INSTRUCTIONS TO AUTHORS

Indian Pediatrics, the official journal of the Indian Academy of Pediatrics, is a peer-reviewed journal with a print subscription of about 24,000 per month. The journal is indexed in PubMed, Current Contents/Clinical Medicine, Science Citation Index Expanded, Medline, Indian Science Abstracts, getCITED, POPLINE, CANCERLIT, TOXLINE, Psych Line and DERMLINE. The journal gives priority to reports of outstanding clinical work, as well as important contributions related to common and topical problems related to children and adolescents, especially those relevant to developing countries. *Indian Pediatrics* is also available online at *www.indianpediatrics.net* (free access) and at *www.springer.com/medicine/pediatrics/journal/13312* (International edition).

Impact statistics and web presence: The Impact factor (2015) of *Indian Pediatrics* is 0.972, and the cited half life (a measure of long term reputation of the journal) and immediacy index (a measure of immediate citation value of the articles) are 7.5 and 0.611, respectively. The journal website consistently receives more than 2.0 million hits per month, often rated by search engines as the 'Most Popular' (worldwide) website in its category.

Manuscript submission: *Indian Pediatrics* utilizes online manuscript management and processing system of Editorial Manager for manuscripts. Please log directly in to the site *https://www.editorialmanager.com/inpe*, register (first visit only) and upload your manuscript as per on-screen instructions. Submissions sent as e-mail attachments or as hard copies to the journal office will not be entertained. All manuscript related queries should be through the website only.

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 the article is written in reasonably good English. Knowledge, attitude, practice (KAP) studies are generally not preferred. The article should be submitted in the style of *Indian Pediatrics* (vide infra). Manuscripts conforming to ICMJE guidelines [1] will also be accepted and enter the review process; however, if accepted, the final version would need to conform to the journal's style. Manuscripts not prepared as per the journal guidelines or ICMJE 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 5-10% 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. 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.

Unauthorized use: The copyright of all accepted and published manuscripts lies with *Indian Pediatrics*; these cannot be reproduced elsewhere or distributed in any form, in whole or part, without the written permission from the Editor-in-Chief. Sharing of full-text articles is not allowed on document-sharing platforms; e.g., Research Gate. Web link to the full-text article, however, may be provided. Mass photocopying of published article, without permission, would also amount to copyright violation. The name, logo, thumbnail, cover design or contents of *Indian Pediatrics* cannot be used to promote commercial goods, in any form, without prior permission. Unauthorized use will attract penalty and/or/ legal action. For permission to use copyrighted material, the editor-in-chief may be contacted at *jiap@nic.in.*

Review process: About half the submitted manuscripts are rejected after an initial Editorial board review. The usual reasons for rejection at this stage are insufficient originality, serious scientific flaws, major ethical issues, absence of a message, article not related to children or adolescents, not submitted in desired format, not of interest to majority of readers, or not in accordance with the current priorities of the journal. Decision on such papers is communicated to authors within two weeks. Remaining articles are sent to reviewers having sufficient experience on the subject, in a 'masked fashion'. Manuscripts are reviewed with due respect for authors' confidentiality. Authors should take care not to disclose their and their institution's identity in the text of the 'blinded manuscript.' The peer reviewer identity is also kept confidential. Period of submission to first decision varies from 2 weeks to 6 weeks depending on availability of reviewers, and timely response from them.

Duplicate submission and plagiarism: Manuscripts are considered with the understanding that they have not been published previously in print or electronic format and are

not under consideration by another publication or electronic medium. The authors should alert the editor if the work includes participants 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 to take the decision. If plagiarism or duplicate publication is detected, authors should expect prompt rejection/retraction, 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.

Previous publication: *Indian Pediatrics* would not publish material that has already appeared elsewhere; but could consider papers that have been published as abstracts or have been partially presented 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 *Indian Pediatrics*.

Proofs and reprints: A galley proof is provided to the corresponding author by e-mail, prior to publication. Corrections on the proof should be restricted to printing errors or errors in figures or data only, and should be submitted within 48 hours of receipt of the proofs. The authors should inform even if no corrections are needed. No addition, deletion, alteration in the sequence of authors or change of corresponding authorship is permissible at this stage. Reprints may be ordered on payment.

