

# Instructions to the Authors

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## ✔ [About the Journal](#)

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**Journal of Emergencies, Trauma, and Shock (JETS)** is a peer-reviewed and indexed international journal published under the auspices of the INDUSEM .

The journal's full text is online at [www.onlinejets.org](http://www.onlinejets.org) With the aim of faster and better dissemination of knowledge, we will be publishing articles 'Ahead of Print' immediately on acceptance. In addition, the journal would allow free access (Open Access) to its contents, which is likely to attract more readers and citations to articles published in JETS.

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 2006). The uniform requirements and specific requirements of JETS are summarized below. Before sending a manuscript contributors are requested to check for the latest instructions available. Instructions are also available from the website of the journal ( <http://www.onlinejets.org> ) and from the manuscript submission site ( <http://www.journalonweb.com/JETS> ).

## ✔ [Scope of the journal](#)

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JETS encourages research, education and dissemination of knowledge in the fields of Emergency Medicine, Traumatology and Shock Resuscitation thus promoting translational research by striking a synergy between basic science, clinical medicine and public health. The journal gives equal preference to clinical, experimental, epidemiological and animal studies. It promotes cross cutting studies which impact translation of knowledge from the Lab to the patient and beyond. The Journal would publish peer-reviewed original research papers, case reports, systematic reviews, meta-analysis, and debates.

## ✔ [The Editorial Process](#)

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The manuscripts will be reviewed for possible publication with the understanding that they are being submitted to one journal at a time and have not been published, simultaneously submitted, or already accepted for publication elsewhere.

The Editors review all submitted manuscripts initially. Manuscripts with insufficient originality, serious scientific and technical flaws, or lack of a significant message are rejected. All manuscripts received are duly acknowledged. Manuscripts are sent to two or more expert reviewers without revealing the identity of the contributors to the reviewers. Each 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 contributors will be informed about the reviewers' comments and acceptance/rejection of manuscript.

Articles accepted would be copy edited for grammar, punctuation, print style, and format. Page proofs will be sent to the corresponding author, which has to be returned within three days. Correction received after that period may not be included.

## ✔ [Clinical trial registry](#)

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Journal of Emergencies, Trauma, and Shock (JETS) favors registration of clinical trials and is a signatory to the Statement on publishing clinical trials in Indian biomedical

journals. International Journal of Academic Medicine 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/>; <http://www.actr.org.au/>; <http://www.clinicaltrials.gov/>; <http://isrctn.org/>; <http://www.trialregister.nl/trialreg/index.asp>; and <http://www.umin.ac.jp/ctr>. 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 International Journal of Academic Medicine only if they have been registered retrospectively with clinical trial registry that allows unhindered online access to public without charging any fees.

## ✓ Authorship Criteria

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Authorship credit should be based only on substantial contributions

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

Conditions 1, 2, and 3 must be met. 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. 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.

For a study from in a single institute the number of contributors should not exceed six. For a case-report, images, letter to the editor and review article the number of contributors should not exceed four. A justification should be included, if the number of contributors exceeds these limits.

Only those who have done substantial work in a particular field can write a review article. A short summary of the work done by the contributor(s) in the field of review should accompany the manuscript. 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 article and should be sent as a letter to editor, as and when major development occurs in the field.

## ✓ Contribution Details

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

## ✓ Conflicts of Interest/ Competing Interests

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All authors of submitting articles to the journal must disclose any conflict of interest they may have with 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. The Editor will discuss with the authors on an individual basis the method by which any conflicts of interest will be communicated to the readers.

## ✓ Submission of Manuscripts & Publication Fees

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### **PUBLICATION FEES**

There are significant costs associated with starting, running, and maintaining a peer-reviewed journal. Although our Editorial Board supports cost minimization, it is no longer possible to provide the full range of publication services without at least a small, essentially symbolic submission fee. Authors do not have to pay for submission of articles. **Such fee will not be charged until the article is accepted.** In addition, there are mechanisms in place to reduce or even eliminate the fee based on economic considerations (see below for details).

