

Image

Instructions to the Authors

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Scope

IJMM is the official publication of Indian Association of Medical Microbiologists (IAMM). The journal is a peer-reviewed, open access <http://www.ijmm.org/> publication, published quarterly in January, April, July and October. The journal is abstracted and indexed in PubMed/ MEDLINE (National Library of Medicine, USA), Science Citation Index Expanded (Thomson Reuters, USA), EMBASE (Elsevier Science, Netherlands) and IndMed (ICMR, India).

Manuscripts of high standard in the form of original research, multicentric studies, meta analysis, are accepted. Current reports can be submitted as brief communications. Case reports must include review of current literature, clinical details, outcome and follow up. Letters to the editor must be a comment on or pertain to a manuscript already published in the IJMM or in relation to preliminary communication of a larger study.

Review articles, Special Articles or Guest Editorials are accepted on invitation.

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Correspondence: US \$ 75 (for overseas authors), INR 2000 (for authors from India)

Brief communications, Case reports, Infectious Disease Grand Round: US \$ 125 (for overseas authors), INR 3000 (for authors from India)

Original articles: US \$ 200 (for overseas authors), INR 5000 (for authors from India)

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Manuscript preparation

1. First page file:

Title
Article type: Review/ Special/ Original Article (RA/ SA/ OA), Brief Communication (BC),
Case Report (CR), Correspondence.
Running/ Abbreviated title (except for CR or Correspondence)
Author names alongwith highest qualification, designation, professional address (including pincode) of ALL authors in order of appearance.
Email address & contact phone number ONLY of the corresponding author.
Source of support, conflict of interest: State none if so.
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2. Article file: TEXT- TABLES- LEGENDS FOR IMAGES

TEXT-
Title
SA, OA, BC:
Abstract (structured to purpose, method, result, conclusion) SA, OA: Words- 250, BC (unstructured):Words- 100
Keywords- 5
Introduction: Brief, most recent essential background only.
Material & Method: IRB/ EC approval (mandatory for all studies involving human subjects and from animal ethics clearance for experimental animals)
Source of reagents/ commercial kits, manufacturer name, city, country.
Statistical test used.
Results
Discussion
References (SA, OA: 20, BC: 13)
RA: Abstract (unstructured- 250), Keywords (5), Article, Conclusions, References (50)
CR: Abstract (unstructured- 100), Keywords (3), Introduction, Case report, Discussion, References (10)
Authenticate CR with evidence as images of the clinical and laboratory findings.
Correspondence: Must begin with "Dear Editor", Letter (300 words) References (5)

References: In the text to be consecutively numbered and in superscripted brackets eg [1]

References at the end of the text:

Journals: In Vancouver format:

Reid G, Jass J, Sebulsy MT, McCormick JK. Potential use of probiotics in clinical practice. Clin Microbiol Rev 2003;16:658-72.

Books:

1. When the book has only authors and no editor(s):

P N Bennett, M J Brown. Clinical Pharmacology: 10th ed. (Churchill Livingstone Elsevier, London, UK) 2008:15-6.

2. When the reference is to author(s) who has contributed a chapter in a book edited by someone else:

Curry A. Microsporidiosis. In: Topley & Wilson's Microbiology and Microbial infections. Parasitology. 10 th ed. Cox FE, Wakelin D, Stephen H, Gillespie and Despommier DD, editors. Oxford University Press, New York; 2005: 529-55

Online Journals:

Etzel RA, Balk SJ, Bearer CF, Miller MD, Shannon MW, Shea KM. American Academy of Pediatrics: Toxic Effects of Indoor Moulds. Pediatrics 1998;101:712-14. Available at: <http://aappolicy.aappublications.org/cgi/content/full/pediatrics%3b101/4/712>. Accessed November 16, 2006.

World Wide Web:

United States Centers for Disease Control and Prevention. Interim guidance on specimen collection, processing, and testing for patients with suspected swine-origin influenza A (H1N1) virus infection. Available at: <http://www.cdc.gov/h1n1flu/specimencollection.htm> (Accessed May 12, 2009).

All references must be original and complete. Reference "cited by" and "quoted by" from other publications should not be included. Before submission, check format of each reference including punctuations, spacing & page numbering.

TABLES- Arabic numerals 1, 2, 3,... Title, footnote (if any) Only horizontal lines.

Mark in bold the point of insertion as (Table1) & Images (Fig 1) in the text.

Tables to be submitted in chronological order at the end of references.

LEGENDS FOR IMAGES- On a separate page following the Text/ Tables and not in continuation.