CATEGORIES OF ARTICLES

Articles can be submitted as Research Papers, Research Briefs, Research Letters, Review Articles, Perspective, Updates, Images, Clinical videos, Case Reports, Clinico-Pathological Conference, In a Lighter Vein, and Correspondence.

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, pilot interventional studies, and secondary analyses of data are usually not preferred for this section.

Each manuscript should be accompanied with an 8-point structured Abstract in not more than 250 words. 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, 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 for this section. Abstract should be limited to 150 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.

The distinction between Research Brief and Research Paper is purely the journal's prerogative and does not reflect on the originality of the research submitted. The primary purpose of having a category of 'Research Brief' at the time of submission is that these papers can be presented in much fewer words and a slightly different format than Research Papers. However, this category will only last till the manuscript is edited; after editing, all these manuscripts will be given the heading of Research Papers.

Review Article: State-of-the-art review articles or systematic, critical assessments of literature are also published. The authors may consult the Editor-in-Chief before submitting such articles, as similar reviews may already be in submission. Normally, a review article on a

subject already published in *Indian Pediatrics* in last 3 years is not accepted. The typical length for review articles is 2500-3000 words (excluding tables, figures, and references). Authors submitting review 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. The number of authors should usually be limited to four.

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/agent should be recently developed and should be available commercially (in India) 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 assessment of the literature, and not just an elaboration of the information already provided by pharmaceutical companies.

Perspective: Articles should 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. For this section, 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: 2000 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 25.

Update: Short write-ups on recent modifications/ revisions of standard Guidelines, Classifications or Recommendations issued by Global organizations on topics of interest to pediatricians are published in this section. The word limit is 1000 words, author limit is three, and a maximum of 2 tables and 10 references are allowed. It is preferable that the most relevant changes from the previous version are provided in a tabular form. The manuscript should preferably include an 'Introduction' detailing the current status of the disease/ guideline and the need for the revision, important changes in the new version, and the implications of the changes.

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/International 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. 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. All the authors of the guidelines should fulfil the authorship criteria as per ICMJE. All other people who have contributed to the development of

guidelines, including the members of the committee framing the guidelines, should be listed in an Annexure. The whole committee should not be the author of a guideline, unless all the members fulfil the ICMJE authorship criteria; it is preferable to have a writing committee of not more than six members for the purpose.

4. The final guidelines should be cleared by the related Society/Chapter. A letter to this effect should be enclosed. The corresponding author must obtain 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'. 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 (*http://gem.med.yale.edu/cogs/statement.do*).

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. Only color photographs should be submitted; black-and-white images will not be entertained. Color images will be published only in the web-version of the journal; for print version, these will be converted to black and white (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 one additional author from each department (not from subspecialties within the same department). 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.

Clinico-pathological Conference (CPC): The clinico-pathological conference, a method of case-based teaching, is frequently used in institutions and primarily consists of a logical, narrowing of the differential diagnosis in a patient. The journal publishes CPCs, provided they fulfil the following criteria:

- At least three different departments are involved in the CPC, with each providing significant contribution to the discussion.

- The case represents a problem likely to be seen in the routine pediatric settings in India. They patient may later-on be diagnosed with a rare condition, but the initial presentation should be mimicking a common condition.
- An unstructured abstract of up to 100 words, and 3-5 keywords should be provided.
- The write-up should be given following headings: (i) Clinical Protocol; (ii) Pathology Protocol; (iii) Open Forum; (iii) Discussion; and (iv) References.
- The discussants' names should not be provided in the manuscript and should be the referred to as Pediatrician 1, Pediatrician 2,…..; Pediatric surgeon 1, Pediatric surgeon 2,…; Neurologist 1, neurologist 2,.. and so on.
- The typical word count for this section is 2500-3000 words with upto 15 references. Up to three persons from the primary department and one person from each of the associated department may be included as the author of the manuscript.
- Up to two tables and two figures are permitted in this section.
- Each and every line of discussion held in CPC need not be presented. Questions and answer dealing with the same aspect should be clubbed together.

