

Instructions to the Authors

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The Editorial Process



A manuscript will be reviewed for possible publication with the understanding that it is being submitted to Journal of Medical Ultrasound alone at that point in time and has not been published anywhere, simultaneously submitted, or already accepted for publication elsewhere. The journal expects that authors would authorize one of them to correspond with the Journal for all matters related to the manuscript. All manuscripts received are duly acknowledged. On submission, editors review all submitted manuscripts initially for suitability for formal review. Manuscripts with insufficient originality, serious scientific or technical flaws, or lack of a significant message are rejected before proceeding for formal peer-review. Manuscripts that are unlikely to be of interest to the Journal of Medical Ultrasound readers are also liable to be rejected at this stage itself.

Manuscripts that are found suitable for publication in Journal of Medical Ultrasound are sent to two or more expert reviewers. During submission, the contributor is requested to provide names of two or three qualified reviewers who have had experience in the subject of the submitted manuscript, but this is not mandatory. The reviewers should not be affiliated with the same institutes as the contributor/s. However, the selection of these reviewers is at the sole discretion of the editor. The journal follows a **single-blind review process**, wherein the authors are unaware of reviewers' identity. Every manuscript is also assigned to a member of the editorial team, who based on the comments from the reviewers takes a final decision on the manuscript. The comments and suggestions (acceptance/ rejection/ amendments in manuscript) received from reviewers are conveyed to the corresponding author. If required, the author is requested to provide a point by point response to reviewers' comments and submit a revised version of the manuscript. This process is repeated till reviewers and editors are satisfied with the manuscript.

Manuscripts accepted for publication are copy edited for grammar, punctuation, print style, and format. Page proofs are sent to the corresponding author. The corresponding author is expected to return the corrected proofs within three days. It may not be possible to incorporate corrections received after that period. The whole process of submission of the manuscript to final decision and sending and receiving proofs is completed online. To achieve faster and greater dissemination of knowledge and information, the journal publishes articles online as 'Ahead of Print' immediately on acceptance.

Clinical trial registry



Journal of Medical Ultrasound favors registration of clinical trials and is a signatory to the Statement on publishing clinical trials in Indian biomedical journals. Journal of Medical Ultrasound would publish clinical trials that have been registered with a clinical trial registry that allows free online access to public. Registration in the following trial registers is acceptable: <http://www.ctri.in/>; <https://www.anzctr.org.au/>; <http://www.clinicaltrials.gov/>; <http://isrctn.org/>; <http://www.trialregister.nl/trialreg/index.asp>; and <http://www.umin.ac.jp/ctr>. This is applicable to clinical trials that have begun enrollment of subjects in or after June 2008. Clinical trials that have commenced enrollment of subjects prior to June 2008 would be considered for publication in Journal of Medical Ultrasound only if they have been registered retrospectively with clinical trial registry that allows unhindered online access to public without charging any fees. Prospective Study with Clinical Trial – Please note the registration number in the manuscript.

Authorship Criteria



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

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

Participation solely in the acquisition of funding or the collection of data does not justify authorship. General supervision of the research group is not sufficient for authorship. Each contributor should have participated sufficiently in the work to take public responsibility for appropriate portions of the content of the manuscript. The order of naming the contributors should

be based on the relative contribution of the contributor towards the study and writing the manuscript. Once submitted the order cannot be changed without written consent of all the contributors. The journal prescribes a maximum number of authors for manuscripts depending upon the type of manuscript, its scope and number of institutions involved (vide infra). The authors should provide a justification, if the number of authors exceeds these limits.

Contribution Details

Contributors should provide a description of contributions made by each of them towards the manuscript. Description should be divided in following categories, as applicable: concept, design, definition of intellectual content, literature search, clinical studies, experimental studies, data acquisition, data analysis, statistical analysis, manuscript preparation, manuscript editing and manuscript review. One or more author should take responsibility for the integrity of the work as a whole from inception to published article and should be designated as 'guarantor'.

