Instructions for Authors- IAB journal

Acceptance of articles is determined by their importance, scientific value, and relevance. It is requested that authors base their reports on original research that they or their teams have conducted. It is not advisable to submit manuscripts to many journals simultaneously.

Every paper goes through a peer-reviewing procedure. 'double blind review method' will be used by the journal. A set of editorial board members will first evaluate the paper in a doubleblind fashion to determine whether it is appropriate to submit it to peer review. The work will thereafter be sent to a panel of referees from India and elsewhere for a double-blind peer review process. If necessary, the authors will receive the comments back for correction. The Editor or Editor-in-Chief has the last say.

are made available in order to expand the reach of communications: Editorials, original research, case studies, clinical reviews, unsearched research, radiology and bronchoscopy quizzes, practical applications, clinical problem series, clinico-pathological conferences, opinions, anecdotes, medical humanities, general viewpoints, book reviews, letters to editors, correspondence columns, and more.

All articles should be submitted online at the iabsecretaryoffice@gmail.com.

Note - Hard copy of article files/images are not required to be submitted unless specifically asked for.

SALIENT FEATURES OF THESE RECOMMENDATIONS

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- A declaration of any financial or other relationships that could potentially result in a conflict of interest must be provided.
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Authorship credit should be based on substantial contributions to conception, design, data acquisition, or data analysis and interpretation; drafting or critically revising the article; and final approval of the version to be published. All three conditions must be met. Funding acquisition, data collection, or general supervision alone do not justify authorship. Limit

authors to:

- Original articles: six or fewer
- Case reports: four or fewer
- Review articles: preferably two, but up to four
- Letters to the editor: four if including a study, otherwise two

Due to increasing plagiarism issues, the Editorial Board will address plagiarism in submitted manuscripts as follows:

A. Manuscripts with slight plagiarism (only a few copy paste of full or part of a sentence without proper attribution)

The manuscript will be sent back to authors for modification.

B. Manuscripts with considerable plagiarism (copy paste of paragraphs with minor modifications, copy of tables or figures without permission)

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An explanation letter will be demanded from author/s regarding occurrence of plagiarism.

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The head of the institution will be sent the signed copyright form submitted by the authors and informed about plagiarism. Borderline plagiarism will be considered in the next category.

Publication / **Processing Fee:** The journal does not charge fees for submission or publication. Upon acceptance, authors can choose to print images in color for INR 4000 per page or black & white at no cost.

Preparation of manuscript

Manuscripts should be prepared using standard word processing software, preferably in Times New Roman, 12-point size. Ensure there is adequate spacing on both sides and include the following segments:

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The 'First Page File' should carry

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- The name of authors and highest academic degree(s)
- \cdot $% \left({{\rm{The\ name\ of\ the\ department}}(s) \ and \ institution(s) \ to \ which \ the \ work \ should \ be \ attributed$

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• Source(s) of support in the form of grants, equipment, drugs etc should be disclosed

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Acknowledgements

Acknowledgements may be made for contributions that require recognition but do not warrant authorship, such as:

- General support from a department chair
- Acknowledgement of technical assistance
- Financial and material support

A statement of conflict of interest should also be made.

2. Main article file

Title

Abstract and key words

This document should include an abstract with a maximum of 150 words for unstructured abstracts or 250 words for structured abstracts. A 'structured abstract' is constructed using sub-headings such as background, methods, results, and conclusions (see example on website). The abstract should state the purpose of the study or investigation, basic procedures (selection of study subjects or laboratory animals; observational and analytical methods), main findings (providing specific data and their statistical significance, if possible), and principal conclusions. It should highlight new and important aspects of the study or observations.

Below the abstract, authors should provide 3 to 8 key words or short phrases that assist in cross-indexing the article and may be published with the abstract.

Introduction State the article's purpose and briefly explain the study rationale. Include only relevant references and avoid data or conclusions from the reported work.

Materials and Methods

Clearly describe your selection of observational or experimental subjects (patients or laboratory animals, including controls). Identify the age, sex, and other significant characteristics of the subjects. The definitions and relevance of race and ethnicity are often ambiguous; therefore, authors should exercise particular caution when using these categories. Provide detailed descriptions of the methods, apparatus (including the manufacturer's name and address in parentheses), and procedures used to allow for reproducibility of results by other researchers. Cite established methods, including statistical techniques, with appropriate references. For methods that have been published but are not widely known, provide references and brief descriptions. For new or substantially modified methods, provide explanations for their use and evaluate any limitations. Precisely identify all drugs and chemicals used, including generic names, dosages, and routes of administration.

Randomized controlled trials

Reports of randomized clinical trials should provide comprehensive information on all major study elements. This includes the protocol (study population, interventions or exposures, outcomes, and the rationale for statistical analysis), assignment of interventions (methods of randomization, concealment of allocation to treatment groups), and methods of masking (blinding). Authors submitting review manuscripts are required to include a section detailing the methods used for locating, selecting, extracting, and synthesizing data. These methods should also be summarized in the abstract. For any clarification, please contact Office at iabsecretaryoffice@gmail.com.

The Consolidated Standards of Reporting Trials (CONSORT) flow chart is essential for any randomized controlled trial submitted to the journal. Trials must be registered at or before the onset of patient enrollment. The Clinical Trial Registration of India (CTRI) number should be included in the first page file; otherwise, the manuscript may be rejected without notification. Studies involving health-related interventions such as drug use, medical devices, surgical procedures, behavioral interventions, dietary interventions, and changes in the process of care and/or health outcomes (including pharmacokinetic measures and adverse events) must be registered. Registration is not required for studies that are entirely observational, where no intervention has been planned.

