INSTRUCTIONS TO AUTHORS

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Criteria for acceptance: All manuscripts should meet the following criteria: the material is original, study methods are appropriate, data are sound, conclusions are reasonable and supported by the data, and 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 that do not follow the guidelines would be sent back to authors without initiating the peer-review process. The current acceptance rate of submitted articles is around 20% overall and <5% for case reports. All accepted manuscripts are subject to editorial modifications to suit the language and style of *Indian Pediatrics*. Manuscripts once accepted will be edited to conform to the journal's style and may be sent to author for approval. Rejected manuscripts are retained for three months to answer any queries, followed by final disposition from the system. The journal reserves the right to analyze the information obtained from submitted manuscripts as part of editorial research to improve the peer-review process, and for teaching and training activities; this does not include use of the manuscript data.

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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 detected, 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, and informing the authors' institute or other medical editors, A previously rejected article should not be resubmitted again under the original or modified title, especially if the content remains substantially same. Authors 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.

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*.

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CATEGORIES OF ARTICLES

Articles can be submitted as Research Papers, Research Briefs, Reviews, Perspective, Images, Case Reports, Research Letters and Correspondence. *Indian Pediatrics* utilizes a blinded external peer-review system; authors should take care not to disclose their and their institution's identity in the text of the manuscript.

Research Papers: The submission should report research relevant to clinical pediatrics including randomized clinical trials, other intervention studies, studies of screening and diagnostic tests, analytical cohort and case-control studies, systematic reviews and cost-effectiveness analyses. Descriptive studies, case records/series and secondary analyses of data are not preferred for this section. For reporting research, the authors are expected to comply with the "Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals (ICMJE Recommendations) prepared by the International Committee of Medical Journal Editors (ICMJE) [1]. Additionally, authors need to adhere to the standard recommended reporting guidelines depending on the study design of the submitted article (***Table* I**). Detailed guidelines and word templates for the guidelines are also available at the website of Enhancing the quality and Transparency of health Research network (www.equator-network.org).

Clinical trial: 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 [2,3] should also be completed and submitted with the manuscript.

Trial registration: We strongly recommend that all authors register their clinical trials involving human subjects in the Clinical Trials Registry of India at *www.ctri.in*, hosted by the Indian Council of Medical Research [9]. Preference will be accorded to registered clinical trials. Registration in following trial registries 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.*

Each manuscript should be accompanied with an 8-point structured Abstract in not more than 250 words using the following headings: Objective, Design, Setting, Participants, 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. Keywords should be selected from the Medical subject headings provided at the MESH menu of PubMed. Keywords should be different from those already included in the title. The text should be arranged in sections on Introduction, Methods, Results and Discussion. Key messages should be provided at the end of the manuscript in a box under 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 or may be made available only at the journal website. 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.

Research Briefs: Brief accounts of descriptive, observational studies, epidemiological assessments, and surveys are published as Research Briefs. Some of the manuscripts submitted as 'Research Papers' may also be considered for publication under this section at the discretion of editors. A reasonably large series of cases can also be considered as Research Brief. Abstract should be limited to 100 words, and structured using the following headings: Objective, Methods, Results, and Conclusions. Provide 2-3 key words, selected from the MESH option of PubMed. The text should contain no more than 1000 words, 2 illustrations/tables and up to 15 recent references. 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 should consult the Editor-in-Chief before submitting such articles, as similar reviews may already be in submission. It is expected that the authors of review articles are experts in the concerned field. Number of authors should be limited to maximum of three. Normally, a review article on a subject already published in *Indian Pediatrics* in last 5 years is not accepted. The typical length for review articles is 2500-3000 words (excluding tables, figures, and references). Authors submitting review articles 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. The number of references should be limited to 50.

