

Author guidelines of the *Ceylon Medical Journal*

The *Ceylon Medical Journal's* mission is to stimulate, encourage and empower doctors, researchers and other health professionals to publish high quality research in order to promote evidence based medicine and improve health care. *The Ceylon Medical Journal (CMJ)* is an open access, peer-reviewed journal.

TYPES OF ARTICLES

The *CMJ* publishes a wide variety of articles which have relevance to medicine and allied sciences.

Leading articles

Leading articles are solicited by the editors, and are expert opinions on current topics or commentaries on other papers published in the *CMJ*. They do not usually exceed 1500 words or have more than 20 references. Tables and illustrations are usually not included in leading articles.

Original articles

Original articles report the results of original research, systematic reviews and meta-analyses. Observational studies (cohort, case-control, or cross-sectional designs) must be reported according to the STROBE statement. Systematic reviews and meta-analyses must be reported according to PRISMA guidelines. Reports of randomised trials must conform to CONSORT 2010 guidelines. Diagnostic accuracy studies must report according to the STARD guidelines. Original articles should have less than 2500 words, 5 tables/ illustrations and should include a structured abstract of less than 250 words.

Brief reports

This category includes preliminary reports, novel patient management methods, and reports of new techniques and devices. They should be limited to 1000 words, 3 tables/illustrations and 10 references, and should include an unstructured abstract of less than 100 words.

Case reports

Acceptance of case reports is based strictly on originality and whether there is an important new lesson to be learnt or a new message from the report. It should not contain more than 750 words, one table/ illustration and 5 references. Authorship should be limited to five. Case reports may be accepted as contributions to the picture-story series (not more than 300 words of text, 3 references and 2-3 clear black and white or colour photographs). Case reports must be prepared according to the Consensus-based Clinical Case Reporting (CARE) guidelines.

Perspectives and points of view

The *CMJ* also welcomes essays expressing opinions, presenting hypotheses, broaching controversial issues, clarifying recent advances in the basic sciences, and essays pertaining to medical education, history of medicine, health politics and patients' rights. They should not have more than 750 words and 10 references.

Letters

The *CMJ* will also consider for publication letters (less than 400 words, maximum of 3 authors, and maximum of 5 references). These may be in response to a recently published article or a short freestanding piece expressing an opinion.

ETHICAL RESPONSIBILITIES

Criteria for authorship

Only persons who contributed to the intellectual content of the paper should be listed as authors. According to the ICMJE recommendations authorship should be based on the following 4 criteria:

- Substantial contributions to the conception or design of the work; or the acquisition, analysis, or interpretation of data for the work; AND
- Drafting the work or revising it critically for important intellectual content; AND
- Final approval of the version to be published; AND
- 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 being accountable for the parts of the work he or she has done, an author should be able to identify which co-authors are responsible for specific other parts of the work. In addition, authors should have confidence in the integrity of the contributions of their co-authors.

All those designated as authors should meet all four criteria for authorship, and all who meet the four criteria should be identified as authors. Contributors who meet fewer than all 4 of the above criteria for authorship should not be listed as authors, but they should be acknowledged.

Conflict of interests

Please download and complete a copy of the disclosure form. The form should be signed by all authors. The corresponding author must insert **within the submitted manuscript** a summary statement under the heading "Conflicts of Interest" which describes

authors' conflicts of interest, sources of support for the work including sponsor names and whether the authors had access to the study data. Authors of a study sponsored by a funder with a proprietary or financial interest in the outcome should include a statement, such as "I had full access to all of the data in this study and I take complete responsibility for the integrity of the data and the accuracy of the data analysis."

Funding

All sources of funding should be declared in the covering letter under the heading "Funding". Authors must describe the role of the study sponsor(s), if any, in the study design; in the collection, analysis and interpretation of the data; in the writing of the report; and in the decision to submit the paper for publication. If the funder(s) had no such involvement, this should be stated.

Previous publication

In the cover letter give full details on any possible previous publication of any content of the paper. (e.g.)

1. Reworked data already reported.
2. Patients in a study already described and published.
3. Content already published or to be published in another format.

