

## General Instructions for the Authors

The minimum requirements for manuscripts submitted for publication:

The manuscript should be prepared according to the modified Vancouver style as proposed by the International Committee of Medical Journal Editors (ICMJE). The entire Uniform Requirements document was revised in 1997 which is available in the Journal of American Medical Association (JAMA.1997; 277:927-934) and is also available at the JAMA website. Sections were updated in May 1999 and May 2000. The following section is based mostly on May 2000 update.

**THREE COPIES** of the manuscript should be sent in a heavy paper envelope. Manuscripts must accompany a covering letter signed by all authors. This must include (i) information on prior or duplicate publication or submission elsewhere of any part of the work as defined earlier in this document; (ii) a statement of financial or other relationships that might lead to a conflict of interest; (iii) a statement that the manuscript has been read and approved by all the authors, that the requirements for authorship have been met; and (iv) the name, address and telephone number of the corresponding author, who is responsible for communicating with the other authors about revisions and final approval of the proofs. The letter should give any additional information that may be helpful to the editor.

A good quality compact disc (CD) must accompany the printed copies of the manuscript containing an electronic copy of the manuscript prepared in Microsoft Word 6.0 or later version.

Prepare manuscript as per the following guidelines

**DOUBLE-SPACE** all parts of manuscripts.

**TYPE or PRINT** on only one side of the paper. Number pages consecutively, beginning with the title page. Put the page number in the lower right-hand corner of each page.

**BEGIN, ON A NEW PAGE**, each section or component with following sequence: title page, abstract and key words, text, acknowledgments, references. Tables, figures and illustrations may be positioned within the text where they should appear.

The **TEXT** of observational and experimental articles is usually divided into sections with the headings of Introduction, Methods, Results, and Discussion. Long articles may need subheadings within some sections (especially within the Results and Discussion sections) to clarify their content. Other types of articles, such as case report, review, and editorial, are likely to need other formats.

The **TITLE PAGE** should carry (i) the title of the article, which should be concise but informative; (ii) the name by which each author is known, with his or her highest academic degree and institutional affiliation; (iii) the name of the department and the institution to which the work should be attributed; (iv) disclaimers, if any; (v) the name and address of the author responsible for correspondence concerning the manuscript; and (vi) sources of support in the form of grants, equipment, or drugs.

The **ABSTRACT** should be in second page and should usually be not more than 150 words for unstructured abstracts (review article) or 250 words for structured abstracts (original article). The structured abstract should have following sections: (i) Objective(s), (ii) Materials and methods, (iii) Place and period of work, (iv) Results, and (v) Conclusion. The abstract should state the purposes of the study or investigation, basic procedures (selection of study subjects or laboratory animals, observational and analytical methods), main findings (giving specific data and their statistical significance, if possible), and the principal conclusions. It should emphasize new and important aspects of the study or observations.

Below the abstract, authors should provide 3 to 10 **KEY WORDS** or short phrases that will assist indexers in cross-indexing the article and that may be published with the abstract. Terms from the medical subject headings (MESH) list of Index Medicus should preferably be used.

**INTRODUCTION** should state the purpose of the article and summarize the rationale for the study or observation. Give only strictly pertinent references and do not include data or conclusions from the work being reported.

In **MATERIALS AND METHODS** section describe your selection of the observational or experimental subjects (patients or laboratory animals, including controls) clearly. Identify the age, sex, and other important characteristics of the subjects. Identify the methods, apparatus (give the manufacturer's name and address in parentheses), and procedures in sufficient detail to allow other workers to reproduce the results. Give references to established methods, including statistical methods; provide references and brief descriptions for methods that have been published but are not well known; describe new or substantially modified methods, give reasons for using them, and evaluate their limitations. Precisely identify all drugs and chemicals used, including generic name, dose, and route of administration. Reports of randomized clinical trials should present information on all major study elements including the protocol (study population, interventions or exposures, outcomes, and the rationale

for statistical analysis), assignment of interventions (methods of randomization, concealment of allocation to treatment groups), and the method of masking (blinding). Authors submitting review manuscripts are advised to include a section describing the methods used for locating, selecting, extracting, and synthesizing data.

In **RESULTS** section, when data are summarized, specify the statistical methods used to analyze them. Present your results in a logical sequence in the text, tables, and illustrations. Do not repeat in the text all the data in the tables or illustrations; emphasize or summarize only important observations. Restrict tables and figures to those needed to explain the argument of the paper and to assess its support. Use graphs as an alternative to tables with many entries; do not duplicate data in graphs and tables. Number tables consecutively in the order of their first citation in the text, and supply a brief title for each. Give each column a short or abbreviated heading. Place explanatory matter in footnotes, not in the heading. 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. Figures should be professionally drawn and photographed. Supply raw data in separate page so that the figures may be redrawn. For x-ray films, and other material, send sharp, glossy, black-and-white photographic prints, usually 127 x 173 mm (5 x 7 in) but no larger than 203 x 254 mm (8 x 10 in).