Drug Review: *Indian Pediatrics* publishes state of the art reviews on 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:

- Drug should be recently developed and should be available commercially for use in human subjects. Reviews related to agents under research and development, are generally not accepted.
- 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.
- 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.
- The drug and related review should have the potential to influence practice, policy and research related issues.
- The review should be a systematic, critical

TABLE I DETAILS OF REPORTING GUIDELINES FOR DIFFERENT STUDY DESIGNS

Study Design	Guideline/Statement	Source
Randomized controlled trial	**CON**solidated **S**tandards **O**f **R**eporting **T**rials (CONSORT) Statement [2,3]	*http://www.consort-statement.org/*
Diagnostic accuracy studies	**STA**ndards for **R**eporting of **D**iagnostic accuracy (STARD) [4]	*http://www.stard-statement.org/*
Observational studies	**ST**rengthening the **R**eporting of **OB**servational studies in **E**pidemiology (STROBE) [5]	*http://www.strobe-statement.org/index.php?id=available-checklists*
Systematic reviews/ Meta-analyses of RCT	**P**referred **R**eporting **I**tems for **S**ystematic reviews and **M**eta-**A**nalyses (PRISMA) [6]	*http://www.prisma-statement.org/*
Meta-analyses of observational studies	**M**eta-analysis **O**f **O**bservational **S**tudies in **E**pidemiology (MOOSE) [7]	*www.consort-statement.org/?o=1347*
Case reports	**CaRe** guidelines [8]	*http://www.care-statement.org/*