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 five 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. Although unstructured, the text 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. Letters commenting on 'Case Reports' and 'Correspondence', are generally not preferred. 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 along with the corresponding author. Names of additional persons who have helped in drafting the letter 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 possible on images alone would not be considered. A short text of about 150 words should be provided in two paragraphs; first paragraph having description of condition, and second paragraph discussing differential diagnosis and management. No references are needed. Figures should be submitted separately from the text file. The electronically submitted images should be of high resolution (>300 dpi). The following file types are acceptable: .cdr, .tiff, and .jpeg. A maximum of two authors are permitted. 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 in *Indian Pediatrics*. Authors must obtain signed informed consent from the parent/legal guardian, and the same must be stated on the Title page. The editorial board may ask for such a consent form at any time during the manuscript review process. Manuscript having poor quality or inappropriate resolution images may be returned to author for improvement at any stage of manuscript handling.

Clinical Videos: Under this section, *Indian Pediatrics* publishes videos depicting an intricate technique or an interesting clinical manifestation, which are difficult to describe clearly in text or by figures. A video file submitted for consideration for publication should be of high resolution and should be edited by the author in final publishable format. MPEG or MP4 formats are acceptable. The maximum size of file should be 20 MB, and it should be submitted as a supplementary file with the main manuscript. The file should not have been published elsewhere, and will be a copyright of *Indian Pediatrics,* if published. In case the video shows a patient, he/she should not be identifiable. In case the identification is unavoidable, or even otherwise, each video must be accompanied by written permission of parent/guardian, as

applicable. This signed consent form must be attached as a supplementary file at the time of manuscript submission.

A write-up of up to 250 words discussing the condition and its differential diagnoses must accompany the video. A still image/thumbnail from the video should be submitted as a figure (.jpeg, .tiff or .cdr format) for use in print version and pdf of the finally published version. The main text file should also be accompanied with a legend for video. A maximum of three authors, including a maximum of two from primary department are permitted for this section. No references are needed.

PREPARING THE MANUSCRIPT

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) (*www.icmje.org*) [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*).

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*.
- Use American (US) English throughout.
- Double-space throughout, including title page, abstract, main text, 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 12-point font size (Times New Roman or Arial or Garamond) and leave margins of 2.5 cm (1 inch) on all sides. The whole manuscript should be formatted in 'portrait' layout.
- *Units of measure*: Conventional units are preferred. The metric system is preferred for the expression of length, area, mass and volume.
- Use non-proprietary 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.
- There should not be any discrepancy in names and sequence of authors, and the corresponding author details, as submitted in the title page and as uploaded in the online manuscript management system.
- Abstract (wherever applicable) must be included in the main 'blinded manuscript,' apart from being uploaded in the relevant box at the manuscript submission website.

All submitted manuscripts should be accompanied by a signed statement by all authors regarding authorship

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	*http://www.consort-statement.org/*
Diagnostic accuracy studies	**STA**ndards for **R**eporting of **D**iagnostic accuracy (STARD)	*http://www.equator-network.org/index.aspx?o=1050*
Observational studies	**ST**rengthening the **R**eporting of **OB**servational studies in **E**pidemiology (STROBE)	*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)	*http://www.prisma-statement.org*
Meta-analyses of observational studies	**M**eta-analysis **O**f **O**bservational **S**tudies in **E**pidemiology (MOOSE)	*http://www.equator-network.org/index.aspx?o=1052*
Qualitative Studies	**S**tandards for **R**eporting **Q**ualitative **R**esearch (SRQR)	*http://www.equator-network.org/reporting-guidelines/srqr*

criteria, responsibility, financial disclosure and acknowledgement, as per a standard format (**See *Annexure* I: *see website***). 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 pasted on the 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: At the beginning mention the category (i.e. Research Paper, Research Brief, etc.) for which the article is being submitted. The page should contain (i) the title of the article: which should be concise but informative; the type of study may be added in title after a colon; (ii) a short running title of not more than 40 characters; (iii) first name 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 Last name; (iv) details of the contribution of each author; (v) name of department(s) and institution(s) to which the work should be attributed (This should mention the institution of affiliation at the time of conduct of the study, not your current affiliation); (vi) disclaimers, if any; (vii) name, address and e-mail of the corresponding author, (viii) source(s) of support in the form of grants, equipment, drugs or all of these; (ix) declaration on competing interests; and (x) word count (not including abstract, tables, figures, acknowledgments, key messages and references).