In **DISCUSSION**, emphasize the new and important aspects of the study and the conclusions that follow from them. Do not repeat in detail data or other material given in the Introduction or the Results section. Include in the Discussion section the implications of the findings and their limitations, including implications for future research. Relate the observations to other relevant studies.

Link the **CONCLUSIONS** with the goals of the study, but avoid unqualified statements and conclusions not completely supported by the data. State new hypotheses when warranted, but clearly label them as such. Recommendations, when appropriate, may be included.

**ACKNOWLEDGMENTS** may go as an appendix to the text, one or more statements may specify (i) contributions that need acknowledging but do not justify authorship, such as general support by a departmental chair; (ii) acknowledgments of technical help; (iii) acknowledgments of financial and material support, which should specify the nature of the support.

**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 parentheses. References cited only in tables or figure legends should be numbered in accordance with

the sequence established by the first identification in the text of the particular table or figure.

Use the style of the examples below, which are based on the formats used by the NLM in Index Medicus. The titles of journals should be abbreviated according to the style used in Index Medicus. Consult the List of Journals Indexed in Index Medicus, published annually as a separate publication by the library and as a list in the January issue of Index Medicus. The list can also be obtained through the library's web site (<http://www.nlm.nih.gov/>).

Avoid using abstracts as references. References to papers accepted but not yet published should be designated as "in press" or "forthcoming"; authors should obtain written permission to cite such papers as well as verification that they have been accepted for publication. Information from manuscripts submitted but not accepted should be cited in the text as "unpublished observations" with written permission from the source.

Avoid citing a "personal communication" unless it provides essential information not available from a public source, in which case the name of the person and date of communication should be cited in parentheses in the text. For scientific articles, authors should obtain written permission and confirmation of accuracy from the source of a personal communication.

The references must be verified by the author(s) against the original documents.

The Uniform Requirements style (the Vancouver style) is based largely on an ANSI standard style adapted by the NLM for its databases. Notes have been added where Vancouver style differs from the style now used by NLM.

#### **Standard journal article**

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

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

#### **More than six authors**

Parkin DM, Clayton D, Black RJ, Masuyer E, Friedl HP, Ivanov E, et al. Childhood leukemia in Europe after Chernobyl: 5 year follow-up. *Br J Cancer* 1996; 73: 1006- 12.

#### **Organization as author**

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

**No author given**

Cancer in South Africa [editorial]. *S Afr Med J* 1994; 84:15.

**Article not in English**

(Note: NLM translates the title to English, encloses the translation in square brackets, and adds an abbreviated language designator.) Ryder TE, Haukeland EA, Solhaug JH. Bilateral infrapatellar seneruptur hostidligere frisk kvinne. *Tidsskr Nor Laegeforen* 1996; 116:41-2.

**Volume with supplement**

Shen HM, Zhang QF. Risk assessment of nickel carcinogenicity and occupational lung cancer. *Environ Health Perspect* 1994; 102 Suppl 1:275-82. Issue with supplement:

Payne DK, Sullivan MD, Massie MJ. Women's psychological reactions to breast cancer. *Semin Oncol* 1996; 23(1 Suppl 2): 89-97.

**Volume with part**

Ozben T, Nacitarhan S, Tuncer N. Plasma and urine sialic acid in non-insulin dependent diabetes mellitus. *Ann Clin Biochem* 1995; 32(Pt 3): 303-6.

**Issue with part**

Poole GH, Mills SM. One hundred consecutive cases of flap lacerations of the leg in ageing patients. *N Z Med J* 1994; 107(986 Pt 1): 377-8.

**Issue with no volume:**

Turan I, Wredmark T, Fellander-Tsai L. Arthroscopic ankle arthrodesis in rheumatoid arthritis. *Clin Orthop* 1995; (320): 110-4.

**No issue or volume**

Browell DA, Lennard TW. Immunologic status of the cancer patient and the effects of blood transfusion on antitumor responses. *Curr Opin Gen Surg* 1993:325-33.

**Pagination in Roman numerals**

Fisher GA, Sikic BI. Drug resistance in clinical oncology and hematology. Introduction. *Hematol Oncol Clin North Am* 1995 Apr; 9(2): xi-xii.

**Type of article indicated as needed**

Enzensberger W, Fischer PA. Metronome in Parkinson's disease [letter]. *Lancet* 1996; 347:1337. Clement J, De Bock R. Hematological complications of Hantavirus nephropathy (HVN) [abstract]. *Kidney Int* 1992; 42:1285.

**Article containing retraction**

Garey CE, Schwarzman AL, Rise ML, Seyfried TN. Ceruloplasmin gene defect associated with epilepsy in EL mice [retraction of Garey CE, Schwarzman AL, Rise

ML, Seyfried TN. In: *Nat Genet* 1994; 6:426-31]. *Nat Genet* 1995; 11:104.

**Article retracted**

Liou GI, Wang M, Matragoon S. Precocious IRBP gene expression during mouse development [retracted in *Invest Ophthalmol Vis Sci* 1994; 35:3127]. *Invest Ophthalmol Vis Sci* 1994; 35:1083-8.