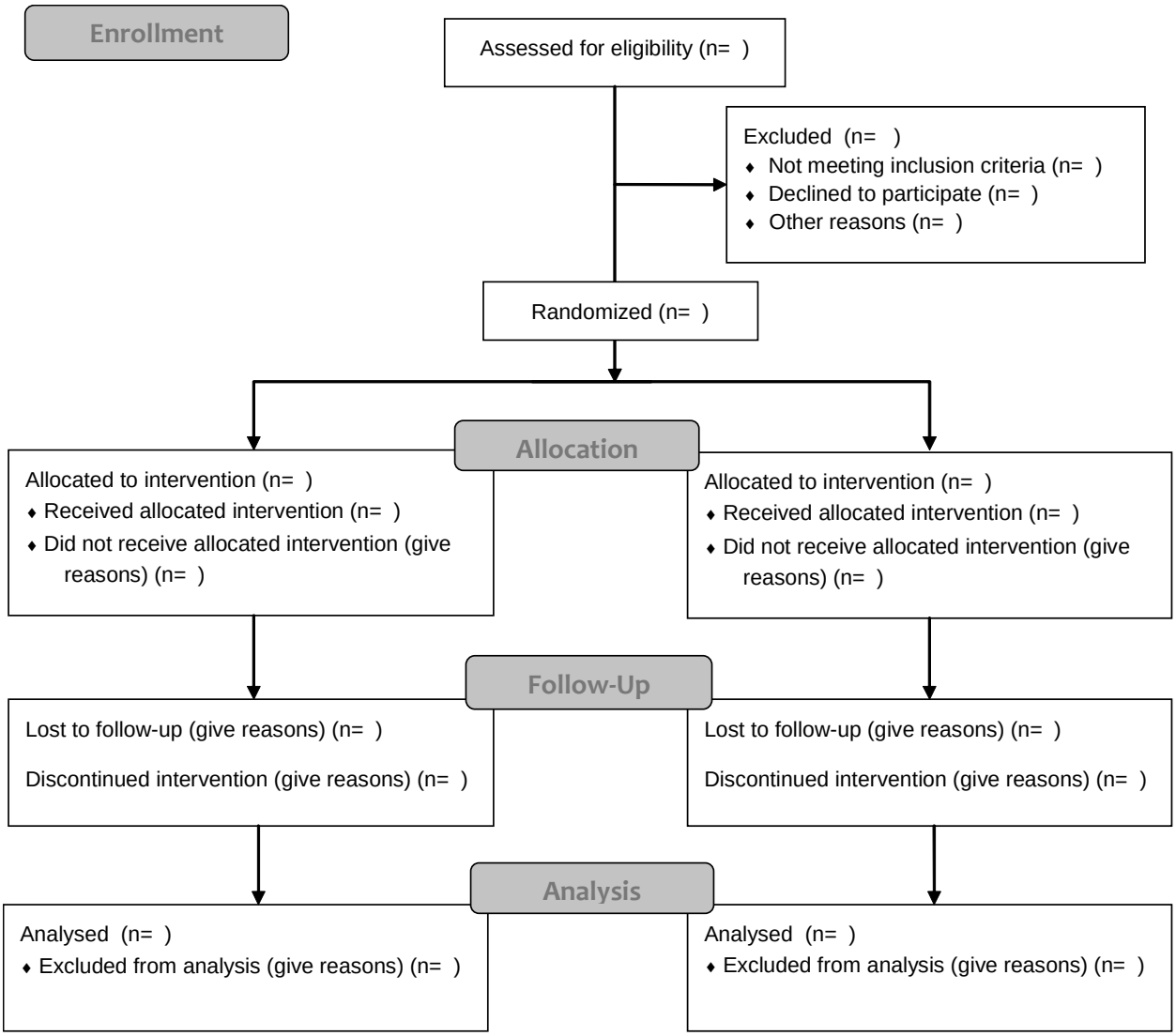

FIG. 1 *Consort flow-diagram for a randomized controlled trial.*

(Reproduced from: http://www.consort-statement.org/consort-statement/flow-diagram0/)

assessment of the literature and not just an elaboration of the information already provided by pharmaceutical companies.

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:

- The number of authors should be limited to maximum of three.
- The topic should be specific and related to child health in general.
- Word limit: 2500 words and may include one figure

and one table.

- Unstructured abstract of up to 150 words.
- The views should be supported by appropriate evidence and references. Number of references should be limited to a maximum of 30.

Clinical Practice Guidelines/Recommendations: In order to streamline the diagnosis, management and 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 [10]. 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. *Text:* 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 [11].

Case Reports: Clinical cases highlighting some unusual or new but "clinically relevant" aspects of a condition are published as *Case Reports*. Case reports should highlight some new or unusual aspect regarding etiopathogenesis, diagnosis or management of a

condition that adds to the existing body of knowledge. Rarity of the reported condition alone will not be a criterion for acceptance. Genetic syndromes not reporting novel mutations explaining pathophysiology and/or genotype-phenotype correlation will be sent back to authors without initiating the peer review process. Minor or clinically insignificant variations of rare but well-known disorders are also not preferred. The text should not exceed 1000 words and should be arranged as introduction, case report and discussion. Include a brief structured abstract of 50 words using the following headings: Background, Case characteristics, Intervention/Outcome, and Message. Only one very relevant figure is allowed. 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, and the same must be affirmed/stated on the Title page.

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 acknowledgment section, with their permission. Unstructured 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;* 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 latter 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 a 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 conditions that 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. A short text of about 150 words depicting the condition is needed. Figures should be submitted separately from the text file. The electronically submitted images should be of high resolution (>600 dpi). The following file types are acceptable: CDR, TIFF and JPEG. A maximum of two authors are permitted from a single department. Images of cases involving more than one department can have a maximum of three authors. The authors should ensure that images of similar nature have not been published earlier. Authors must obtain signed informed consent from the patient, and the same must be affirmed/stated on the Title page. Manuscript having poor quality or inappropriate resolution images may be returned to author for improvement at any stage of manuscript handling.

PREPARING THE MANUSCRIPT

Manuscripts should be prepared in accordance with the 'Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals (ICMJE Recommendations [1]. Manuscripts not fulfilling the technical requirements shall be returned to the authors without initiating the peer-review process. A summary of technical requirements for preparing the manuscript is provided below:

- The manuscript is to be submitted electronically at www.editorialmanager.com/inpe.
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- 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.
- Use at least 12-point font size (Times New Roman or Arial) and leave margins of 2.5 cm on all sides.