*Authorship Criteria***:** All persons designated as authors should qualify for authorship. The journal endorses the ICMJE requirements for authorship [1]. The ICMJE recommends that authorship be based on the following four 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. Corresponding author should 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 and plagiarism 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 sign the consent to publication ***(Annexure* I: *see website)***. The name of the designated author who should be approached for access to raw data should also be stated in the contributors' details, along with e-mail (if different from the corresponding author).

*Group Authorship***:** If only the name of the group is provided, all members of the group (e.g., Pediatric Nephrology Subchapter of IAP) must meet the criteria of authorship as described above. In case name of few authors is followed by name of the group linked by 'and'; all members of the group must meet the criteria of authorship as described above. In case name of few authors is followed by name of the group linked by 'for'; only the named authors need to meet the criteria of authorship as described above. The names of all members of the group should be listed as an Annexure at the end of the manuscript.

*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.

*Competing Interests***:** Competing interest for a 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. 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 contents of the manuscript, 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 required to report all financial and material support for the research work, including grant number and funding agency.

Abstract and Keywords: A structured abstract is to be sent in case of Research Paper (250 words), Review (200 words), Research Brief (150 words), and Case Report (50 words). Unstructured abstract is required for Perspective (150 words), Clinico-pathological Conference (100 words), and Research letter (50 words). For brevity, parts of the abstract may be written as phrases rather than complete sentences [2]. No abbreviations should be used in the abstract, unless very essential.

*Abstract for Research Paper***:** *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, systematic review, 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. In non-interventional studies, this heading should be 'Procedure.' *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.

Four to five key words to facilitate indexing should be provided in alphabetical order below the abstract. Terms from the Medical Subject Headings (MESH) list of *Index Medicus* should preferably be used. Do not repeat words already included in the title.

*Abstract for Research Brief***:** The abstract should be structured (Objective, Methods, Results and Conclusions) within 150 words.

*Abstract for Reviews***:** An abstract of around 200 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).

MAIN TEXT

*Introduction***:** The introduction must clearly justify and state the question that the author(s) tried to answer in the study [2]. 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) [3]. 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. © or TM in superscript after the propriety name is not required.

