

## Instructions to the Authors

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### About the Journal



**Journal of the Egyptian Ophthalmological Society**, a publication of The Egyptian Ophthalmological Society, is a peer-reviewed online journal with Quarterly print on demand compilation of issues published on <http://www.jeos.eg.net>. The journal allows free access (Open Access) to its contents and permits authors to self-archive final accepted version of the articles on any OAI-compliant institutional / subject-

### Scope of the journal



The journal will cover technical and clinical studies related to health, ethical and social issues in field of Ophthalmology. Articles with clinical interest and implications will be given preference.

### The Editorial Process



A manuscript will be reviewed for possible publication with the understanding that it is being submitted to Journal of the Egyptian Ophthalmological Society alone at that point in time and has not been published 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 for review will be reviewed by the editorial board. The editorial board will 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 formal review. Manuscripts unlikely to be of interest to the Journal of the Egyptian Ophthalmological Society readers are also liable to be rejected at this stage itself.

Manuscripts that are found suitable for publication in Journal of the Egyptian Ophthalmological Society are sent to two or more expert reviewers. During submission, the contributor is requested to provide a list of reviewers who 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 discretion of the journal. The journal follows a double-blind review process, wherein the reviewers and authors are unaware of each other's identity. Every manuscript is also assigned to a member of the editorial team, who based on the reviewers' 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 address the 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 corrected proofs as soon as 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 fast publication of information, the journal publishes articles online as 'Ahead of Print' immediately on acceptance.

### Clinical trial registry



Journal of the Egyptian Ophthalmological Society favors registration of clinical trials and is a signatory to the Statement on publishing clinical trials in Indian biomedical journals. Journal of the Egyptian Ophthalmological Society favors registration of 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/>; <http://www.actr.org.au/>; <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 before June 2008 will be considered for publication in Journal of the Egyptian Ophthalmological Society only if they have been registered retrospectively with clinical trial registry that allows unhindered online access to public.

### Patient Consent

- Authors are responsible for obtaining informed consent from any patient who may possibly be identified from patient images used or description mentioned before submission of their manuscript.
- Even in cases when anonymity has been retained, authors still have a responsibility to have obtained consent (not necessarily informed) for the use of patient/research participant data.
- Informed consent means that the patient has been thoroughly informed as to how the images and/or description will be presented and distributed.
- An editorial office should avoid the possibility of breaching confidentiality by collecting and archiving consent forms themselves. These forms should be available by the author only upon specific request.
- The manuscript with any patient data must contain a statement informing readers that the appropriate consent was obtained.
- As publishers, we only require to have an affirmation from authors stating that consent has been obtained in case the manuscript has patient data including masked images and obvious identification. We do not require consent forms from the authors. This could potentially increase the opportunity for violations of the confidentiality of the patient information, as well as make us as publishers/editorial office liable.

- In cases where a collective clinical data (group study or trials) has been mentioned; a declaration stating permission from the Ethics committee of the said institute should be obtained. There is no statement for informed consent.

## 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 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 and should not 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. 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, experimental 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 published article and should be designated as 'guarantor'.

## Conflicts of Interest/ Competing Interests

All authors 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. They should disclose conflict of interest with products that compete with those mentioned in their manuscript.

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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, the manuscript is accepted for publication only after the author has accepted the editorial/ peer-review.

### [1] Title Page/First Page File/covering letter:

This file should provide

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 degree) 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.
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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 1997). The requirement of Journal of the Egyptian Ophthalmological Society are summarized below. Before submitting a manuscript, contributors are requested to check for the latest instructions available. Instructions are available on the Journal's website (<http://www.jeos.eg.net>) and from the manuscript submission site <http://www.journalonweb.com/ejos>.

Journal of the Egyptian Ophthalmological Society accepts manuscripts written in American English.

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#### 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 rates. Manuscripts (not exceeding 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, and Conclusions.

**Introduction:** State the purpose and summarize the rationale for the study or observation.

**Materials and Methods:** 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 national) or of 1975, as revised in 2000 (available at [http://www.wma.net/e/policy/17-c\\_e.html](http://www.wma.net/e/policy/17-c_e.html)). For prospective studies involving human participants, authors are expected to mention about approval of (regional/ national) 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 should be mentioned in the 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 institutional or national 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 methods 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 and Guidelines for the Medical Research involving human beings, respectively). The journal will not consider any paper which is ethically unacceptable. A statement on ethics committee permission and ethical approval should be included 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. **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 study. This includes 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 references. 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 (blinding)), based on the CONSORT Statement (<http://www.consort-statement.org>).

**Reporting Guidelines for Specific Study Designs**

Initiative	Type of Study	Source
CONSORT	Randomized controlled trials	<a href="http://www.consort-statement.org">http://www.consort-statement.org</a>
STARD	Studies of diagnostic accuracy	<a href="http://www.consort-statement.org/stardstatement.htm">http://www.consort-statement.org/stardstatement.htm</a>
QUOROM	Systematic reviews and meta-analyses	<a href="http://www.consort-statement.org/Initiatives/MOOSE/moose.pdf">http://www.consort-statement.org/Initiatives/MOOSE/moose.pdf</a>
STROBE	Observational studies in epidemiology	<a href="http://www.strobe-statement.org">http://www.strobe-statement.org</a>
MOOSE	Meta-analyses of observational studies in epidemiology	<a href="http://www.consort-statement.org/Initiatives/MOOSE/moose.pdf">http://www.consort-statement.org/Initiatives/MOOSE/moose.pdf</a>

**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 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). 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 categorical variables and relative risks including odds ratios and hazard ratios should be accompanied by their confidence intervals.

**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; 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.

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 the units. 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. Analyses of the data by variables such as age and sex should be included.

**Discussion:** 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, 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 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 main purpose is 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. The 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 contributors should be included in 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). 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.

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 updated when new development occurs in the field.

### **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 and novel findings 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, R

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

### **Other:**

Editorial, Guest Editorial, Commentary and Opinion are solicited by the editorial board.

### **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 subsequent text. *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 styles and 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 citing references in 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. 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/unpublished.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. 2007; 101: 1-4.
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. 2007; 45: 1234-1238.

1. 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; Supplement 1: 1-4.

#### *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. 2004: 1-10.

#### *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 first time. *Journal of Clinical 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.
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- 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.
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1. Authors, not the journals nor the publisher, need to obtain the patient consent form before the publication and have the form properly archived. The consent forms are not to be uploaded with the manuscript to the publisher offices.
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### Sending a revised manuscript



The revised version of the manuscript should be submitted online in a manner similar to that used for submission of the manuscript for the first time. However, there is no need to submit the "First Page" version. When submitting a revised manuscript, contributors are requested to include, the 'referees' remarks along with point to point clarification at the beginning in the revised file itself. In addition, the authors should use colored text in the article.

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Checklist



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- Source of funding mentioned
- Conflicts of interest disclosed

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- Check the manuscript for spelling, grammar and punctuation errors
- If a brand name is cited, supply the manufacturer's name and address (city and state/country).
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- No repetition of data in tables and graphs and in text
- Actual numbers from which graphs drawn, provided

- Figures necessary and of good quality (colour)
- Table and figure numbers in Arabic letters (not Roman)
- Labels pasted on back of the photographs (no names written)
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