- *Units of measure:* Conventional units are preferred. The metric system is preferred for the expression of length, area, mass and volume.

- Use nonproprietary names of drugs, devices and other products. Proprietary names, if given, should not have a superscript © or TM or R; just capitalize the first word.

- All submitted manuscripts should be accompanied by a signed statement by all authors regarding authorship criteria, responsibility, financial disclosure and acknowledgement, as per standard format (See ***Annexure* I**) of the journal. The signatures should be in the sequence of authorship of the manuscript. The statement with original signatures is to be uploaded as a scanned file. Scanned signatures on copyright transfer form are not acceptable; authors may sign and upload separate forms if all authors are unable to sign on one form.

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; (*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, Research Brief, Reserarch Letters, Review, Case Report, Images, Correspondence) for which the article is being submitted.

Authorship Criteria: All persons designated as authors should qualify for authorship. The ICMJE recommends that authorship be based on the following 4 criteria: (*i*)Substantial contributions to the conception or design of the work; or the acquisition, analysis, or interpretation of data for the work; AND (*ii*) Drafting the work or revising it critically for important intellectual content; AND (*iii*) Final approval of the version to be published; AND (*iv*) Agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved. Conditions (*i*), (*ii*) (*iii*) and (*iv*) must all 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 acknowledgments. 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 as contributors. Statements like "all authors were involved in all aspects of manuscript preparation and submission" would not be accepted, and manuscripts may be returned to authors for correction even at the technical check phase. *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**). *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 [12]. 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 work.

Abstract and Keywords: A structured abstract is to be sent in case of Research papers (250 words), Review (200 words), Perspective (150 words), Research Brief (100 words), and Case Report (50 words). Unstructured abstract is required for Research letter (50 words). For brevity, parts of the abstract may be written as phrases rather than complete sentences. No abbreviations may be used in the abstract, unless very essential. 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 Research Brief: The abstract should be structured (Objective, Methods, Results and Conclusions) within 100 words.

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 heath), *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). Below the abstract, authors should provide 3-5 keywords for indexing; terms from the Medical Subject Headings (MESH) list of *Index Medicus* should preferably be used.

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) and data were analyzed (*e.g.* an estimate of the power of the study, exact test used for

statistical analysis). 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. Commercial names of the drugs/ equipment may be used once at first mention, with the initial letter capitalized and manufacturer's name and address in parentheses. Subsequently the scientific/non-propriety name is to be used throughout. Postfixing © or TM in superscript after the propriety name is not required.

Ethics: All studies involving human subjects must address 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 2008 [13]. All such studies should have obtained ethical clearance in writing from a formally constituted Institutional Ethics Committee, and the same should be stated in the manuscript. *Indian Pediatrics* reserves the right to demand a copy of the relevant document, whenever necessary. The ICMR Guidelines on Research on Human subjects [http://icmr.nic.in/ethical_guidelines. pdf] is a helpful guide. Even when a study has been approved by a research ethics committee, 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. Editors may consult other editorial colleagues, the Committee on publication ethics (COPE), or more commonly the Ethical advisors of *Indian Pediatrics,* to evaluate the ethical aspects of any article, and reserve the right to reject a manuscript on ethical grounds, even if the research was cleared by the institutional ethics committee. Besides rejecting the manuscript, the journal reserves the right of explaining such concerns to the head of the authors' institution or the medical council in order to prevent unethical practices 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. 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. The relevant guidelines may be consulted for appropriate reporting [14].

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. It may also be useful to mention what the study did not find. Text, tables, and illustrations should be used sensibly. Avoid repeating in the text 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. Cite the tables in the text and type them on a new page.

