

## Instructions to Authors

In accordance with the recommendations of International Committee for Medical Journal Editors

The Editorial Board of the Iraqi New Medical Journal, welcomes you all and invite authors to submit their scientific work ( Review articles, Original Articles, Case Reports, Case Series and Correspondence to editors and authors) to our Journal.

**Instructions to author** is planned to help you preparing your article to be published in medical journals. So customizing your article to follow these standards will save it a long journey of waiting for publication.

**Iraqi New Medical Journal** is a peer reviewed journal, owned and published by Ministry of Health in Iraq. It aims at providing and distributing, as far as possible accurate, clear, unbiased, and up-to-date medical articles and knowledge. Although we are not a member of the International Committee for Medical Journal Editors (ICMJE) so far, but we are following its recommendations, and advising all authors who wish to send their articles to be published in our journal to follow it. For more details about these recommendations please see ([www.icmje.org/journals.html](http://www.icmje.org/journals.html)). Also the following websites can help you in writing your article:

- **Randomized controlled trials:** CONSORT Checklist <http://www.consort-statement.org/home/>.
- **Observational studies in epidemiology:** STROBE Checklist <http://www.strobe-statement.org/>.
- **Diagnostic accuracy studies:** STARD Checklist <http://www.stard-statement.org/>.
- **Systematic reviews and meta-analyses:** PRISMA Checklist <http://www.prisma-statement.org/>.
- **Qualitative research:** COREQ Checklist.

**Authors and contributors:** An author is very important person in the process of publication. Author is anyone who meet all of the following 4 criteria: **1)** Substantial contributions to the conception or design of the work; or the acquisition, analysis, or interpretation of data for the work; **AND 2)** Drafting the work or revising it critically for important intellectual content; **AND 3)** Final approval of the version to be published; **AND 4)** Agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved. In addition to the above responsibilities author(s) is (are) responsible for submitting

the manuscript to the journal asking for publication, approving the final draft, nominating the correspondent author(s), declaring the originality of the work and disclosing any conflict of interest. It is the collective responsibility of the authors, not the journal, to determine that all people named as authors meet all four criteria; it is not the role of journal editors to determine who qualifies or does not qualify for authorship or to arbitrate authorship conflicts.

**Corresponding author** takes primary responsibility for communication with the journal during the manuscript submission, peer review, and publication processes, and typically ensures that all the journal's administrative requirements, such as providing details of authorship, ethics committee approval, clinical trial registration documentation, and gathering conflict of interest forms and statements, are properly completed. All other contributors who do not meet the criteria of authorship should be acknowledged.

### MANUSCRIPT PREPARATION AND SUBMISSION

#### A. Preparing a Manuscript for Submission to the Iraqi New Medical Journal

- Manuscript should be sent in **Word format, British English language, Arial font, and size 12**. Titles and subtitles should be written in bold.
- Word Limits:

**Review article** >>> no longer than **4000 words** (excluding abstract and references) and up to **100 references**.

**Original articles** >>> should not be longer than **4000 words** (excluding abstract and references) and up to **25 references**.

Articles may include a **maximum of 6 tables and/or figures** in total.

- The sections of the manuscript should include: **Title page, Abbreviations list, Abstract, Manuscript Text, References, Acknowledgments, and tables & Figures**.

**TITLE PAGE:** It should include the followings:

#### Article title:

- The article title should be **short, precise** and **rep-**

**representative** to the content of the article. The title should be less than 20 words.

- Running title: a running head of 50 characters or less (count letters and spaces).
- Article title is the gate of entrance to what you want to say so invest more effort to make it appealing and attractive.

**Author(s) information:** The following details of the author(s) are needed: Name(s) of the author(s), their highest academic degree, name of the department(s) and institution(s) or organization, and E-mail address(es). Review articles should consist of one or 2 authors, only Clinical Review or Meta-analysis may include multiple authors. Case Reports should preferably not exceed 4 authors.

**Corresponding author information:** One or two authors should be nominated as corresponding author (see above for the duty of the corresponding author). Name, address, affiliation, telephone number, fax number and E-mail address of author to whom correspondence should be sent are needed (**These details will published in the journal**).

**Words count:** A word count for the paper's text, excluding its abstract, acknowledgments, tables, figure legends, and references should be written in the title page.

**Number of figures and tables:** State the number of the tables and figures that are attached with the manuscript.

**Funding information:** if any.

**Conflict of Interest declaration:** Conflict of interest information for each author should be declared in the title page.

**ABBREVIATIONS LIST:** A list with all abbreviations you have used should be written in this section.

**ABSTRACT:** For the Review articles and Case reports, the Abstract should be unstructured of not more than 150 words. All original articles, systematic reviews, and meta-analyses must contain a **structured abstract of not more than 300 words**. Structured abstract should consist of the following sections: **background** for the study, **objective(s)** of the study, **methods**, main **results**, and principal **conclusions**.