**Invited manuscripts** – Free of charge

**Unsolicited manuscripts** - Up to \$250 fee applicable to all items; Not charged until article accepted

**Economic hardship provision** – The \$250 fee can be discounted to \$150 or less upon written request explaining in detail all applicable reasons why \$250 is not affordable; In exceptional cases, the entire \$250 fee will be waived if the written request provides a compelling reason for such action.

**User fees and author self-archiving policy:** IJAM offers free and unrestricted access to all articles in HTML format; For PDF articles, a small download fee applies; In addition, we actively support auto-archiving of manuscripts by authors (e.g., each author receives final PDF copy of their published work – they are encouraged to upload it to various knowledge repositories for the global audience to gain access to at no charge).

**Manuscript submission site:** All manuscripts must be submitted on-line through the website <http://www.journalonweb.com/ijam>. 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.

#### **Article processing charge:**

The journal charges following fee on acceptance

Letter To Editor: US \$ 200 (for overseas authors), INR 2000 (for authors from India)

Case Report: US \$ 500 (for overseas authors), INR 5000 (for authors from India)

Original Article: US \$ 600 (for overseas authors), INR 6000 (for authors from India)

(As mandated by the Indian Government and based on the GST Law and procedures, Wolters Kluwer India Private Ltd, would be charging GST @18% on fees collected from Indian authors with effect from 1st July 2017. The said tax will be in addition to the prices maintained on the website to be collected from the authors and will be paid to the Indian Government..)

. If you experience any problems, please contact the editorial office by e-mail at editor [AT] ijam-web . org

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 should be submitted in the form of two separate files:

#### **[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 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. This should be included in the title page of the manuscript and not in the main article file.
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, if that information is not included on the manuscript itself.

[2] **Blinded Article file:** The main text of the article, beginning from Abstract till References (including tables) should be in this file. The file must not contain any mention of the authors' names or initials or the institution at which the study was done or acknowledgements. Page headers/running title can include the title but not the authors' names. Manuscripts not in compliance with the Journal's blinding policy will be returned to the corresponding author. 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. The pages should be numbered consecutively, beginning with the first page of the blinded article file.

[3] **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.

[4] **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/ijam>.

## ✓ Preparation of the Manuscript

The text of original articles should be divided into sections with the headings: Abstract, Key-words, Introduction, Materials and Methods, Results, Discussion, References, Tables and Figure legends. For a brief report include Abstract, Key-words Introduction, Case report, Discussion, Reference, Tables and Legends in that order. Do not use subheadings in these sections. Use double spacing throughout. Number pages consecutively, beginning with the title page. The language should be American English.

### Title Page

The title page should carry

1. Type of manuscript (e.g. Original article, Case Report)
2. The title of the article, which should be concise, but informative;
3. Running title or short title not more than 50 characters;
4. The name by which each contributor is known (Last name, First name and initials of middle name), with his or her highest academic degree(s) and institutional affiliation;
5. The name of the department(s) and institution(s) to which the work should be attributed;
6. The name, address, phone numbers, facsimile numbers and e-mail address of the contributor responsible for correspondence about the manuscript;
7. The total number of pages, total number of photographs and word counts separately for abstract and for the text (excluding the references and abstract);
8. Source(s) of support in the form of grants, equipment, drugs, or all of these;
9. 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. This should be included in the title page of the manuscript and not in the main article file.
10. If the manuscript was presented as part at a meeting, the organization, place, and exact date on which it was read.

### Abstract Page

The second page should carry the full title of the manuscript and an abstract (of no more than 150 words for brief reports and 250 words for original articles and other article types). The abstract should be structured for original articles. State the context (background), aims, settings and design, materials and methods, statistical analysis used, results and conclusions. Below the abstract should provide 3 to 8 keywords. The abstract should not be structured for a brief report, review article, symposia and research methodology. Do not include references in abstract.

### Introduction

State the purpose and summarize the rationale for the study or observation.

### Materials and Methods

The Methods section should only include information that was available at the time the study was planned or protocol written; all information obtained during the conduct of

the study belongs to the results section.

**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. Because the relevance of such variables as age and sex to the object of research is not always clear, authors should explain their use when they are included in a study report; for example, authors should explain why only subjects of certain ages were included or why women were excluded. The guiding principle should be clarity about how and why a study was done in a particular way. When authors use variables such as race or ethnicity, they should define how they measured the variables and justify their relevance.