Discussion: It ordinarily should not be more than one-fourth of the total length of the manuscript. Do not attempt a detailed review of literature. This section should include (unheaded paragraphs in the order specified). (*i*) a summary of the major findings, (*ii*) strength and limitations of the study, (*iii*) their relationship to other similar studies, and (*iv*) generalizability of the findings, and implications for practice/policy/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 advisors," "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. Statements like "we thank all patients and their families" or "we acknowledge the help of all research staff" or "we thank the reviewers" are discouraged.

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

Prinja S, Manchanda N, Mohan P, Gupta G, Sethy G, Sen A, *et al.* Cost of neonatal intensive care delivered through district level public hospitals in India. Indian Pediatr. 2013;50:839-46.

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Material from Internet

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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 or those with more them 5 columns should be avoided. Give each column a short or abbreviated heading in italic font style. 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 are used from another published or unpublished source, obtain permission and acknowledge them fully. The source of the table should be in the footnote in full, and not by reference number alone. Obtaining the permission from the original copyright holder for reproducing already published material is the responsibility of the author, and any relevant queries will be directed to the corresponding author.

Figures and Illustrations: Figures should be sent as separate files. 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. The electronically submitted images should be of high resolution (>300 dpi). The following file types are acceptable: CDR, TIFF, EPS, and JPEG. Figures should be submitted separately from the text file. 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 We may ask for hard copies of photographs when the submitted image file is inappropriate. Such 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.

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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 or dl. Red and White blood cell counts are to be expressed as $\times 10^6$/L and $\times 10^3$/L respectively. Temperatures should be given in degrees Celsius. Blood pressures should be given in millimeters of mercury (mmHg). 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.

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ANNEXURE I

Disclosure and Copyright Transfer Form

Manuscript no.

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 4 categories of contributions: 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), Category 3 (final approval of the version to be published) and Category 4 (Agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved).

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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	mmoI/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	pmoI/L
Ferritin	ng/mL	pmol/L
α -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	mmoI/kg
Parathyroid hormone	pg/mL	ng/L
Phenobarbital	mg/L	µmol/L
Phenytoin	µg/mL	µmoI/L
Phosphorus	mg/dL	mmol/L
Platelets (thrombocytes)	$\times 10^3/\mu L$	$\times 10^9/L$
Potassium	mEq/L	mmoI/L
Progesterone	ng/mL	nmol/L
Prolactin	µg/L	pmol
Protein, total	g/dL	g/L
Prothrombin time (PT)	s	s
Protoporphyrin, erythrocyte	µg/dL	µmol/L
Red blood cell count	$\times 10^6/\mu L$	$\times 10^{12}/L$
Reticulocyte count	% of RBCs	Proportion of 1.0
Sodium	mEq/L	mmol/L
Testosterone	ng/dL	nmol/L
Thyroglobulin	ng/mL	µg/L
TSH	mIU/L	mIU/L
Thyroxine, free (fT_4)	ng/dL	pmol/L
Thyroxine, total (T_4)	µg/dL	nmol/L
Transferrin	mg/dL	g/L
Triglycerides	mg/dL	mmol/L
Triiodothyronine Free (fT_3)	pg/dL	pmol/L
Triiodothyronine Total (T_3)	ng/dL	nmol/L
Urea nitrogen	mg/dL	mmol/L
Uric acid	mg/dL	µmol/L
Vitamin A (retinol)	µg/dL	µmoI/L
Vitamin B_6 (pyridoxine)	ng/mL	nmol/L
Vitamin B_{12} (cyanocobalamin)	pg/mL	pmol/L
Vitamin C (ascorbic acid)	mg/dL	µmol/L
Vitamin D (1,25-Dihydroxyvitamin D)	pg/mL	pmol/L
Vitamin D (25-Hydroxyvitamin D)	ng/mL	nmol/L
Vitamin E	mg/dL	µmoI/L
Vitamin K	ng/mL	nmol/L
White blood cell count	$\times 10^3/\mu L$	$\times 10^9/L$
White blood cell differential count	%	proportion of 1.0
Zinc	µg/dL	µmoI/L