*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

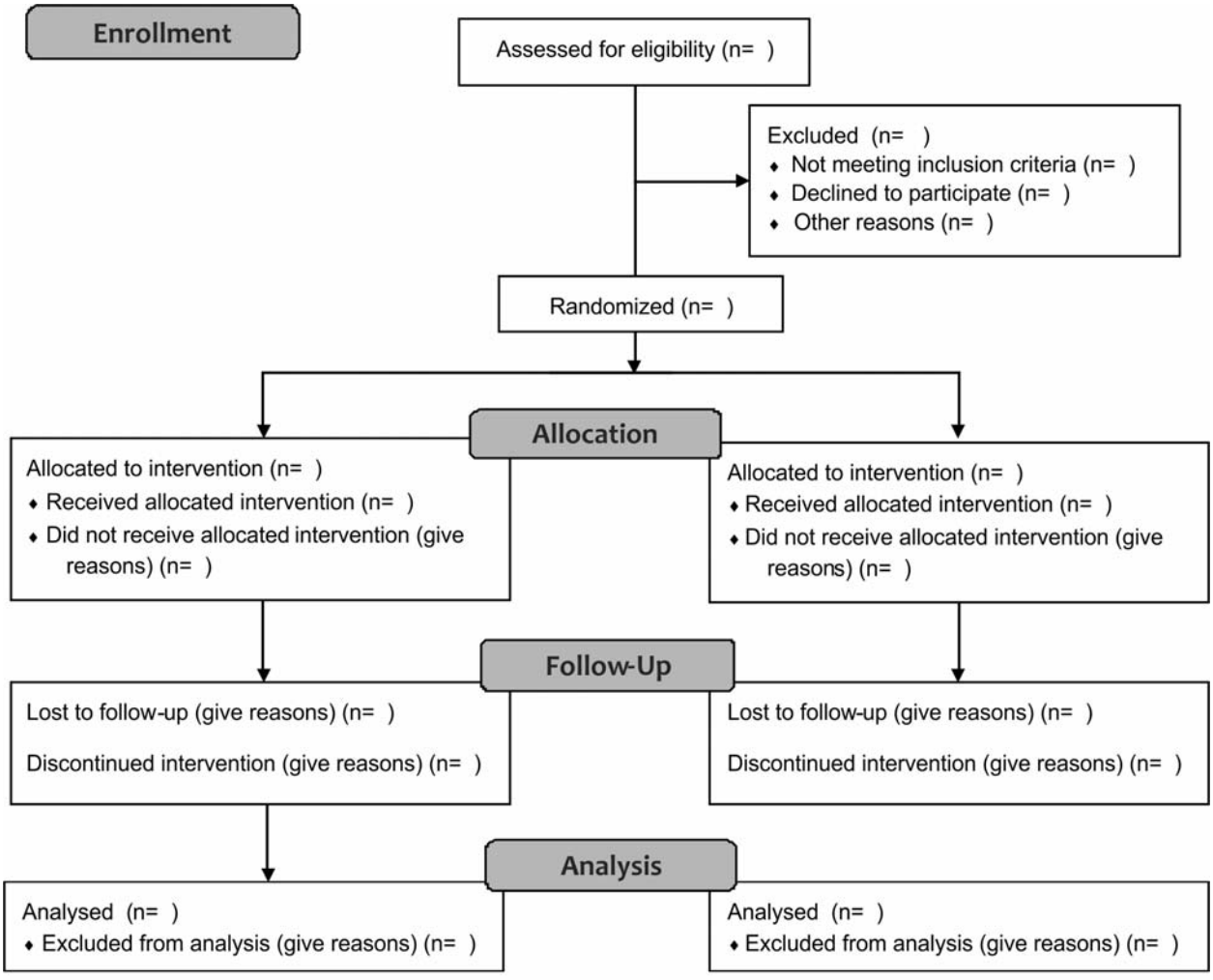

FIG. 1 *Consort flow diagram.* (Reproduced from: *http://www.consort-statement.org/consort-statement/flow-diagram/*)

checklist 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. Preference will be accorded to registered clinical trials. Registration in following trial registries is also acceptable: *http://www.clinicaltrials.gov; http://isrctn.org;* http://www.who.int/ictrp/en/*; http://www.trialregister.nl/trialreg/index.asp; and http://www.umin.ac.jp/ctr.*

*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 2013. 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, reviewers/editors may be concerned about the ethics of the work. Editors may then ask authors for more detailed information and ask them about the ethical and moral justification 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 any study. *Indian Pediatrics* reserves the right of seeking from the authors the details of the information given to participnts 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 parents or legal guardians for publication (in print or electronic form) of clinical details or/and clinical photographs in all 'Case Reports', 'Images' 'Clinical videos' and qualitative research reports (***Annexure* II**: Consent form: ***see website***). The identity of the patient in clinical photographs should be masked by suitable methods. Assent should be obtained for all children with chronological age above six years participating in clinical studies.

*Statistics***:** Describe statistical methods with enough detail to enable a knowledgeable reader with access to the original data to verify the reported results [4]. 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 statistical methods should be to standard works when possible (with pages stated) rather than to papers in which the 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.