Conflicts of Interest/ Competing Interests

All authors of must disclose any and all conflicts of interest they may have with publication of the manuscript or an institution or product that is mentioned in the manuscript and/or is important to the outcome of the study presented. Authors should also disclose conflict of interest with products that compete with those mentioned in their manuscript.

Submission of Manuscripts

All manuscripts must be submitted on-line through the website <http://www.journalonweb.com/jmu>. First time users will have to register at this site. Registration is free but mandatory. Registered authors can keep track of their articles after logging into the site using their user name and password.

The journal does not charge for submission and processing of the manuscripts.

If you experience any problems, please contact the editorial office by e-mail at [jmu \[AT\] sumroc . org . tw](mailto:jmu [AT] sumroc . org . tw)

The submitted manuscripts that are not as per the "Instructions to Authors" would be returned to the authors for technical correction, before they undergo editorial/ peer-review. Generally, JMU applies the **single-blind** reviewer process, **the manuscript should be submitted in a completed file including all information as below:**

1. The type of manuscript (**original article, case report, review article, Letter to editor, Images, etc.**) title of the manuscript, running title, names of all authors/ contributors (with their highest academic degrees, designation and affiliations) and name(s) of department(s) and/ or institution(s) to which the work should be credited. All information which can reveal your identity should be here. Use text/rtf/doc files. Do not zip the files.
2. The total number of pages, total number of photographs and word counts separately for abstract and for the text (excluding the references, tables and abstract), word counts for introduction + discussion in case of an original article;
3. Source(s) of support in the form of grants, equipment, drugs, or all of these;
4. Acknowledgement, if any. One or more statements should specify 1) contributions that need acknowledging but do not justify authorship, such as general support by a departmental chair; 2) acknowledgments of technical help; and 3) acknowledgments of financial and material support, which should specify the nature of the support.
5. If the manuscript was presented as part at a meeting, the organization, place, and exact date on which it was read. A full statement to the editor about all submissions and previous reports that might be regarded as redundant publication of the same or very similar work. Any such work should be referred to specifically, and referenced in the new paper. Copies of such material should be included with the submitted paper, to help the editor decide how to handle the matter.
6. Registration number in case of a clinical trial and where it is registered (name of the registry and its URL)
7. Conflicts of Interest of each author/ contributor. A statement of financial or other relationships that might lead to a conflict of interest, if that information is not included in the manuscript itself or in an authors' form
8. Criteria for inclusion in the authors'/ contributors' list
9. A statement that the manuscript has been read and approved by all the authors, that the requirements for authorship as stated earlier in this document have been met, and that each author believes that the manuscript represents honest work, if that information is not provided in another form (see below); and
10. The name, address, e-mail, and telephone number of the corresponding author, who is responsible for communicating with the other authors about revisions and final approval of the proofs.
11. The main text of the article, **beginning from First Page till References (including tables) should be in this file.** Use rtf/doc files. Do not zip the files. **Limit the file size to 1 MB.**

Do not incorporate images in the file. If file size is large, graphs can be submitted as images separately without incorporating them in the article file to reduce the size of the file.

Besides,

1. **Images:** Submit good quality color images. **Each image should be less than 2 MB in size.** Size of the image can be reduced by decreasing the actual height and width of the images (keep up to 1600 x 1200 pixels or 5-6 inches). Images can be submitted as jpeg files. Do not zip the files. Legends for the figures/images should be included at the end of the article file.

2. **The contributors' / copyright transfer form** (template provided below) has to be submitted in original with the signatures of all the contributors within two weeks of submission via courier, fax or email as a scanned image. Print ready hard copies of the images (one set) or digital images should be sent to the journal office at the time of submitting revised manuscript. High resolution images (up to 5 MB each) can be sent by email.

Contributors' form / copyright transfer form can be submitted online from the authors' area on <http://www.journalonweb.com/jmu>.