**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

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>

**Note:** 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.

### Ethics

When reporting studies on human, 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 2000 (available at [http://www.wma.net/e/policy/17-c\\_e.html](http://www.wma.net/e/policy/17-c_e.html) ). Do not use patients' 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 (animal) and ICMR (human). 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.

### Statistics

Whenever possible quantify findings and present them with appropriate indicators of measurement error or uncertainty (such as confidence intervals). 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.

### 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.

### **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, 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. State new hypotheses when warranted, but clearly label them as such.

### **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 electronic media; newspaper items, etc. please refer to ICMJE Guidelines (<http://www.icmje.org> or [http://www.nlm.nih.gov/bsd/uniform\\_requirements.html](http://www.nlm.nih.gov/bsd/uniform_requirements.html)).

Download a [PowerPoint presentation](#) on common reference styles and using the reference checking facility on the manuscript submission site.

### **Articles in Journals**

- a. Standard journal article: Bavdekar SB, Gogtay NJ, Muzumdar D, Vaideeswar P, Salvi V, Sarkar M. The path ahead. *J Postgrad Med* 2007;53:153-3  
List the first six contributors followed by et al.
- b. 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.
- c. 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.

### **Books and Other Monographs**

- a. Personal author(s): Ringsven MK, Bond D. *Gerontology and leadership skills for nurses*. 2nd ed. Albany (NY): Delmar Publishers; 1996.
- b. Editor(s), compiler(s) as author: Norman IJ, Redfern SJ, editors. *Mental health care for elderly people*. New York: Churchill Livingstone; 1996.
- c. Chapter in a book: 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. pp. 465-78.

### **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 4 MB in size while uploading. 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.
- 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 people are used, either the subjects must not be identifiable or 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: If the uploaded images are not printable quality, the publisher office may request for higher resolution images which can be sent at the time of acceptance of the 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 informed consent for publication. Authors should remove patients' names from figures unless they have obtained informed consent from the patients. The journal abides by ICMJE guidelines:

- 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 cover letter or sent through email to editorial or publisher offices.
- 2) If the manuscript contains patient images that preclude anonymity, or a description that has obvious indication to the identity of the patient, a statement about obtaining informed patient consent should be indicated in the manuscript.

### **Case Reports**

Case reports must meet all of the following criteria:

1. the case should be one that is highly unusual, very unique, underreported in the literature and;
2. the case report must present as a challenging diagnostic and therapeutic problem and;

3. the case report must have significant educational value including the ability to perhaps change a clinician's traditional method of handling such a case and;
4. the case report's interest to the reader should be significant.

#### Preparation of Case Reports

Follow the standard format for the article (Abstract, Key-words, Introduction, Case History, Discussion and References).

## ✓ Copies of any permission(s)

To reproduce published material, and to use illustrations or report information about identifiable people 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. The manuscript should be sent to

#### **Global Emergency Medical Sciences**

INDUS-EM & Trauma Collaborative

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One Davis Blvd, Suite 504, Davis Island

Tampa, Florida, 33606 USA

## ✓ Publishing Clinical Trials

### **Guidelines on Publishing Registered Clinical Trials in JETS**

Beginning January 1, 2010, JETS will not solicit, review, accept or publish any papers dealing with clinical trials that were not registered prospectively with a trial registry prior to the enrollment of the study's first subject. From January 2009 through December 31, 2009, all trials that are not prospectively registered must be registered retrospectively with a trial registry before they will be considered for publication. A letter accompanying all manuscript submissions regarding clinical trials must state the beginning date of the trial, specify the trial registry, the assigned number and the date the trial was registered with that specific registry. Although a universal, worldwide registry for clinical trials would be ideal, at present, JETS will accept registration of a clinical trial with one of the following publicly available registries:

- NIH's registry <http://www.clinicaltrials.gov>
- World Health organization, International Clinical Trials Registry Platform (ICTRP). <http://www.who.int/ictrp/en/>
- The International Standard Randomized Controlled Trials Number ( <http://isrctn.org> ).
- Australian Clinical Trials Registry <http://actr.org.au>
- Netherlands Trial Register <http://www.trialregister.nl/trialreg/index.asp>
- UMIN Clinical Trials Registry <http://www.umin.ac.jp/ctr>
- The Clinical Trial Registry India [www.ctri.in](http://www.ctri.in)
- <http://www.chictr.org/> (China)
- The list of approved registration sites will be updated periodically at [onlinejets.org](http://onlinejets.org)

It was unanimously decided that the editors have the responsibility to promote the registration of all clinical trials in the field of emergency medicine being conducted in the United States and abroad and to urge researchers and physician-scientists to register their trials within the stipulated time frame above, to make the clinical trial data transparent and to enable results to be published in good journals.