3. Images, Figures & Illustrations: Photographs, microphotographs & graphs to be numbered 1,2,3... alongwith Legend (technique, magnification if any, salient features). Good quality, high resolution images only. Tables should not be submitted as Images. Microphotographs using staining techniques & images with relevant colours will be accepted only in colour & not as a black & white eg; a gram stained smear/ blood agar medium will not be accepted in black & white.

General rules:

Pages uploaded should be double spaced on one side of bond paper (21 X 29.7 cm) scripted in Arial font.

Use British format of the English language.

Names of organisms, et al, in situ, in vitro, in vivo, to be in italics.

Names of antibiotics to begin with small case, not capitals.

Do not disclose identity/ institute name in the Material & Method or anywhere else in the Article file.

Authors of books seeking review may submit two copies of the book to the editor. The editor invites experts in the field to submit a review of the book. Alternatively, a review may be submitted voluntarily to the editor along with a copy of the book.

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Title

Title of the article should be short, yet sufficiently informative so as to be useful in indexing and information retrieval.

Abstract

The abstracts should be brief (about 250 words) and structured (for special and original articles) to contain purpose, methods, results and conclusions of the paper. It should only highlight the principal findings and conclusions so that it can be used by abstracting services without modification. Conclusions and recommendations not found in the text of the article should not be inserted in the abstract. Review articles must have an unstructured abstract of 250 words. An unstructured abstract restricted to 100 words is required for brief communications and case reports. No abstract is required for articles in correspondence category.

Key Words

Key words are helpful for indexing purposes. Up to five key words may be given for review, special, original articles and brief communications. Only three key words are required for case reports. Use terms listed in Medical Subjects Heading Index Medicus.

Introduction

Introduction should be brief and state precisely the scope of the paper. Review of the literature should be restricted to reasons for undertaking the present study and provide only the most essential background.

Materials & Methods

Study group or sampling method should be clearly mentioned. Period when the study was carried out needs to be mentioned. The procedures adopted should be explicitly stated to enable other workers to reproduce the results, if necessary. New methods may be described in sufficient detail and also indicate their limitations. Established methods can be just mentioned with authentic reference and significant deviations, if any, given with reasons for adopting them. When reporting experiments on human subjects, it should be indicated whether the procedures followed were in accordance with the ethical standards on human experimentation (as per the guidelines laid down by the Central Ethical Committee of the Indian Council of Medical Research). The manuscript must state in the methods section that the study and data accumulation were carried out with approval from the appropriate Institutional Review Board (IRB) or institute ethical committee and that informed consent was obtained from the subjects. The nomenclature, the source of material and equipment used, with the manufacturer's details in parenthesis, should be clearly mentioned,

When reporting experiments on animals, procedures adopted for the care and use of laboratory animals need to be mentioned. Biomedical research involving animals must conform to generally accepted principles of animal maintenance and care. The drugs and chemicals used should be precisely identified, including generic name(s), dosage(s) and route(s) of administration.

The statistical analysis and significance of the findings when appropriate should be mentioned. Unless absolutely necessary for a clear understanding of the article, detailed description of statistical treatment may be avoided. Articles based heavily on statistical considerations, however, need to give details particularly when new or uncommon methods are employed, others need to give only authentic references.

Results

Only such data that are essential for understanding the discussion and main conclusions emerging from the study should be included. The data should be arranged in unified and coherent sequence so that the report develops clearly and logically. Data presented in tables and figures should not be repeated in the text. Statistical tests and values must be mentioned in tables. Only important observations need to be emphasized or summarised. The same data should not be presented both in tabular and graphic forms. Interpretation of the data should be taken up only under the Discussion and not under Results.

Discussion

Long, rambling and involved discussions should be scrupulously avoided. The discussion should deal with the interpretation of results without repeating what already has been presented under results. It should relate new finding to the known ones either comparing or contrasting and include logical deductions and scientific reasons for the outcome. The conclusions can be linked with the goals of the study but unqualified statements and conclusions not completely supported by the data should be avoided. Claiming of priority on work that is ongoing should also be avoided. A hypothesis should, if warranted be clearly labeled as such; recommendations may be included as part of the discussion, only when considered absolutely necessary and relevant

Case Report

Recommended for description of uncommon infections. It should be divided into introduction, case history and discussion with not more than 10 references. Illustrations and tables, when included, should be limited to one each. Case reports with good documentation including follow up, are preferred. It is advisable to include the clinician who is involved in patient management and procedures, as a co-author, for better documentation of clinical background of the case. The report should have an unstructured abstract limited to 100 words and key words limited to 3 . Illustrations and images are encouraged in case reports.