*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 [5]. It may also be useful to mention what the study did not find. Write units along with data at all places in the manuscript. Journal uses the format "mean (SD), median (IQR)" rather than "mean ± SD, median ± IQR" for reporting summary measures. Text, tables, and illustrations should be used judiciously. 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 sequentially in the text, and provide each table on a new page after the reference section. Do not insert figures or tables in the main text of the manuscript.

*Discussion***:** Ordinarily it should not be more than one-fourth of the total length of the manuscript. Do not attempt a detailed review of literature [6]. This section should include (un-headed paragraphs in the order specified): (i) a summary of the major findings, (ii) 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.

References: Authors need to be accurate in citing and quoting references [7]. References should be numbered consecutively in the order in which they are first mentioned in the text. Identify references in text, tables, and legends by Arabic numerals in square brackets. References cited only in tables or in legends to figures should be numbered in accordance with the sequence established by the first identification in the text of the particular table or figure. Use the style of the examples below. The titles of journals should be abbreviated according to the style used in PubMed. Do not use unpublished observations and personal communications as references. References to papers accepted but not yet published should be designated as "in press"; authors should obtain written permission to cite such papers as well as verification that they have been accepted for publication. The references must be verified by the author against the original documents. The Uniform Requirements style (the Vancouver style) is based largely on an American National Standards Institute (ANSI) standard style adapted by the NLM for its databases. Please take care that citations are not directly copied and pasted from websites; remove the hyperlinks from the same. If the web version of a journal has been consulted instead of the print version, the same should be listed in the list of references. Do not include any reference published in predatory journals [8].

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

Gupta P, Dewan P, Shah D, Sharma N, Bedi N, Kaur IR, *et al*. Vitamin D supplementation for treatment and prevention of pneumonia in under-five children: A randomized double-blind placebo controlled trial. Indian Pediatr. 2016;53:967-76.

Personal author (book):

Gupta P. Essential Pediatric Nursing, 2nd ed. New Delhi: AP Jain & Co.; 2010.

Chapter in a book:

Khilnani P, Singhal N. Respiratory failure. In: Choudhury P, Bagga A, Chugh K, Ramji S, Gupta P, editors. Principles of Pediatric & Neonatal Emergencies. 3rd ed. New Delhi: Jaypee Brothers; 2011.p.74-83.

Conference proceedings:

Kimura J, Shibasaki H, editors. Recent advances in clinical neurophysiology. Proceedings of the 10th International Congress of EMG and Clinical Neurophysiology; 1995 Oct 15-19; Kyoto, Japan. Amsterdam:Elsevier;1996.

Conference paper:

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

Newspaper article:

City sees no respite from swine flu, 8 new cases reported. Hindustan Times 2015 Mar 08;New Delhi:p. 8 (col 4).

Dictionary and similar references:

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

Material published early on website but not yet published in print:

Goswami E, Batra P, Khurana R, Dewan P. Comparison of temporal artery thermometry with axillary and rectal thermometry in full term neonates. Indian J Pediatr. 2016 Dec 16. [Epub ahead of print]

Material from the Internet: Website addresses must be in italics, and not underlined; give the date of accessing the website. Remove all hyperlinks.

Equator Network. CONSORT 2010 Statement: Updated Guidelines for Reporting Parallel Group Randomised Trials. Available from: *http://www.equator-network.org/reporting-guidelines/consort/*. Accessed December 18, 2016.

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. Also avoid tables with more than 20 Rows as these are likely to cross-over to the next page during printing. Detailed tables that cannot be adjusted in a single journal page will be incorporated as web-tables, at editorial discretion. 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 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 ± sign). 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 will be published only in the web-version of the journal. For print version, these will be converted to black and white 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 they 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 according to the order in which they have been first cited in the text.

Videos/Media clips: *Indian Pediatrics* may publish videos depicting an intricate technique or an interesting clinical manifestation, which are difficult to describe clearly in text or by figures. The video will be published on the website as part of an article or separately, if submitted under section 'Clinical Video' A video file submitted for consideration for publication should be of high resolution and should be edited by the author in final publishable format. MPEG or MP4 formats are acceptable. The maximum size of file should be 20 MB. The file should not have been published elsewhere, and will be a copyright of *Indian Pediatrics*, if published. No legend is required if video is a part of the article. For section 'clinical video', it should be accompanied with a suitable legend and a still image out of the video. All videos should be submitted as 'supplementary files' with the main manuscript.

