

INSTRUCTIONS TO AUTHORS

Authorship Criteria

Authorship credit should be based only on substantial contributions to each of the three components mentioned below:

1. Concept and design of study or acquisition of data or analysis and interpretation of data;
2. Drafting the article or revising it critically for important intellectual content; and
3. Final approval of the version to be published.

The journal expects that authors would authorize one of them to correspond with the Journal for all matters related to the manuscript. Participation solely in the acquisition of funding or the collection of data does not justify authorship. General supervision of the research group is not sufficient for authorship. The order of naming the contributors should be based on the relative contribution of the contributor towards the study and writing the manuscript. Once submitted the order cannot be changed without written consent of all the contributors. The journal prescribes a maximum number of authors for manuscripts depending upon the type of manuscript, its scope and number of institutions involved (vide infra). The authors should provide a justification, if the number of authors exceeds these limits.

Submission of Manuscripts:

All manuscripts must be submitted to the Editor, ACER by email at the email id acergmch@gmail.com. The submitted manuscripts that are not as per the "Instructions to Authors" would be returned to the authors for technical correction, before they undergo editorial/peer-review.

Use MS Word (.doc/.docx) files. Do not zip the files. The manuscript should be submitted in the form of separate files under the following headings.

1. Title Page/First Page File/Covering letter:

This file should provide:

- (a) The type of manuscript (original article, case report, review article, Ethics Forum, Education Forum, Letter to editor, Images, etc.) title of the manuscript, running title, names and mailing address of all authors/ contributors in the order they should appear and name(s) of department(s) and/ or institution(s) to which the work should be credited. All information which can reveal your identity should be here. The corresponding author with his/her address, e-mail, fax and telephone number should be clearly delineated.
 - (b) Registration number in case of a clinical trial and where it is registered (name of the registry and its URL)
2. **Blinded Article file:** Each section should start on a fresh page. The manuscript must not contain any mention of the authors' names or initials or the institution at which the study was done or acknowledgements. Page headers/running title can include the title but not the authors' names. Manuscripts not in compliance with The Journal's blinding policy will be returned to the corresponding author. The main text of the article, beginning from Abstract till References (including tables) should be in this file. Do not incorporate images in the file.

Tables and Graphs: Number tables, in Arabic numerals, consecutively in the order of their first citation in the text and supply a brief title for each. Tables with more than 10 columns and 25 rows are not acceptable. Place explanatory matter in footnotes, not in the heading. Explain in footnotes all non-standard abbreviations that are used in each table. Obtain permission for all fully borrowed, adapted, and modified tables and provide a credit line in the footnote. For footnotes use the following symbols, in this sequence: *, †, ‡, §, ||, ¶, **, ††, ‡‡. Tables with their legends should be provided at the end of the text after the references.

If file size is large, graphs can be submitted as images separately without incorporating them in the article file to reduce the size of the file. The pages should be numbered consecutively, beginning with the first page of the blinded article file.

3. **Images:** Each image should be less than 2 MB in size. Images can be submitted as jpeg (.jpg) files. The image quality should be 300 dpi, 1200×1600 pixels. Legends for the figures/images should be included at the end of the article file itself. Figures should be numbered consecutively according to the order in which they have been first cited in the text. Labels,

numbers, and symbols should be clear and of uniform size. Symbols, arrows, or letters used in photomicrographs should contrast with the background. The photographs and figures should be trimmed to remove all the unwanted areas. If a figure has been published elsewhere, acknowledge the original source and submit written permission from the copyright holder to reproduce the material. A credit line should appear in the legend for such figures. Legends should be a maximum 40 words, excluding the credit line. When symbols, arrows, numbers, or letters are used to identify parts of the illustrations, identify and explain each one in the legend. Explain the internal scale (magnification) and identify the method of staining in photomicrographs

The Journal reserves the right to crop, rotate, reduce, or enlarge the photographs to an acceptable size

4. **The contributors' / copyright transfer form** (template provided below) has to be submitted in original with the signatures of all the contributors within two weeks of submission either by hand or via courier or email as a scanned image.

5. **Conflicts of Interest/ Competing Interests** All authors must disclose any and all conflicts of interest they may have with publication of the manuscript or an institution or product that is mentioned in the manuscript and/or is important to the outcome of the study presented. Authors should also disclose conflict of interest with products that compete with those mentioned in their manuscript. A statement of financial or other relationships that might lead to a conflict of interest must be included. The conflict of interest statement should be included in the main text before the references.

6. **Acknowledgement**, if any. One or more statements should specify 1) contributions that need acknowledging but do not justify authorship, such as general support by a departmental chair; 2) acknowledgments of technical help; and 3) acknowledgments of financial and material support, which should specify the nature of the support.

7. A statement that the manuscript has been read and approved by all the authors, that the requirements for authorship as stated earlier in this document have been met, and that each author believes that the manuscript represents honest work.

Preparation of Manuscripts

Manuscripts must be prepared in accordance with "Uniform requirements for Manuscripts submitted to Biomedical Journals" (often known as the "Vancouver system") developed by the International Committee of Medical Journal Editors. The uniform requirements and specific requirement of ACER are summarized below. Before submitting a manuscript, contributors are requested to check for the latest instructions available.

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Types of Manuscripts

Original articles: These include randomized controlled trials, intervention studies, studies of screening and diagnostic test, outcome studies, cost effectiveness analyses, case-control series, and surveys with high response rate. The text of original articles amounting to up to 2000 words (excluding Abstract, references and Tables) should be divided into sections with the headings Abstract, Key-words, Introduction, Material and Methods, Results, Discussion, References, Tables and Figure legends. These articles should generally be authored by not more than 6 authors.