**Key words:** Below the abstract, authors should provide 3 to 10 keywords or short phrases that will assist indexers in cross-indexing the article.

Abstract is a tempting and inviting part of an article and mostly it is the only substantive portion of the article indexed in many electronic databases, and the only portion many readers read, so authors need to ensure that abstract accurately reflects the

content of the article, precisely and concisely able to express the scientific message you want to convey to the readers.

**MANUSCRIPT TEXT:** Manuscript text should include the following sections:

**Introduction:** It is the part of the article in which you prepare minds of your readers to understand the scientific background of the medical problem you want to address. Be very concise and write only, in a logic sequence, facts relevant to the topic of your article and state clearly what is the gap that your article is going to fill. All medical data appear in the introduction section should be referenced in a superscript Arabic numerals in between two round brackets. **At the end of this section it would be of importance mentioning the objectives of your article.**

**Methods:** Full details about design of the study, and how it was being conducted is required. It is required to **write your methodology under the following subheadings:**

**Settings and study design:** what is the study design you have followed and when and where ( in details) did you conduct the study.

**Ethical consideration:** who have approved your study ethically, how do you manage the ethical issue of your study for example consent form.

**Definition of the case, inclusion and exclusion criteria:** define accurately the definition you have used to select the case, with all inclusion and exclusion criteria.

**Sampling and randomization** ( when relevant to your study): Define how do you select the study sample from the targeted sample (sampling) and how do distributed you participants among the study arms in RCTs ( randomization).

**Primary and secondary outcomes** ( when relevant to your study): determine what are your primary and secondary outcomes of the study, define them and say how and whom is going to measure them and when.

**Procedure:** write in details the procedure you have followed in doing the study. How do you prepare the questionnaire forms (if any) and how do you assess their validity, what is the equipment used (give the manufacturer's name and address in parentheses), what are the steps followed, and identify precisely all drugs and chemicals used, including generic name(s), dose(s), and route(s) of administration. Identify appropriate scientific names and genenames.

**Statistics:** Define statistical terms, abbreviations, and most symbols used in your study. Specify the

statistical software package(s) and versions used. Write how do you **show your data** ( Descriptive statistics), and what is the statistical tool used to measure the **p value** and **confidence intervals** . **Sample size**: How was your sample size being determined? Explain any other complicated biostatistical tools used in your study.

The ambiguous use of statistical terms should be avoided such as random with the meaning of hap-hazard, correlation instead of association, etc.

**Results**: Present your results in a logical sequence in the text, tables, or figures. Mention the main or most important findings first. Data mentioned in the tables or figures should not be repeated in the text. Provide data on demographic features of your sample, cofounding factors, in addition to all primary and secondary outcomes identified in the Methods 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 significance attached to them, if any.

**Discussion**: Do not repeat data or other information given in other parts of the manuscript, such as in the Introduction or the Results section. **Emphasize the new and important** aspects of the results, and briefly summarizing the main findings, then **explore possible mechanisms or explanations** for these findings, **compare and contrast** the results with other relevant studies, and **argue any similarities and differences**. **State the limitations** of the study, and explore the implications of the findings for future research and for clinical practice.

**Conclusion**: Link the conclusions with the goals of the study but avoid unqualified statements and conclusions not adequately supported by the data. In particular, distinguish between clinical and statistical significance, and avoid making statements on economic benefits and costs unless the manuscript includes the appropriate economic data and analyses. Avoid claiming priority or alluding to work that has not been completed.

**REFERENCES: General Considerations**: Authors should provide direct references to original research sources whenever possible. References should be numbered consecutively in the order in which they are first mentioned in the text. Identify references in text, tables, and legends by Arabic numerals as superscript numerals enclosed by round brackets.

**Style and Format**: References should be formatted in Vancouver style. Accuracy and completeness of citation is the responsibility of the authors. Orig-

inal Articles and Case Reports should include up to 25 references. Review articles are allowed to cite more as much references as 100. Authors should cite most recent (newer than 2001) references, however, one or 2 historical references may be used in relevant situations. Do not over cite or under cite the statements in your article.

The following example is to see how to write references:

#### Journal Article

1. Skalsky K, Yahav D, Bishara J, Pitlik S, Leibovici L, Paul M. Treatment of human brucellosis: systematic review and meta-analysis of randomized controlled trials. *BMJ* 2008 Mar 29;336(7646):701-4.
2. Barker E, Haverson K, Stokes CR, Birchall M, Baily M. The larynx as an immunological organ: immunological architecture in the pig as a large animal model. *Clin Exp Immunol* 2006;143(1):6-14.

#### In-Press Journal Article

1. O'Leary C. Vitamin C does little to prevent winter cold. *The West Australian*. Forthcoming 2005 June

#### Book

1. Shields TW, LoCicero J III, Reed CE, Feins RH. *General Thoracic Surgery*. 7th ed. Philadelphia, PA: Lippincott Williams & Wilkins; 2009:200-232.