Preparation of Manuscripts



Manuscripts must be prepared in accordance with "Uniform requirements for Manuscripts submitted to Biomedical Journals" developed by the International Committee of Medical Journal Editors (October 2008). The uniform requirements and specific requirement of Journal of Medical Ultrasound are summarized below. Before submitting a manuscript, contributors are requested to check for the latest instructions available. Instructions are also available from the website of the journal (<http://www.jmuonline.org>) and from the manuscript submission site <http://www.journalonweb.com/jmu>.

Journal of Medical Ultrasound accepts manuscripts written in American English.

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It is the responsibility of authors/ contributors to obtain permissions for reproducing any copyrighted material. A copy of the permission obtained must accompany the manuscript. Copies of any and all published articles or other manuscripts in preparation or submitted elsewhere that are related to the manuscript must also accompany the manuscript.

Types of Manuscripts



Original articles:

These include randomized controlled trials, intervention studies, studies of screening and diagnostic test, outcome studies, cost effectiveness analyses, case-control series, and surveys with high response rate. The text of original articles amounting to up to 3000 words (excluding Abstract, references and Tables) should be divided into sections with the headings **Abstract, Key-words, Introduction, Material and Methods, Results, Discussion, References, Tables and Figure legends.**

These articles typically include randomized trials, intervention studies, studies of screening and diagnostic tests, cohort studies, cost-effectiveness analyses, case-control studies, and surveys with high response rates, which represent new and significant contributions to ultrasonography.

Section headings should be: Abstract, Introduction, Materials (or Patients) and Methods, Results, Discussion, Conflicts of Interest Statement (if any), Acknowledgments (if any), and References.

Abstracts for Original Articles should be structured into the sections listed below:

- **Background:** briefly explain the importance of the study topic and state a precise study question or purpose.
- **Methods:** briefly introduce the methods used to perform the study; include information on the study design, setting, subjects, interventions, outcome measures and analyses as appropriate.
- **Results:** briefly present the significant results, with data and statistical details such as p values where appropriate; be sure that information in the abstract matches that in the main text.
- **Conclusion:** state the meaning of your findings, being careful to address the study question directly and to confine your conclusions to aspects covered in the abstract; give equal emphasis to positive and negative findings.
- **Key words** should be taken from the Medical Subject Headings (MeSH) list of Index Medicus (www.nlm.nih.gov/mesh/meshhome.html).

The Introduction should provide a brief background to the subject of the paper, explain the importance of the study, and state a precise study question or purpose.

The Materials (or Patients) and Methods section should describe the study design and methods (including the study setting and dates, patients/participants with inclusion and exclusion criteria, patient samples or animal specimens used, the essential features of any interventions, the main outcome measures, the laboratory methods followed, or data sources and how these were selected for the study), and state the statistical procedures employed in the research.

It should include and describe the following aspects:

Ethics: When reporting studies on human beings, 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 1975, as revised in 2013 (available at <https://www.wma.net/policies-post/wma-declaration-of-helsinki-ethical-principles-for-medical-research-involving-human-subjects/>). For prospective studies involving human participants, authors are expected to mention about approval of (regional/ national/ institutional or independent Ethics Committee or Review Board, obtaining informed consent from adult research participants and obtaining assent for children aged over 7 years participating in the trial. The age beyond which assent would be required could vary as per regional and/ or national guidelines. Ensure confidentiality of subjects by desisting from mentioning participants' names, initials or hospital numbers, especially in illustrative material. When reporting experiments on animals, indicate whether the institution's or a national research council's guide for, or any national law on the care and use of laboratory animals was followed. Evidence for approval by a local Ethics Committee (for both human as well as animal studies) must be supplied by the authors on demand. Animal experimental procedures should be as humane as possible and the details of anesthetics and analgesics used should be clearly stated. The ethical standards of experiments must be in accordance with the guidelines provided by the CPCSEA and World Medical Association Declaration of Helsinki on Ethical Principles for Medical Research Involving Humans for studies involving experimental animals and human beings, respectively). The journal will not consider any paper which is ethically unacceptable. A statement on ethics committee permission and ethical practices must be included in all research articles under the 'Materials and Methods' section.