Previous publication of some content of a paper does not necessarily preclude it being published in the *CMJ*, but the editors need this information when deciding how to make efficient use of space in the journal, and regard failure of a full disclosure by authors of possible prior publication as a breach of scientific ethics.

Ethics approval

For studies involving human participants a statement detailing ethics approval and consent should be included in the methods section. Every research article should include a statement that the study obtained ethics approval (or a statement that it was not required and why), including the name of the ethics committee(s) or institutional review board(s), the number/ID of the approval(s), and a statement that participants gave informed consent before taking part. Proof of approval from an ethics committee must be provided on submission of the manuscript. All clinical trials should be registered in an internationally recognized Clinical Trials Registry and authors should submit the Trial Registration Number along with the manuscript.

For case reports, signed consent by the patients must be submitted with the manuscript. If the person described in the case report has died, then consent for publication must be sought from their next of kin. If the individual described in the case report is a minor, or unable to provide consent, then consent must be sought from their parents or legal guardians. Please use the consent form available here. Sinhala/ Tamil/ English

If consent cannot be obtained because the patient cannot be traced then publication will be possible only if the information can be sufficiently anonymised. Anonymisation means that neither the patient nor anyone else could identify the patient with certainty.

SUBMITTING MANUSCRIPT

Cover letter

Manuscripts should be submitted with a letter stating

1. that the contents have not been published elsewhere;
2. that the paper is not being submitted elsewhere (or provide information on previous publication);
3. the contributorship, competing interests, data sharing and ethical approval.

The letter should acknowledge any potential conflict of interest (see Ethical Responsibilities above) and call the editors' attention to any possible overlap with prior publications. Include the name, full mailing address, telephone number and e mail address of the corresponding author.

Submit an original copy and 3 copies (photocopies are acceptable) of all parts of the manuscript, 3 original glossy prints of all figures, and 2 copies of the cover letter. All submissions must be accompanied by an electronic copy of the manuscript and illustrations. The manuscript should be mailed, with adequate protection for figures, to the Editors, Ceylon Medical Journal, No: 6 Wijerama Mawatha, Colombo 7, Sri Lanka. Manuscripts could also be submitted directly at the office of the Sri Lanka Medical Association.

Manuscripts can also be submitted on-line at the journal site. (<http://www.sljol.info/index.php/CMJ/index>).

Author fees

A nominal handling fee of Rs 1,000/= will be charged from authors at the time of submission of an article. This fee is not refundable. The amount can be paid in cash or cheque. Please write your cheque in favour of 'The Ceylon Medical Journal Account 003 010 146873 (Hatton National Bank)'. The handling fee for authors from overseas is as follows.

SAARC countries US\$ 20 and all other countries US\$ 35.

Editorial correspondence

Address all editorial correspondence to: The Editors, The Ceylon Medical Journal, No: 6, Wijerama Mawatha, Colombo 7, Sri Lanka.

PREPARATION OF MANUSCRIPT

The *CMJ* will consider all manuscripts prepared in accordance with the uniform requirements for manuscripts submitted to biomedical journals developed by the International Committee of Medical Journal Editors. A summary of these and the requirements of the *CMJ* are given below.

Manuscript typing

All parts of manuscript, including tables and figure legends, must be typed with double-spacing. The computer language must be set to English (UK).

References must also be double spaced. Manuscripts should be typed in capital and lower case letters, on white paper of A4 size (212 × 297 mm).

Arrange components in the following order: title page, abstract, text, references, tables in numerical sequence, and figures in numerical sequence. Begin each component on a separate page.

Number all pages consecutively, starting with the title page.

Style

The *British Medical Journal*, *Lancet* and *Annals of Internal Medicine* are recommended to authors as guides to style, clarity of presentation and conciseness.

Name of drugs and instruments

Generic (non proprietary) names should be used for all drugs. When proprietary brands are used in research, include the brand (proprietary or trade) name and the name of manufacturer in parentheses after the first mention of the generic name in the Methods section. Thereafter the generic name should be used.

Instruments may be referred to by proprietary name, giving the name and location of the manufacturer in the text in parentheses.