JETS urges physician investigators and all other personnel involved in planning, conducting or otherwise involved in clinical trials involving human subjects, to register their studies with a clinical trial registry and to comport their clinical research activities with the highest degree of integrity, keeping with the tenets of our profession and maintaining the public's trust

## ✓ Publishing Animal Research

### **JETS Policy Guidelines on the Humane and Responsible Use and Care of Animals in Research**

JETS will only solicit, review, accept, or publish any papers utilizing the data obtained through clinical trials research on animals in accordance with JETS clinical trial registration policy.



1. All authors using data obtained from animal research must submit a statement indicating that their project was reviewed and approved by their institution's formally constituted Institutional Review Board or Ethics Committee.
2. All authors using data obtained from animal research must submit a statement confirming that all animal experiments and/or trials were conducted in full compliance with any and all local, national, international, ethical, and regulatory principles.
3. JETS defines a animal research as any study that prospectively utilizes animal subjects or organisms or the products of those animal subjects or organisms including but not limited to non-human primates, vertebrates, invertebrates, and other organisms in developing disease or physiological models or which otherwise assigns the animal subject to either an intervention or comparison group in order to evaluate the causal relationship between a medical intervention and a health or biomedical outcome/end-point.
4. JETS defines interventions as any medical, surgical, psychological, or sociological procedure, therapy, or treatment, including but not limited to medications, herbal, natural, or home remedies, use of therapies including acupuncture, coining, cupping, and other traditional Eastern remedies, orthopedic or chiropractic manipulation, as well as the use of imaging studies such as X-rays, ultrasound, CT, MRI, or PET scans, and the development of genetic cell lines or any other modality designed or utilized by medical personnel for the advancement of basic science or for use in clinical assessment, decision making, and treatment/disposition.

The editors of JETS unanimously believe that in the realm of animal experimentation, we have the responsibility to promote the humane use and care of animals. We require that all authors register their studies with a clinical trial registry if they have conducted a clinical trial involving animals (e.g., testing a new vaccine on an animal for safety or efficacy as part of a clinical trial), comport their clinical research activities in accordance with JETS policy on clinical trials and, at all times, maintain the highest degree of integrity while conducting research.

## ✓ Types of Manuscripts and Limits

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- **Original articles:** Randomized controlled trials, intervention studied, studies of screening and diagnostic test, outcome studies, cost effectiveness analyses, case-control series, and surveys with high response rate. Up to 3000 words excluding about 30 references and abstract.
- **Review articles** (including for Ethics forum, Education forum, E-Medicine, etc.): Systemic critical assessments of literature and data sources. Up to 4000 words excluding about 90 references and abstract. For review articles, include the method (literature search) in abstract as well as in the introduction section.
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- **Images in medicine:** a short history, photograph, differential diagnosis, and short discussion of classic and/or rare case. Should not be more than 800 words excluding up to six references. .
- **Letter to the Editor:** Should be short, decisive observation. They should not be preliminary observations that need a later paper for validation. Up to 500 words and 5 references.
- **Announcements of conferences, meetings, courses,** and other items likely to be of interest to the readers should be submitted with the name and address of the person from whom additional information can be obtained.

Editorial, Guest Editorial, Commentary, Expert's Comments and Symposia articles are solicited by the editorial board.

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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 informed consent for publication. Authors should remove patients' names from figures unless they have obtained informed consent from the patients. The journal abides by ICMJE guidelines:

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- 2) If the manuscript contains patient images that preclude anonymity, or a description that has obvious indication to the identity of the patient, a statement about obtaining informed patient consent should be indicated in the manuscript.

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- Middle name initials provided
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