Study design:

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

Reports of randomized clinical trials should present information on all major study elements, including the protocol, assignment of interventions (methods of randomization, concealment of allocation to treatment groups), and the method of masking (blinding), based on the CONSORT Statement (<http://www.consort-statement.org>).

Reporting Guidelines for Specific Study Designs

Guideline	Type of Study	Source
STROBE	Observational studies including cohort, case-control, and cross-sectional studies	https://www.strobe-statement.org/index.php?id=available-checklists
CONSORT	Randomized controlled trials	http://www.consort-statement.org
SQUIRE	Quality improvement projects	http://squire-statement.org/index.cfm?fuseaction=Page.ViewPage&PageID=471
PRISMA	Systematic reviews and meta-analyses	http://prisma-statement.org/PRISMAStatement/Checklist.aspx
STARD	Studies of diagnostic accuracy	https://pubs.rsna.org/doi/full/10.1148/radiol.2015151516
CARE	Case Reports	https://www.care-statement.org/resources/checklist
AGREE	Clinical Practice Guidelines	https://www.agreetrust.org/wp-content/uploads/2016/02/AGREE-Reporting-Checklist-2016.pdf

ARRIVE	Animal Research: Reporting of In Vivo Experiments	https://www.nc3rs.org.uk/sites/default/files/documents/Guidelines/NC3Rs%20ARRIVE%20Guidelines%202013.pdf
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Statistics: Whenever possible quantify findings and present them with appropriate indicators of measurement error or uncertainty (such as confidence intervals). Authors should report losses to observation (such as, dropouts from a clinical trial). When data are summarized in the Results section, specify the statistical methods used to analyze them. Avoid non-technical uses of technical terms in statistics, such as 'random' (which implies a randomizing device), 'normal', 'significant', 'correlations', and 'sample'. Define statistical terms, abbreviations, and most symbols. Specify the computer software used. Use upper italics (*P* 0.048). For all *P* values include the exact value and not less than 0.05 or 0.001. Mean differences in continuous variables, proportions in categorical variables and relative risks including odds ratios and hazard ratios should be accompanied by their confidence intervals.

The Results section should comprise the study results presented in a logical sequence, supplemented by tables and/or figures. Take care that the text does not repeat data that are presented in tables and/or figures. Only emphasize and summarize the essential features of the main results.

Present your results in a logical sequence in the text, tables, and illustrations, giving the main or most important findings first. Do not repeat in the text all the data in the tables or illustrations; emphasize or summarize only important observations. Extra- or supplementary materials and technical detail can be placed in an appendix where it will be accessible but will not interrupt the flow of the text; alternatively, it can be published only in the electronic version of the journal.

When data are summarized in the Results section, give numeric results not only as derivatives (for example, percentages) but also as the absolute numbers from which the derivatives were calculated, and specify the statistical methods used to analyze them. 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. Where scientifically appropriate, analyses of the data by variables such as age and sex should be included.

The Discussion section should be used to emphasize the new and important aspects of the study, placing the results in context with published literature, the implications of the findings, and the conclusions that follow from the study results. Include summary of *key findings* (primary outcome measures, secondary outcome measures, results as they relate to a prior hypothesis); *Strengths and limitations* of the study (study question, study design, data collection, analysis and interpretation); *Interpretation and implications* in the context of the totality of evidence (is there a systematic review to refer to, if not, could one be reasonably done here and now?, what this study adds to the available evidence, effects on patient care and health policy, possible mechanisms); *Controversies* raised by this study; and *Future research directions* (for this particular research collaboration, underlying mechanisms, clinical research).

Do not repeat in detail data or other material given in the Introduction or the Results section. In particular, contributors should avoid making statements on economic benefits and costs unless their manuscript includes economic data and analyses. Avoid claiming priority and alluding to work that has not been completed. New hypotheses may be stated if needed, however they should be clearly labeled as such. About 30 references can be included. These articles generally should not have more than six authors.