Abbreviations and symbols

Use only standard abbreviations; use of non standard abbreviations can be confusing to readers. Avoid abbreviations in the title of the manuscript. The spelled-out abbreviation followed by the abbreviation in parenthesis should be used on first mention unless the abbreviation is a standard unit of measurement.

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 millimeters of mercury.

Headings in text

Use only two levels of headings in the text. Clearly indicate the levels of headings by using different typographic conventions. Keep headings short.

Title page

The title page should contain the following:

1. Main title, running title (less than 50 characters) and a maximum of 5 index words (or phrases).

2. Authors listed in the order in which they are to appear in the published article. **List authors names as surname and maximum of 2 initials.**
3. Institutional affiliation for each author and e mail address. The institutions listed should reflect the affiliations of the authors at the time of the study, not their present affiliations, if they differ.
4. Name, address, e-mail and telephone number of author responsible for correspondence.
5. Source(s) of support. These include grants, equipment, drugs, and/or other support that facilitated conduct of the work described in the article or the writing of the article itself.
6. In addition to submitting a Declaration Form, include a conflict of interest statement which describes authors' conflicts of interest, sources of support for the work including sponsor names and whether the authors had access to the study data. This statement should be signed by all authors.
7. The number of words in the manuscript, exclusive of the abstract, acknowledgments, references, tables, figures, and figure legends.

Abstract

The abstract should provide the context or background for the study and should state the study's purpose, basic procedures (selection of study participants, settings, measurements, analytical methods), main findings (giving specific effect sizes and their statistical and clinical significance, if possible), and principal conclusions. Clinical trial abstracts should include items that the CONSORT group has identified as essential. Clinical trials should give clinical trial registration number at the end of the abstract.

Abstract should include the sub-headings: Introduction, Objectives, Methods, Results and Conclusions. Number of words should be less than 250 words. Brief Reports should have an unstructured abstract limited to 150 words.

Main text

The text should contain the following categories; Introduction, Methods, Results, Discussion, Acknowledgements, Conflicts of Interests, References, Tables and Figures. Under a subheading "Conflicts of Interests", all authors must disclose any financial and personal relationships with other people or organisations that could inappropriately influence (bias) their work. If there are no conflicts of interest, authors should state that "There are no conflicts of interest".

References

Number references in the order in which they are first cited in the text. Use Arabic numerals within parentheses e.g. [2]. Note that from 2015 the *CMJ* requires the PubMed abbreviation of the journal title (or a similar abbreviation

if the journal is not indexed in PubMed) NOT the COMPLETE name of journal. Include year, volume and first and last page numbers.

References to articles or books accepted for publication but not yet published must include the title of the journal (or name of the publisher) and the year of expected publication. Unpublished work (personal communication) may be cited by inserting a reference within parentheses in the text; authors must submit a letter of permission from the cited persons to cite such communications.

Sample references below are in the style required by the *CMJ*.

Journal articles

Jayatissa R, Gunathilaka MM, Fernando DN. Iodine nutrition status among school children after salt iodisation. *Ceylon Med J* 2005; **50**: 144-6.

List all authors when 6 or fewer; when more than 6 list only the first 3 and add *et al*.

1. Standard article.
Lagerqvist B, Fröbert O, Olivecrona GK, *et al*. Outcomes 1 year after thrombus aspiration for myocardial infarction. *N Engl J Med* 2014; **371**: 1111-20.
2. Corporate author.
The Royal Marsden Hospital Bone Marrow Transplantation Team. Failure of syngeneic bone marrow graft without preconditioning in post-hepatitis marrow aplasia. *Lancet* 1977; **2**: 242-4.
3. Special format.
Cahal DA. Methyl dopa and haemolytic anaemia (Letter). *Lancet* 1975; **1**: 201.

Books

List all authors when 6 or fewer; when more than 6 list only the first 3 and add *et al*.