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

Units of Measurement: Measurements of length, height, weight, and volume should be reported in metric units, i.e. meter (m), gram (g), or liter (L) or their decimal multiples. Milliliter or deciliter should be expressed as mL or dL and not ml 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 terms of the International System of Units (SI) ***(Annexure* III: *see website)***.

Abbreviations and Symbols: Use only standard abbreviations. Avoid abbreviations in the title and abstract, unless pertinent. The expanded form of the abbreviation 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 y, mo, d, h, min, and s, respectively in tables and figures.

REFERENCES

1. International Committee of Medical Journal Editors. Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals (Updated December 2016). Available from: *http://www.icmje.org/icmje-recommendations.pdf*. Accessed December 18, 2016.
2. Dewan P, Gupta P. Writing the title, abstract and introduction: looks matter! Indian Pediatr. 2016;53:235-41.
3. Arora SK, Shah D. Writing Methods: how to write what you did? Indian Pediatr. 2016;53:335-40.
4. Khan AM, Ramji S. Reporting statistics in biomedical research literature: the numbers say it all. Indian Pediatr. 2016;53:811-4.
5. Mukherjee A, Lodha R. Writing the results. Indian Pediatr. 2016;53:409-15.
6. Bagga A. Discussion: the heart of the paper. Indian Pediatr. 2016;53:901-4.
7. Mohta A, Mohta M. Accurate references add to the credibility. Indian Pediatr. 2016;53:1003-6.
8. Dewan P, Shah D. A writers dilemma: where to publish and where not to? Indian Pediatr. 2016;53:141-5.

ANNEXURE I

INDIAN PEDIATRICS

Disclosure and Copyright Transfer Form

Manuscript Title: _____

Manuscript No. (if known)

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 one 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).

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

I/We certify that all persons who have made substantial contributions to the work reported in this manuscript (e.g., data collection, writing or editing assistance) but who do not fulfil the authorship criteria are named along with their specific contributions in an acknowledgment section in the manuscript. I/We also certify that all persons named in the acknowledgment section have provided written permission to be named.

OR (If an acknowledgment section is not included) No other person has made substantial contributions to this manuscript.

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

We warrant that the work is original and it contains no libellous statements, that it contains nothing unlawful, and does not infringe upon any copyright, trademark, patent, statutory right, proprietary right of others, and that I shall indemnify the editors against any costs, expenses and damages arising from any breach of this warranty. We understand that the view and opinions expressed in the article are of the authors and not of the journal.

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

1.

2.

3.

4.

5.

ANNEXURE II

INDIAN PEDIATRICS

Consent Form

Consent of Parents/Guardian for publication of material related to clinical images/videos In *Indian Pediatrics*

Description of material (photograph or video): 1._____2._____3._____

Name of author submitting the Material:

Manuscript number (if known):

I give my consent for all or any part of the material referred to above to appear in the journal *Indian Pediatrics* in print and/or electronic form. I understand that the material may depict my child's medical conditions.

I understand that:

My/ my child's name will not be published with the Material by *Indian Pediatrics*. However, I understand that it may be possible for someone to recognize me from the photographs/videos or accompanying write-up.

The use of the Material relating to me may include, without limitation, publication in the printed and electronic editions, on websites, in sub-licensed or reprinted editions, and for other academic purposes.

I grant and release to *Indian Pediatrics* all rights, title, and interest that I may have in the Material. I understand that I will not receive, and am giving up any claim to receive, any payment or royalties in connection with the use of the material. The Material may be edited, modified, and retouched for academic purposes.

PATIENT Name:

Parent/Guardian Name: _____ Signed:_____Date:_____

Address: _____

_____

If you are not the parent, what is your relationship with the patient

Witness Name: _____Signed:_____ Date: _____

ANNEXURE III

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 (T_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 (T_3)	pg/dL	pmol/L
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