Review Articles:

It is expected that these articles would be written by individuals who have done substantial work on the subject or are considered experts in the field. A short summary of the work done by the contributor(s) in the field of review should accompany the manuscript.

The prescribed word count is up to 3000 words excluding tables, references and abstract. The manuscript may have about 90 references. The manuscript should have an unstructured Abstract (250 words) representing an accurate summary of the article. The section titles would depend upon the topic reviewed. Authors submitting review article should include a section describing the methods used for locating, selecting, extracting, and synthesizing data. These methods should also be summarized in the abstract.

The journal expects the contributors to give post-publication updates on the subject of review. The update should be brief, covering the advances in the field after the publication of the article and should be sent as a letter to editor, as and when major development occurs in the field.

These should aim to provide the reader with a balanced overview of an important and topical subject related to ultrasonography. They should cover aspects of a topic in which scientific consensus exists as well as aspects that remain controversial and are the subject of ongoing scientific research. All articles and data sources reviewed should include information about the specific type of study or analysis, population, intervention, exposure, and tests or outcomes. All articles or data sources should be selected systematically for inclusion in the review and critically evaluated.

Case reports:

New, interesting and rare cases can be reported. They should be unique, describing a great diagnostic or therapeutic challenge and providing a learning point for the readers. Cases with clinical significance or implications will be given priority. These communications could be of up to 1000 words (excluding Abstract and references) and should have the following headings:

Abstract (unstructured), Key-words, Introduction, Case report, Discussion, Reference, Tables and Legends in that order.

These are short discussions of a case or cases with unique features not previously described that make an important teaching point or scientific observation. They may describe novel techniques or use of equipment, or new information on diseases of importance. Section headings should be: Abstract, Introduction, Case Report(s), Discussion, Conflicts of Interest Statement (if any), Acknowledgments (if any), and References. The Introduction should describe the purpose of the present report, the significance of the disease and its specificity, and briefly review the relevant literature. The Case Report(s) should include the general data of the case(s), medical history, family history, chief complaint, present illness, clinical manifestation, methods of diagnosis and treatment, and outcome. The Discussion should compare, analyze and discuss the similarities and differences between the reported case(s) and similar cases reported in other published articles. The importance or specificity of the case(s) should be restated when discussing the differential diagnoses. Suggest the prognosis of the disease and possibility of prevention.

The manuscript could be of up to 1000 words (excluding references and abstract) and could be supported with up to 10 references. Case Reports could be authored by up to four authors.

Letter to Editor:

These should be short and decisive observations. They should preferably be related to articles previously published in the Journal or views expressed in the journal. They should not be preliminary observations that need a later paper for validation.

Letters are welcome in response to previously published JMU articles, or to present your views on a particular subject in ultrasound. It may include some review of the literature in making a point, although it is clearly an opinion piece rather than a review of the subject. Letters to the editor should be objective, constructive and educational. Letters should have a title, include appropriate references and the corresponding author's mailing and e-mail addresses. Letters are edited, sometimes extensively, to sharpen their focus. They may be sent for peer review at the discretion of JMU Editors. Letters are selected based on clarity, significance, and space.

The letter could have up to 500 words and 5 references. It could be generally authored by not more than four authors.

Brief Communications:

These reports should be concise presentations of preliminary experimental results or technical aspects of clinical or experimental practice that are not fully investigated, verified or perfected but which may be of widespread interest or application. A new method, procedure, technology, or treatment with a practical approach may be described, or a recommendation for improving scanning may be presented, with a description of how the technique should be implemented, detailing the technique's limitations, and explaining why the technique is important and how it will enhance clinical practice. The manuscript may be prepared according to the format of original articles.

- Word limit: 1500 words
- References: up to 12

Commentaries:

These are brief discussions focusing on 1 or 2 key points about a single study—strengths, weaknesses, where it fits in the context of other studies, controversies, how it should or should not change our clinical practice, or how it illustrates some important principle of science or methodology. They are usually written by the Editors or Reviewers involved in the evaluation of a submitted manuscript, and published concurrently with that manuscript.

