Instructions to the Authors

Aims And ScopeThe Editorial ProcessClinical trial registryEthical ConsiderationAuthorshipContribution DetailsConflicts of Interest/ Competing InterestsVarieties ofArticleArticle SubmissionPreparation of ManuscriptsTablesSending a revised manuscriptReprints and proofsManuscript submission...CopyrightsChecklistContributors'form

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Aims And Scope

The Annals of Medical and Health Sciences Research is a bi-monthly multidisciplinary medical journal. We publish original research investigations, review articles (systematic and narrative), short communications, editorials, case reports and letters to the editor on basic and clinical, issues in medicine.

Multidisciplinary research which integrates basic medical science with clinical component will be given preference. We may occasionally publish book reviews and technical reports on special topics.

All submissions are initially subjected to review by the editorial board and then sent for double blinded peer review to referees in appropriate specialties who have published recently on the subject. We will consider manuscripts for publication from any part of the world, but most particularly manuscripts that would be of interest to readers in the third world.

The Editorial Process

Manuscripts are published in English, using United States spelling. However, we shall not reject any article purely on the basis of a lack of acquaintance with the style of written English language. The editors will provide support for authors whose first language is not English. We hope that the publication of this journal will bring an exciting opportunity for international scholarly communication and research. For all matters related to the manuscript, a corresponding author should be appointed by the authors. All manuscripts received are duly acknowledged and reviewed in the beginning by our editors for suitability for our journals before proceeding for the formal peer review. We will immediately reject manuscripts with insufficient creativity, grave scientific or technical flaws, or deficient in considerable message. Furthermore, articles that differ markedly from our scope will be rejected. However, an alternative journal may be suggested.

As soon as we determine the suitability of manuscripts for publication in Annals of Medical and Health Sciences Research, two or more expert reviewers who have published in that specialty are appointed. Authors may also be requested to indicate the names of two or more experienced reviewers with considerable experience in the study area where their manuscripts may be sent to. However, the suggested reviewers should not have the same affiliation with the authors. The double-blind review process, in which the reviewers and authors are oblivious of each other's identity, is adopted. Each member of the editorial team is responsible for a manuscript, but the final decision on acceptance lies on the editorial team. The corresponding author receives the comments, and suggestions (acceptance/ rejection/ amendments in manuscript) and he may be requested to provide a point by point reaction to the reviewers' comments and submit a revised version of the manuscript. This process is repeated till reviewers and editors are satisfied with the manuscript. Accepted manuscripts for publications 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 appropriate to include corrections received after that period. The entire process of submission of the manuscript to an ultimate conclusion and sending and receiving proofs is concluded online. To achieve quicker and better propagation of knowledge and information, the journal publishes articles online as 'Ahead of Print' immediately on acceptance.

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Ethical Consideration

All submitted articles involving human experiments should be performed only in accordance with the ethical standards provided by the responsible committee of the institution and in accordance with the Declaration of Helsinki (as revised in Edinburgh 2000), available at http://www.wma.net/en/30publications/10policies/b3/index.html. This must be clearly stated in the document. Authors may be asked to provide evidence of the ethical approval. Informed oral or written permission must be obtained from human subjects, and this must be clearly stated in the methodology section. Efforts should be made to preserve patient anonymity. Ensure confidentiality of subjects by desisting from mentioning participants' names, initials or hospital numbers, especially in illustrative material. Indeed photographs should be cropped sufficiently to prevent the recognition of human subjects being. An eye bar can be used if necessary. Animal experiments must conform to the instructions for the care and use of animals provided by the institution at which the research was carried out.

Authorship

The International Committee of Medical, Journal Editors (ICMJE) has established uniform requirements for manuscripts submitted to biomedical journals, including that each author of a manuscript must have made a significant contribution to the following 3 criteria to qualify for authorship: (1. Conceiving and designing the work represented by the article or analysing and interpreting the data, (2. Drafting the article or revising it critically for effective intellectual content, and (3. Giving final approval of the version to be published.

Contribution Details

The contribution of each author towards the preparation of the manuscript must be stated. 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 the 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 the publication of the manuscript or an institution or product that is mentioned in the manuscript and/or is critical to the outcome of the study presented. Authors should also disclose conflict of interest with products that compete with those mentioned in their manuscript.

Varieties of Articles

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. Original articles should contain between 1500-3500 words (excluding Abstract, references and Tables). The content of the paper must justify its length. The presentation should be structured; abstract, introduction, patients/methods, results, discussion, acknowledgements, references, tables figures and legends.

Review Articles

Review articles will be highly selective. The body of the text should not exceed 4000 words. Review articles should address topics of general interest. They should provide systematic, critical assessments of the literature and creative discussion of relevant topics. The presentation should be structured and presented as a brief structured abstract, Introduction, Body of the review with headings and subheadings, References, and Figures and/or Tables where appropriate. Authors submitting review article should include a section describing the methods used for locating, selecting, extracting, and synthesising data.

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Up to 1500 words, with a maximum of two tables or figures and 12 references. A brief, three sentence summaries should be included.

Research Letters

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Letter to the Editor

Correspondence is welcomed on any subject, including editorials or articles that have appeared in *Annals of Medical and Health Sciences Research*. Letters may also be a appropriate approach for presenting experiences or observations that are too brief for Short Reports.