1. Author. Eisen HN. *Immunology: An Introduction to Molecular and Cellular Principles of the Immune Response*. 5th ed. New York: Harper and Row, 1974.
2. Editors. Dausset J, Colombani J, eds. *Histo-compatibility Testing* 1972. Copenhagen: Munksgaard, 1973.
3. Chapter in a book. Hellstrom I, Hellstrom KE. Lymphocyte-mediated cytotoxic reactions and blocking serum factors in tumor-bearing individuals. In: Brent L, Holbrow J, eds. *Progress in Immunology II*. v. 5. New York: American Elsevier, 1974: 147-57.

Websites

Preminger GM, Tiselius HG, Assimos DG, *et al*. Guideline for the management of ureteral calculi. American Urological Association, 2007.

<http://www.auanet.org/education/guidelines/ureteralcalculi> (accessed on Feb 20, 2013)

Other citations in Reference List:

In press (must have journal title).

1. Sara JD, Holmes DR Jr, Jaffe AS. Fundamental Concepts of Effective Troponin Use – Important Principles For Internists. *Am J Med*. 2014. In press.
2. Magazine article. Roueche B. *Annals of Medicine: the Santa Claus culture*. The New Yorker 1971. Sep 4: 66-81.

In-text citations of unpublished material (to be placed within parentheses):

1. Personal communication. (Strott CA, Nugent CA. Personal communication).

Tables

All tables must be typed double-spaced. Tables should be numbered with Arabic numerals, in the order in which they are cited in the text. A table title should describe concisely the content of the table.

Figures and illustrations

Figures or illustrations should be professionally drawn or prepared digitally. A high resolution (300 dpi) digital copy of the figure or illustration should be submitted. Lettering should be uniform in style. Free hand or typewritten lettering is not acceptable. Number the figures in the order in which they are cited in the text. Colour figures may be submitted and will be published if essential. Three colour prints should be submitted for each figure.

Photographs

Three glossy prints and a high resolution (300 dpi) jpg format softcopy should be provided. Photomicrographs should have scale markers that indicate the degree of magnification. Indicate on a label the name of the first author of the paper and the figure number: then paste the label on the back of the photo. Do not mount photos on backing board.

Legends for figures

Reduce the length of legends by using partial sentences. Explain all abbreviations and symbols on the figure, even if they are explained in the text. Stain and magnification should be given at the end of the legend for each part of the figure. If there is no scale marker on the figure, the original magnification used during the observation should be given, not that of the photographic print.

Acknowledgements

Acknowledge only persons who have contributed to the scientific content and provided financial or technical support. Authors must submit written permission from persons acknowledged for other than financial or technical support.

PRE-SUBMISSION CHECKLIST

In order to reduce the chance of your manuscript being returned to you, please check:

Author information: Have you provided details of all of your co-authors?

Manuscript length and formatting: Is text double-spaced? Does it use a 12-point Times New Roman font; employs italics, rather than underlining (except with URL addresses)? Have you checked that your manuscript doesn't exceed the requirements for word count, number of tables and/or figures, and number of references? Have you provided your abstract in the correct format? Have you supplied any required additional information for your article type?

Tables: Have they been cited in the text? Have you provided appropriate table legends?

Figures: Have you uploaded any figures separately from the text? Have they been supplied in an acceptable format and are they of sufficient quality? Have the files been labelled appropriately? Have the figures been cited in the text? Have you provided appropriate figure legends?

References: Have all of the references been cited in the text? Is it in the correct style required for the *CMJ*?

Supplementary files and appendices: Have you supplied these in an acceptable format? Have they been cited in the main text?

Statements: Have you included the necessary statements relating to contributorship, conflicts of interests, data sharing, clinical trial registration and ethical approval? The submission has not been previously published, nor is it before another journal for consideration (or an explanation has been provided in Comments to the Editor).

Research reporting checklists: Have you either provided the appropriate statement for your study type, or explained why a checklist isn't required?

Permissions: Have you obtained from the copyright holder to re-use any previously published material? Has the source been acknowledged?

Reviewers: Have you provided the names of any preferred and non-preferred reviewers?

Revised manuscripts: Have you supplied both a marked copy and a clean copy of your manuscript? Have you provided a point by point response to the reviewer and editor comments?

Fee: Have you made arrangements to pay the processing fee?