- Word limit: 1500 words
- References: up to 12

Pictorial Essays:

The message in a pictorial essay is contained in the images presented. The text is short, but the figure legends are key. No introduction, methods or discussion sections are required as the message is conveyed through unique, exceptional and timely ultrasound images. Word limit: 1000 words • References: up to 10

Imaging for Residents:

These are diagnostic images of real cases that aim to be an exercise for residents to practice diagnosis. Hence, Imaging for Residents should be structured into two separate parts that will be published in two consecutive issues of the Journal: Section 1—Quiz; Section 2—Answer. Section 1—Quiz must include the following information: • article title • author name(s) and affiliation(s) • case (description) • figures • conflicts of interest statement. The word count limit for Section 1—Quiz is 800 words. Section 2—Answer must include the following information: • article title • author name(s) and affiliation(s) • case (description) • figures • interpretation • discussion (if any) • references (not more than 10) • conflicts of interest statement. The word count limit for Section 2—Answer is 800 words

Technical notes:

Originally-devised techniques for ultrasound-related diagnosis or treatment are published as a Technical note. The backgrounds are briefly described in Introduction and the technique is intelligibly explained using clear illustrations. The advantage and possible benefit to use the new technique should be highlighted. Technical notes contain an Abstract, Introduction, Materials and Methods, Results and Discussion followed by acknowledgment (optional), references, and figure legends.

Correspondence:

Brief constructive comments in response to JMU articles published within the previous 6 months or relating to a topical subject in the field, as well as other communications of general interest are welcome. They are edited, sometimes extensively, to sharpen their focus. They may be sent for peer review at the discretion of JMU Editors. Correspondence should have a title, and the corresponding author's mailing and e-mail addresses. Format guide • Word limit: 500 words (excluding references)

- References: 5 or less
- Tables/Figures: 1 table and/or 1 figure
- Begin with "Dear Editor"
- No section headings in main text
- Conflicts of interest statement after the main text

Other:

Commentary and Opinion are solicited by the editorial board.

Please also note that:

References

References should be *numbered* consecutively in the order in which they are first mentioned in the text (not in alphabetic order). Identify references in text, tables, and legends by Arabic numerals in superscript with square bracket after the punctuation marks. References cited only in tables or figure legends should be numbered in accordance with the sequence established by the first identification in the text of the particular table or figure. Use the style of the examples below, which are based on the formats used by the NLM in *Index Medicus*. The titles of journals should be abbreviated according to the style used in *Index Medicus*. Use complete name of the journal for non-indexed journals. Avoid using abstracts as references. Information from manuscripts submitted but not accepted should be cited in the text as "unpublished observations" with written permission from the source. Avoid citing a "personal communication" unless it provides essential information not available from a public source, in which case the name of the person and date of communication should be cited in parentheses in the text. The commonly cited types of references are shown here, for other types of references such as newspaper items please refer to ICMJE Guidelines (<http://www.icmje.org> or http://www.nlm.nih.gov/bsd/uniform_requirements.html).

Articles in Journals

1. Standard journal article (for up to six authors): Parija S C, Ravinder PT, Shariff M. Detection of hydatid antigen in the fluid samples from hydatid cysts by co-agglutination. *Trans. R.Soc. Trop. Med. Hyg.* 1996; 90:255–256.
2. Standard journal article (for more than six authors): List the first six contributors followed by *et al.*

Roddy P, Goiri J, Flevaud L, Palma PP, Morote S, Lima N. *et al.*, Field Evaluation of a Rapid Immunochromatographic Assay for Detection of *Trypanosoma cruzi* Infection by Use of Whole Blood. *J. Clin. Microbiol.* 2008; 46: 2022-2027.

3. Volume with supplement: Otranto D, Capelli G, Genchi C: Changing distribution patterns of canine vector borne diseases in Italy: leishmaniosis vs. dirofilariosis. *Parasites & Vectors* 2009; Suppl 1:S2.

