maximum of 5 references) and one figure or one table.

### **Letter to the Editor:**

A letter can have a maximum of 800 words (including a maximum of 4 references) with one simple figure or table. The manuscript should not have sub-sections.

### **Review articles:**

These should contain title page, summary (need not be structured) and key words. The text proper should be written under appropriate sub-headings. The authors are encouraged to use flowcharts, boxes, cartoons, simple tables and figures for better presentation. The total number of text words should not exceed 5000 and the total number of figures and tables should not be more than 10.

### **Methods**

The format and other requirements are same as that of short communication.

### **Manuscript Submission: Checklist**

- Cover letter
- Copyright statement signed by all authors
- Three copies of manuscript with photocopies of illustrations attached to each.
- Title page
- Title of manuscript
- Full name(s) and affiliations of author(s); institution(s) and city(ies) from which the work originated.
- Name, address, telephone and fax numbers and e-mail address of corresponding author
- Running title
- Number of pages, number of figures and number of tables.
- Abstract - in structured form along with title, key words and running title.
- Article proper (double spaced)
- Acknowledgements (separate sheet)
- References
- Tables
- Figures/photographs and legends
- Permissions to reproduce published material



**ANNEXURE I**

**EDITOR IN CHIEF**

**INTERNATIONAL JOURNAL OF COMMUNITY PHARMACY (IJCP),  
MANIPAL COLLEGE OF PHARMACEUTICAL SCIENCES,  
MANIPAL, KARNATAKA – 576 104, INDIA**

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**NOTE:**

- All authors are required to sign this form.
- No addition, deletion or change in the sequence of authors is allowed at a later stage without valid reasons.
- If the authorship is contested before publication the manuscript will be either returned or kept in abeyance till the issue is resolved.
- This form may be photocopied and used.

**AUTHORSHIP AND RESPONSIBILITIES**

- Anyone who makes significant intellectual contribution must be given authorship.
- Every author must be involved in planning, implementation and analysis of the research study and its presentation in the form of the manuscript. In case some clarification is sought, they should be able to reply to the queries.
- Authors should be ready to take public responsibility for the content of the paper.
- All the authors in a manuscript are responsible for the technical information communicated. For this reason it is necessary that all authors must read and approve the final version of the manuscript before signing the consent and declaration form.

\*Conflicts of interests if any, the details must be declared in a separate sheet.

**ANNEXURE II**

**EXAMPLES OF REFERENCES - VANCOUVER STYLE**

From Uniform Requirements for Manuscripts,

## **Articles in Journals**

### **1. Standard journal article**

List the first six authors followed by et al. (Note: NLM now lists up through 25 authors; if there are more than 25 authors, NLM lists the first 24, then the last author, then et al.)

Vega KJ, Pina I, Krevsky B. Heart transplantation is associated with an increased risk for pancreatobiliary disease. *Ann Intern Med* 1996 Jun 1;124(11):980-3.

As an option, if a journal carries continuous pagination throughout a volume (as many medical journals do) the month and issue number may be omitted. (Note: For consistency, the option is used throughout the examples in Uniform Requirements. NLM does not use the option.)

Vega KJ, Pina I, Krevsky B. Heart transplantation is associated with an increased risk for pancreatobiliary disease. *Ann Intern Med* 1996;124: 980-3.

More than six authors:

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 assess-ment 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. Immuno-logic 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 nephro-pathy (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 neuro-physiology. 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, in-ventors; Novoste Corporation, assignee. Methods for procedures re-lated to the electrophysiology of the heart. US patent 5,529,067. 1995 Jun 25.  
Other Published Material

### **25. Newspaper article**

Lee G. Hospitalizations tied to ozone pollution: study estimates 50,000 admissions annually. The Washington Post 1996 Jun 21;Sect. A:3 (col. 5).

### **26. Audiovisual material**

HIV+/AIDS: the facts and the future [videocassette]. St. Louis (MO): Mosby-Year Book; 1995.

### **27. Legal material**

Public law: Preventive Health Amendments of 1993, Pub. L. No. 103-183, 107 Stat. 2226 (Dec. 14, 1993).

Unenacted bill: Medical Records Confidentiality Act of 1995, S. 1360, 104th Cong., 1st Sess. (1995)

### **Code of Federal Regulations:**

Informed Consent, 42 C.F.R. Sect. 441.257 (1995).

Hearing: Increased Drug Abuse: the Impact on the Nation's Emergency Rooms: Hearings Before the Subcomm. on Human Resources and Intergovernmental Relations of the House Comm. on Government Operations, 103rd Cong., 1st Sess. (May 26, 1993).

### **28. Map**

North Carolina. Tuberculosis rates per 100,000 population, 1990 [demo-graphic map]. Raleigh: North Carolina Dept. of Environment, Health, and Natural Resources, Div. of Epidemiology; 1991.

### **29. Book of the Bible**

The Holy Bible. King James version. Grand Rapids (MI): Zondervan Publishing House; 1995. Ruth 3:1-18.

### **30. Dictionary and similar references**

Stedman's medical dictionary. 26th ed. Baltimore: Williams & Wilkins; 1995. Apraxia; p. 119-20.

### **31. Classical material**

The Winter's Tale: act 5, scene 1, lines 13-16. The complete works of William Shakespeare. London: Rex; 1973. Unpublished Material

### **32. 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**

### **33. 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].

### **Address of Editor:**

### **The Editor**

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