Introduction: State the purpose and summarize the rationale for the study or observation.

Materials and Methods: It should include and describe the following aspects:

Ethics: A statement on ethics committee permission and ethical practices must be included in all research articles under the 'Materials and Methods' section. 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. Ensure confidentiality of subjects by desisting from mentioning participants' names, initials or hospital numbers, especially in illustrative material. Authors should remove patients' names from figures unless they have obtained written informed consent from the patients. When informed consent has been obtained, it should be indicated in the article and copy of the consent should be attached with the covering letter. The journal will not consider any paper which is ethically unacceptable. **Study design:** The study design should be described in detail using standard methodological terms such as retrospective or prospective, cohort study, case control study etc.

Selection and Description of Participants: Describe your selection of the observational or experimental participants (patients or laboratory animals, including controls) clearly, including eligibility and exclusion criteria and a description of the source population. **Technical information:** Identify the methods, apparatus (give the manufacturer's name and address in parentheses), and procedures in sufficient detail to allow other workers to reproduce the results. Give references to established methods, including statistical methods (see below); provide references and brief descriptions for methods that have been published but are not well known; describe new or substantially modified methods, give reasons for using them, and evaluate their limitations. Identify precisely all drugs and chemicals used, including generic name(s), dose(s), and route(s) of administration.

Statistical methods used for analyzing data should be described in detail. Avoid non-technical uses of technical terms in statistics, such as 'random' (which implies a randomizing device), 'normal', 'significant', 'correlations', and 'sample'.

Results: Present your results in a logical sequence in the text, tables, and illustrations, giving the main or most important findings first. Do not repeat in the text all the data 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. Use graphs as an alternative to tables with many entries; do not duplicate data in graphs and tables. Extra- or supplementary materials and technical detail can be placed in an appendix where it will be accessible but will not interrupt the flow of the text.

Discussion: Include summary of *key findings* (primary outcome measures, secondary outcome measures, results as they relate to a prior hypothesis); *Strengths and limitations* of the study (study question, study design, data collection, analysis and interpretation); *Interpretation and implications* in the context of the totality of evidence. What this study adds to the available evidence, effects on patient care and health policy, *Controversies* raised by this study; and *Future research directions*. Statements/conclusions for which adequate data has not been obtained should be avoided. Contributors should avoid making statements on economic benefits and costs unless their manuscript includes economic data and analyses. New hypotheses may be stated if needed, however they should be clearly labeled as such. About 30 references can be included.

Review Articles: It is expected that these articles would be written by authorities who have done substantial work on the subject or are considered experts in the field. The prescribed word count is up to 2500 words (excluding tables, references and abstract). The manuscript may have up to 100 references. The manuscript should have an unstructured Abstract (250 words) representing an accurate summary of the article. The section titles would depend upon the topic reviewed. Authors submitting review article should include a section describing the methods used for locating, selecting, extracting, and synthesizing data. These methods should also be summarized in the abstract.

Case reports: New, interesting and rare cases can be reported. They should be unique, describing a medical challenge and providing a learning point for the readers. Cases with clinical significance or implications will be given priority. These communications could be of up to 1000 words (excluding Abstract and references) and should have the following headings: Abstract (unstructured), Key-words, Introduction, Case report, Discussion, Reference, Tables and Legends in that order. A case report should not contain more than 2 images and 1 table. The case reports could be supported with up to 10 references. Case Reports could be authored by up to four authors.

Letter to the Editor: These should be concise and decisive observations. They should preferably be related to articles previously published in the

Journal or views expressed in the journal. They should not be preliminary observations that need a later paper for validation. The letter could have up to 300 words and 5 references. It could be generally authored by not more than three authors.

Other: Editorial, Guest Editorial, and Commentary are solicited by the editorial board.

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*, just *after the punctuation marks*. *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. Avoid citing a "personal communication" unless it provides essential information not available from a public source, in which case the name of the person and date of communication should be cited in parentheses in the text. The commonly cited types of references are shown here, for other types of references such as newspaper items please refer to ICMJE Guidelines (<http://www.icmje.org> or http://www.nlm.nih.gov/bsd/uniform_requirements.html).

1. Standard journal article

List the first six authors followed by et al.

Halpern SD, Ubel PA, Caplan AL. Solid-organ transplantation in HIV-infected patients. *N Engl J Med*. 2002;347:284-7.

More than six authors:

Rose ME, Huerbin MB, Melick J, Marion DW, Palmer AM, Schiding JK, et al. Regulation of interstitial excitatory amino acid concentrations after cortical contusion injury. *Brain Res*. 2002;935(1-2):40-6.

2. Books and other monographs

Personal author(s)

Murray PR, Rosenthal KS, Kobayashi GS, Pfaller MA. *Medical microbiology*. 4th ed. St. Louis: Mosby; 2002.

Chapter in a book

Meltzer PS, Kallioniemi A, Trent JM. Chromosome alterations in human solid tumors. In: Vogelstein B, Kinzler KW, editors. *The genetic basis of human cancer*. New York: McGraw-Hill; 2002. p. 93-113.

Sending a revised manuscript

The revised version of the manuscript should be submitted online in a manner similar to that used for submission of the manuscript for the first time. However, there is no need to submit the "First Page" or "Covering Letter" file while submitting a revised version. When submitting a revised manuscript, contributors are requested to include the 'referees' remarks along with point to point clarification at the beginning in the revised file itself. In addition, they are expected to mark the changes as underlined or colored text in the article. The authors are requested to include the manuscript number assigned in the subject heading.

Proofs

Proofs will be sent to the corresponding authors by email approximately 2 weeks before the publication date.

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