Editorial policy for making decisions on manuscripts on drug trials

Recommendations of the Expert Committee

1. **Conflict of Interest and Sponsorship Statement**: The manuscript must include a detailed statement outlining sponsorships, financial disclosures, and any relevant relationships with the company and product. A simple 'No Conflict of Interest' statement is insufficient. Clearly define the sponsor's role in funding, protocol development, monitoring, data analysis, and manuscript preparation and review.

2. Authorship:

i. Individuals who are regularly employed by a commercial firm may also submit manuscripts as primary authors or co-authors. These affiliations must be explicitly disclosed.ii. The criteria for authorship must adhere to the standards outlined by the ICMJE.

iii. Typically, the first or senior author should communicate with the journal, editors, and other relevant parties regarding the publication. This individual will assume full responsibility as the primary author. If the first author is a student within a department, the corresponding author may be the leader of the research group conducting the study.

iv. The first or corresponding author should be prepared to discuss and defend the paper. a. The individual should be designated as the guarantor of the study and must assume full responsibility for its integrity and the accuracy of the report. Author contributions must be explicitly defined. The manuscript should distinctly identify those responsible for the design, analysis, interpretation, drafting, and critical review of the document. Additionally, the manuscript must clearly state the name of the author who is the guarantor of the paper.

v. A publication steering committee should have been formed early wherein authors and contributors agree to the roles in the development of the article or presentation.

3. **Registration and approval:**

i. The clinical trial must be registered with an appropriate registry, such as the ICMR Registry.

ii. Authorization for conducting the trial of the drug must be obtained from the Office of the Drug Controller of India if a new drug, combination, or indication is under investigation.

iii. The clinical trials must be approved by a properly constituted Ethics Committee as defined by the ICMR. In case of multi-center trials, the Ethics Committee of each center must independently review and approve the protocol.

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i. The journal may implement a specific review policy for clinical trials, requiring that at least one reviewer be a clinical pharmacologist.

ii. Duplicate publication is strictly prohibited unless a portion of the data has been reinterpreted, with clear acknowledgment and citation of the primary publication.

iii. The journal should add a footnote that publication does not imply endorsement of results and opinions.

Ethics When reporting experiments on human subjects, ensure procedures follow the ethical standards of the responsible committee and the Helsinki Declaration of 1975 (revised in 1983). Do not use patients' names, initials, or hospital numbers in illustrative materials. For animal experiments, confirm adherence to institutional or national guidelines on animal care. Include the ethics committee/institute review board clearance number on the first page file and mention it in the methods section; otherwise, the manuscript may be rejected without notice.

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Describe statistical methods in detail to allow verification of results. Quantify findings with indicators like confidence intervals. Do not rely solely on P values, as they lack important quantitative information. Discuss subject eligibility, randomisation details, and blinding methods. Report treatment complications, observation numbers, and losses (e.g., clinical trial dropout). Reference standard works for study design and methods. Specify any general-use computer programs used, such as SPSS.

Results

Present your results in logical sequence in the text, tables, and illustrations. Do not repeat in the text all the data in the tables or illustrations; emphasize or summarize only important observations.

Discussion

Focus on the new and significant aspects of the study and their conclusions. Do not repeat detailed data from earlier sections. Discuss the implications and limitations of the findings, and relate them to other relevant studies. Connect conclusions with the study's goals without making unsupported claims. Avoid statements on economic benefits unless supported by data. Do not claim priority or refer to incomplete work. State new hypotheses clearly if warranted, and include recommendations when appropriate.

Acknowledgements At an appropriate place in the article (the title page footnote or an appendix to the text, see the journal's requirements), one or more statements should specify:

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Do not include identifying information in descriptions, images, or pedigrees unless essential for scientific purposes and with informed consent. Remove patient names from figures unless consent is obtained. Following ICMJE guidelines:

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For articles with more than six authors, list the first six authors followed by "et al." Write the last name first, followed by the initials of the first and middle names in capital letters without periods. The title should match the article exactly. Use the standard PubMed abbreviation for the journal name instead of the full name. Follow this with the year of publication, then the volume number, and finally the page numbers (e.g., 380-390 should be written as 380-90). A standard journal article citation should appear as follows:

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If an article is authored by an organization rather than specific individuals, the reference should begin with the name of the organization. For example:

The Cardiac Society of Australia and New Zealand. Clinical exercise stress testing. Safety and performance guidelines. Med J Aust 1996; 164:282-4.

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Morse, S.S. (1995). Factors in the emergence of infectious diseases. *Emerging Infectious Diseases*, [serial online] Jan-Mar [cited 1996 Jun 5]; 1(1): [24 screens]. Available from: http://www.cdc.gov/ncidod/EID/eid.htm. Accessed on [date].

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a) Personal author(s)

Ringsven MK, Bond D. Gerontology and leadership skills for nurses. 2nd ed. Albany (NY): Delmar Publishers; 1996. Editor(s), complier(s) as author Norman IJ, Redfern SJ. editors. Mental health care for elderly people. New York: Churchill Livingstone; 1996. 5.

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Name(s) of author (s) of the chapter is followed by title of chapter. Other information is written in the similar style as above:

Philips 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. 6.

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