#### Book Chapter

1. Speroff L, Fritz MA. *Clinical gynecologic endocrinology and infertility*. 7th ed. Philadelphia: Lippincott Williams and Wilkins; 2005. Chapter 29, Endometriosis; p.1103-33.

**ACKNOWLEDGMENTS**: All contributors who do not meet the criteria for authorship should be listed in an acknowledgment section. It includes: a person who provided purely technical help, writing assistance, or a department chairperson who provided only general support. Financial and material support should also be acknowledged. Groups of persons who have contributed materially to the paper but whose contributions do not justify authorship may be listed under such headings as “clinical investigators” or “participating investigators,” and their function or contribution should be described, example, “served as scientific advisors,” “critically reviewed the study proposal,” “collected data,” or “provided and cared for study patients.” Because readers may infer their endorsement of the data and conclusions, these persons must give written permission to be acknowledged.

**TABLES**: Including data in tables rather than text frequently makes it possible to reduce the length of the text. Number tables consecutively in the order of their first citation in the text and supply a title for each.

Titles in tables should be short but self-explanatory, containing information that allows readers to understand the table's content without having to go

back to the text. Be sure that each table is cited in the text.

Give each column a short or an abbreviated heading. Authors should place explanatory matter in footnotes, not in the heading. Explain all nonstandard abbreviations in footnotes, and use symbols to explain information if needed. Authors should use the following symbols, in this sequence \*, †, ‡, §, \*\*, ††, ‡‡, §§ etc. Identify statistical measures of variations, such as standard deviation and standard error of the mean. If you use data from another published or unpublished source, obtain permission and acknowledge that source fully.

**ILLUSTRATIONS (FIGURES):** Figures should be provided in the following formats: TIFF, JPEG, GIF, and PDF. The resolution of photographs should be more than 300 dpi, for photographs with text or labelling the resolution is preferable to be 600 dpi. Pointing arrows should appear in a different colour to the background colour. Different arrow styles should be used to point out different items on the figure. The preferred size of the figures is between 4 x 5 inches and 5 x 7 inches (10 x 13 cm and 13 x 18 cm). Radiologic or other diagnostic examination figures or other diagnostic testing figures should **have all patient-related data removed prior to submission**. The distinctive identity features of persons should be hidden completely from photographs; otherwise, a written consent of the specified person is being requested. Photographs can be submitted in black and white or in colours, which is more effective to show the authors point of view: however, pathology images are required to be submitted in colours.

All illustrations must be cited in consecutive numerical order within the text of the manuscript. A legend for each illustration should be provided on a separate page of the manuscript, not on the figure itself. Stains and magnifications for all photomicrographs should be included in the legend.

**Units of Measurement:** Measurements of length, height, weight, and volume should be reported in metric units (meter, kilogram, or litre) or their decimal multiples. Temperatures should be in degrees Celsius. Blood Pressures should be in millimetres of mercury. Haematologic, clinical chemistry and other measurements should be written in both mass and SI units. For measurements which are not used frequently, the normal values adopted by the specified laboratory should be written between brackets.

**ABBREVIATIONS AND SYMBOLS:** Abbreviations should be avoided in the title and abstract. Abbreviations should only be used for terms that appear more than three times in text. The full term for which an abbreviation stands should precede its

first use in the text unless it is an accepted international abbreviations or standard unit of measurement.

## B. Submission of the Manuscript to the Iraqi New Medical Journal

After preparing your article to make it ready for publication, you need to submit it to the assistant editor either by hand on the following address: Assistant Editorial, Iraqi New Medical Journal/ The National centre for Training and Human Development/ Ministry of Health/ Bab Al-Muadham/ Baghdad/ Iraq or via the following e-mail: [submit-article@iraqinmj.com](mailto:submit-article@iraqinmj.com). We do not receive papers copy; all documents should be in electronic version. Make sure that all required documents are included to avoid unnecessary delay.

The following documents should be submitted:

- 1) Submission of manuscript as stated above.
- 2) Cover letter signed by author (s) states the following:
  - Author(s) is (are) willing to publish his (their) article in the Iraqi New Medical Journal according to its rules of publication.
  - The article is being original, not based totally or partially on published or unpublished work of others.
  - The article was never published and is not being under processing to be published by any national or international journals. ( Unaccepted article by another journal can be submitted)
  - Authors agree to nominate one or two of them as being corresponding author.
- 3) Consent by all author that they do not breach the ethical standard in doing their study and they have got the necessary documents proving this, and they are ready to provide them once they are being requested by Editor of the Journal or any legal authority.
- 4) Disclosure letter signed by all authors stating that all of them have no conflict of interest. Also stating the funding to perform the study if any.

Editorial Board