Brief Communication

Recommended for brief observations of a study that does not warrant a full length paper. It may be divided into sections as for the full paper, but not exceeding 1000 words. References must be as few as possible and not more than 13. Illustrations and tables, when included, should be limited to one each. It should have an abstract (unstructured) limited to 100 words and key words limited to 5 words.

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Addressed to the editor, correspondence can be related to previously published articles or for presentation of preliminary, or novel results. It should be limited in length to 300 words and should be continuous without headings. It may include 2-3 paragraphs, not more than 5 references and one table or figure.

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Authors of books seeking review may submit two copies of the book to the editor. The editor invites experts in the field to submit a review of the book. Alternatively, a review may be submitted voluntarily to the editor along with a copy of the book.

ID Grand Round

Should have the following components:-

1. A brief case history including laboratory / radiological investigations – preliminary reports, photographs , if any
2. Differential diagnosis
3. Additional investigations leading to final diagnosis
4. Learning pearls
 - a. Microbiological perspectives
 - b. Clinical perspectives
5. Take- home points
6. 5 references

Word count limit is 1000 words.

Acknowledgement

Acknowledgement should be brief and made for funding agencies or specific scientific assistance only. It is not necessary for providing routine departmental and institutional facilities. The Journal does not print acknowledgements for those who reviewed, discussed, edited, or typed a manuscript, or gave “technical,” “helpful,” “crucial,” or “moral” support or similar collegial aid to the authors. The Journal also does not publish acknowledgements of individuals who, by virtue of doing their job, contributed to the implementation of the study, e.g. secretaries, clinic coordinators, technicians, photographers, or technologists. At the request of the author, the Journal will acknowledge those who referred patients, translated references, provided extensive statistical assistance, or provided essential tissue, equipment, or other materials without which the study could not have been completed.

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References

References will not be checked in the Editorial Office. Responsibility for their accuracy and completeness lies with the author.

The total number of references should normally be restricted to a maximum of 20 for an original research article, 10 for a case report, 13 for a brief communication and 5 for correspondence. For review articles the number of references may be restricted to 50. References to literature cited in the text should be numbered consecutively and placed at the end of the manuscript. Number citations in order of appearance. In the text they should be indicated above the line (bracketed [] superscript). As far as possible, mentioning names of author(s) under references should be avoided in the text. Authors are required to list only references that they have read and that are pertinent to the manuscript. They should avoid quoting references in languages other than English. The commonly cited types of references are shown here, for other types of references such as electronic media, newspaper items, etc. please refer <http://www.icmje.org>.

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e.g. Thakur K, Singh G, Agarwal S,Rani L. Meningitis caused by Rhodotorula rubra in a human immunodeficiency virus infected patient..Indian J Med Microbiol 2007;25:166-8.

In press articles may be included in the text in circular brackets and not listed in the references. The name and initials of the first author and the journal (italics) should be given followed by the words -in press.

e.g. (Parikh M et al. Rapid diagnosis of neonatal bacteraemia. Indian J Med Microbiol 1995- in press).

Books: When the book has only authors and no editor(s). 1. Arora DR ,B Arora. Medical Parasitology: 2nd ed. (CBS Publishers and Distributors, New Delhi, India) 2005:99-106. 2. Hamerton JL. Human cytogenetics. (New York Academic Press) 1971, Vol. II:12-18. When the reference is to author(s) who has contributed a chapter in a book edited by some one else. Miller JM, O'hara CM. Substrate utilization systems for the identification of bacteria and yeasts, Chapter 10. In: Manual of clinical Microbiology, 6th ed. Murray PR, Baron ES, Pfaller MA, Tenover FC, Tenover FC, Eds. (ASM Press, Washington DC) 1995:103. Baron EJ, Tenover FC, Tenover FC. Spirochetes and other spiral shaped organisms, Chapter 31. In: Bailey and Scott's Diagnostic Microbiology, 8th ed. (The CV Mosby Company, St. Louis) 1990:445.

Online Journals

Friedman SA. Pre eclampsia: A review of the role of prostaglandins. Obstet Gynecol (serial online). January 1988; 71:22-37. Available from BRS Information Technologies, McLean. VA. Accessed December 15, 1990.

World Wide Web

Gostin LO. Drug use and HIV/AIDS (JAMA HIV/AIDS Website). June 1, 1996. Available at: <http://www.amaassn.org/special/hiv/ethics>. Accessed June 26, 1997.

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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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