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Methods and Devices

Articles that describe procedures, techniques or equipment tailored by readers to their own situation of work are also welcomed. The name of the author, qualifications, position, and place of work should be given.

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Technical Comments

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1. Abstracts

Abstract must be have uniform subheadings

a. Background

b. Aim

c. Materials and Methods When Dealing With Animal and Subjects and Methods When Dealing With Humans. This section of the abstract must include Settings and Design, and, Statistical analysis used.

d. Results

e. Conclusion.

2. Introduction

Introduction must clearly identify knowledge gaps and how the present study tends to fill the gaps. At the end of the introduction, the aim of the study must be stated

3. Methods Section

a. Statement On Ethical Clearance And Informed Consent Must Be Mentioned In Methods Section. The Study Period Must Also Be Stated.

b. Questionnaires When Used Must Be Tested For Validity And Reliability; A Brief Description Of How This Is Done Must Be Stated In The Methods Section. A Sample Of The Questionnaires Must Be Attached As Appendix

4. Statistics

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f. P - Values Should Never Be Recorded As P= 0.000. Whenever A Soft Ware Brings Out The P Value Like This, Then, It Should Be Recorded As P<0.001.

g. In The Result Section, Only The P Values, Odds Ratio With 95% Confidence Intervals Should Be Included Eg (?2 = 3.01; D=2; P = 0.222) Is Wrong, Instead Remove. ?2 =

3.01;D=2 And Present As (P = 0.22,Then The Odds Ration And The 95% Confidence Interval) Only.

h. As Much S Possible Ensure That all your mean values, P Values, OR, RR Etc Are Accompanied By Their 95 % Confidence Intervals. All the statistical soft wares used have a provision for calculating 95% CI even with descriptive statistics

I. Mean ± SD Should Be Recorded As Mean (SD). The Plus and Minus Sign Should Be Removed E.G 34±6 should Be Recorded as 34(6). For Example; The Mean (SD) For Age Is 34(6). Include also the 95 % CI of the calculated mean.

8. Please Include the Country of Design for Statistical Soft Ware's Eg SPSS, Version 17.0 (Chicago II, Usa). Epi Info Version 3.5.1 (CDC, Atlanta, Georgia, USA).

5. Discussion

Ensure that your discussion captures the following

a. Summary of key findings (primary outcome measures, secondary outcome measures, results as they relate to a prior hypothesis); compare with findings from other studies. b. Interpretation of the findings 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);

c. Strengths and limitations of the study (study question, study design, data collection, analysis and interpretation);

d. Controversies raised by this study; and

e. Future research directions (for this particular research collaboration, underlying mechanisms, clinical research).

6. Acknowledgements

Funding Acknowledgements must be included, even when the research is self funded, statement on this must be included .

7. References

Update the References E.G. (Ensure That 50 % of the Ref. Are Less Than 5 Years Old, While 40% Should Be Less than 10 Years, and the Remaining 10% Should Not Be Very Old) YOU MUST PAY SPECIAL ATTENTION TO THESE TECHNICAL COMMENTS AS PUBLICATION WILL BE DELAYED OR SUSPENDED IF NOT STRICTLY FOLLOWED. ALL CHANGES MADE MUST ALSO BE HIGHLIGHTED IN COLOR IGNORE IF NOT APPLICABLE TO YOU

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Electronic Sources as Reference

Journal Article on the Internet

Abood S. Quality improvement initiative in nursing homes: the ANA acts in an advisory role. Am J Nurs [serial on the Internet]. 2002 Jun [cited 2010 Sept 24];102(6):[about 6 am]. Available from: http://www.nursingworld.org/AJN/2002/june/Wawatch.htm

Monograph on the Internet

Foley KM and Gelband H. (Eds). Improving palliative care for cancer [monograph on the Internet]. Washington: National Academy Press; 2001 [cited 2010 Sept 20]. Available from: http://www.nap.edu/books/0309074029/html/.

Homepage/Web site

Cancer-Pain.org [homepage on the Internet]. New York: Association of Cancer Online Resources, Inc.; c2000-01 [updated 2009 Jun 21; cited 2010 Aug 15]. Available from: http://www.cancer-pain.org/.

Part of a homepage/Web site

American Medical Association [homepage on the Internet]. Chicago: The Association; c1995-2002 [updated 2001 Aug 23; cited 2002 Aug 12]. AMA Office of Group Practice Liaison; [about

2 screens]. Available from: http://www.ama-assn.org/ama/pub/category/1736.html.

The commonly cited types of references are shown above, 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).

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Tables should be self explanatory and must be prepared using the Table feature of the word processor. Tables should not duplicate information given in the text .Tables must be concise and cited consecutively using Arabic numerals in the text (Table 1, Table 2...etc.). Each table should be typed on a separate sheet. The title of the table should clearly indicate the nature of the contents and sufficient detail should be included in the footnote to facilitate interpretation without reference to the text. Vertical rules are not allowed. Use horizontal rules only. Tables with more than 10 columns and 25 rows are not acceptable. 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.

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1. Abstracts

Abstract must be have uniform subheadings

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