Books and Other Monographs

1. Personal author(s): Parija SC. Textbook of Medical Parasitology. 3rd ed. All India Publishers and Distributors. 2008.
2. Editor(s), compiler(s) as author: Garcia LS, Filarial Nematodes In: Garcia LS (editor) Diagnostic Medical Parasitology ASM press Washington DC 2007: pp 319-356.
3. Chapter in a book: Nesheim M C. Ascariasis and human nutrition. In Ascariasis and its prevention and control, D. W. T. Crompton, M. C. Nesbemi, and Z. S. Pawlowski (eds.). Taylor and Francis, London, U.K. 1989, pp. 87–100.

Electronic Sources as reference

Journal article on the Internet: Parija SC, Khairnar K. Detection of excretory *Entamoeba histolytica* DNA in the urine, and detection of *E. histolytica* DNA and lectin antigen in the liver abscess pus for the diagnosis of amoebic liver abscess. *BMC Microbiology* 2007, 7:41.doi:10.1186/1471-2180-7-41. <http://www.biomedcentral.com/1471-2180/7/41>

Tables

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

Illustrations (Figures)

- Upload the images in JPEG format. The file size should be within 1024 kb in size while uploading.
- Figures should be numbered consecutively according to the order in which they have been first cited in the text.
- Labels, numbers, and symbols should be clear and of uniform size. The lettering for figures should be large enough to be legible after reduction to fit the width of a printed column.
- Symbols, arrows, or letters used in photomicrographs should contrast with the background and should be marked neatly with transfer type or by tissue overlay and not by pen.
- Titles and detailed explanations belong in the legends for illustrations not on the illustrations themselves.
- When graphs, scatter-grams or histograms are submitted the numerical data on which they are based should also be supplied.
- The photographs and figures should be trimmed to remove all the unwanted areas.
- If photographs of individuals are used, their pictures must be accompanied by written permission to use the photograph.
- If a figure has been published elsewhere, acknowledge the original source and submit written permission from the copyright holder to reproduce the material. A credit line should appear in the legend for such figures.
- Legends for illustrations: Type or print out legends (maximum 40 words, excluding the credit line) for illustrations using double spacing, 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 in the legend. Explain the internal scale (magnification) and identify the method of staining in photomicrographs.
- Final figures for print production: Send sharp, glossy, un-mounted, color photographic prints, with height of 4 inches and width of 6 inches at the time of submitting the revised manuscript. Print outs of digital photographs are not acceptable. If digital images are the only source of images, ensure that the image has minimum resolution of 300 dpi or 1800 x 1600 pixels in TIFF format. Send the images on a CD. Each figure should have a label pasted (avoid use of liquid gum for pasting) on its back indicating the number of the figure, the running title, top of the figure and the legends of the figure. Do not write the contributor/s' name/s. Do not write on the back of figures, scratch, or mark them by using paper clips.
- The Journal reserves the right to crop, rotate, reduce, or enlarge the photographs to an acceptable size.

Protection of Patients' Rights to Privacy



Identifying information should not be published in written descriptions, photographs, sonograms, CT scans, etc., and pedigrees unless the information is essential for scientific purposes and the patient (or parent or guardian, wherever applicable) gives written informed consent for publication. Authors should remove patients' names from figures unless they have obtained written informed consent from the patients. When informed consent has been obtained, it should be indicated in the article and copy of the consent should be attached with the covering letter.

Please add the Patient Consent Statement if your article has patient information.

Case Report:

Declaration of patient consent (Put it before Financial support and sponsorship)

The authors certify that they have obtained all appropriate patient consent forms. In the form the patient(s) has/have given his/her/their consent for his/her/their images and other clinical information to be reported in the journal. The patients understand that their names and initials will not be published and due efforts will be made to conceal their identity, but anonymity cannot be guaranteed.

Other type of articles (Put it in Method section):

Ethical approval

The study was conducted in accordance with the Declaration of Helsinki and was approved by the local ethics committee of the institute. Informed written consent was obtained from all patients prior to their enrollment in this study.

Sending a revised manuscript



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