**Article with published erratum**

Hamlin JA, Kahn AM. Herniography in symptomatic patients following inguinal hernia repair [published erratum appears in *West J Med* 1995; 162:278]. *West J Med* 1995; 162:28-31.

**Books and Other Monographs**

(Note: Previous Vancouver style incorrectly had a comma rather than a semicolon between the publisher and the date.)

**Personal author(s)**

Ringsven MK, Bond D. Gerontology and leadership skills for nurses. 2nd ed. Albany (NY): Delmar Publishers; 1996.

**Editor(s), compiler(s) as author**

Norman IJ, Redfern SJ, editors. Mental health care for elderly people. New York: Churchill Livingstone; 1996.

**Organization as author and publisher**

Institute of Medicine (US). Looking at the future of the Medicaid program. Washington: The Institute; 1992.

**Chapter in a book**

(Note: Previous Vancouver style had a colon rather than a p before pagination.) Phillips SJ, Whisnant JP. Hypertension and stroke. In: Laragh JH, Brenner BM, editors. Hypertension: pathophysiology, diagnosis, and management. 2nd ed. New York: Raven Press; 1995. p. 465-78.

**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**

Bengtsson S, Solheim BG. Enforcement of data protection, privacy and security in medical informatics. In: Lun KC, Degoulet P, Piemme TE, Rienhoff O, editors. MEDINFO 92. Proceedings of the 7th World Congress on Medical Informatics; 1992 Sep 6-10; Geneva, Switzerland. Amsterdam: North-Holland; 1992. p. 1561-5.

### **Scientific or technical report**

Issued by funding/sponsoring agency: Smith P, Golladay K. Payment for durable medical equipment billed during skilled nursing facility stays. Final report. Dallas (TX): Dept. of Health and Human Services (US), Office of Evaluation and Inspections; 1994 Oct. Report No.: HHSIGOEI69200860. Issued by performing agency: Field MJ, Tranquada RE, Feasley JC, editors. Health services research: work force and educational issues. Washington: National Academy Press; 1995. Contract No.: AHCPR282942008. Sponsored by the Agency for Health Care Policy and Research. Dissertation:

Kaplan SJ. Post-hospital home health care: the elderly's access and utilization [dissertation]. St. Louis (MO): Washington Univ.; 1995.

Patent: Larsen CE, Trip R, Johnson CR, inventors; Novoste Corporation, assignee. Methods for procedures related to the electrophysiology of the heart. US patent 5,529,067. 1995 Jun 25.

### **Other Published Material**

#### **Newspaper article**

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

#### **Audiovisual material**

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

#### **Legal material**

##### **Public law**

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

##### **Un enacted bill**

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

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

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

#### **Hearing**

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

#### **Map**

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

### **Book of the Bible**

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

### **Dictionary and similar references**

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

### **Classical material**

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

### **Unpublished Material**

#### **In press**

(Note: NLM prefers "forthcoming" because not all items will be printed.) Leshner AI. Molecular mechanisms of cocaine addiction. N Engl J Med. In press 1996.

### **Electronic Material**

Journal article in electronic format: Morse SS. Factors in the emergence of infectious diseases. Emerg Infect Dis [serial online] 1995 Jan-Mar [cited 1996 Jun 5]; 1(1): [24 screens]. Available from: URL: <http://www.cdc.gov/ncidod/EID/eid.htm>

### **Monograph in electronic format**

CDI, clinical dermatology illustrated [monograph on CD-ROM]. Reeves JRT, Maibach H. CMEA Multimedia Group, producers. 2nd ed. Version 2.0. San Diego: CMEA; 1995.

### **Computer file**

Hemodynamics III: the ups and downs of hemodynamics [computer program]. Version 2.2. Orlando (FL): Computerized Educational Systems; 1993.

MEASUREMENTS of length, height, weight, and volume should be reported in metric units (meter, kilogram, or liter) or their decimal multiples. Temperatures should be given in degrees Celsius. Blood pressures should be given in millimeters of mercury. All hematological and clinical chemistry measurements should be reported in the metric system in terms of the International System of Units (SI).

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.

**THE EDITOR** reserves the right to style and if necessary, shorten material accepted for publication and to determine the priority and time of publication.





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**DOSAGES & ADMINISTRATION**

Indication	Dose	Frequency
<b>Gastroesophageal reflux disease (GERD)</b>		
Erosive Esophagitis	40 mg	Once daily for 4 weeks
Maintenance therapy of healing of Erosive Esophagitis	20 mg	Once daily
<b>Stomach ulcer caused by NSAIDs</b>	20 mg	Once daily for 4 to 8 weeks
<b>H. Pylori eradication (Esomeprazole MUPS tablet with Amoxicillin and Clarithromycin)</b>	20 mg	Twice daily for 7 days
<b>Zollinger-Ellison syndrome</b>	40 mg to 80 mg	Twice daily

Esomeprazole MUPS Tablet is not recommended for the children under 12 years of age.



Further information is available on request from