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ABSTRACT (Arial, Bold, 11 font, left aligned, caps)

|  |
| --- |
| The abstract should be concise and informative. It should not exceed 300 words in length. It should briefly describe the purpose of the work, techniques and methods used, major findings with important data and conclusions. Different sub-sections, as given below, should be used. No references should be cited in this part. Generally non-standard abbreviations should not be used, if necessary they should be clearly defined in the abstract, at first use.SAMPLE ABSTRACT:**Aims:** Here clearly write the aims of this study. Sample: To correlate platelet count, splenic index (SI), platelet count/spleen diameter ratio and portal-systemic venous collaterals with the presence of esophageal varices in advanced liver disease to validate other screening parameters.**Study design:** Mention the design of the study here.**Place and Duration of Study:** Sample: Department of Medicine (Medical Unit IV) and Department of Radiology, Services Institute of Medical Sciences (SIMS), Services Hospital Lahore, between June 2009 and July 2010.**Methodology:** Please write main points of the research methodology applied. Sample: We included 63 patients (40 men, 23 women; age range 18-75 years) with liver cirrhosis and portal hypertension, with or without the medical history of gastrointestinal bleeding. Clinical as well as hematological examination (platelet count) and ultrasonography (gray as well as color Doppler scale including splenic index and splenorenal/ pancreaticoduodenal collaterals) was done besides upper GI endoscopy for esophageal varices. Platelet count/spleen diameter ratio was also calculated.**Results:** Kindly make sure to include relevant statistics here, such as sample sizes, response rates, P-values or Confidence Intervals. Do not just say "there were differences between the groups". sample: Out of 63 patients, 36 patients with small varices (F1/F2) and 27 with larger (F3) varices were detected on endoscope. Significant increase in mean splenic index from low (*86.7 +/- 27.4*) to high (*94.7 +/- 27.7*) grade varices was documented. Opposite trend was found with platelets (*120.2 +/- 63.5* to *69.8 +/- 36.1*) and platelets/ splenic diameter ratio (*1676.7* to *824.6*) declining significantly. Logistic regression showed splenic collaterals and platelets are significantly but negatively associated with esophageal varices grades.**Conclusion:** Non-invasive independent predictors for screening esophageal varices may decrease medical as well as financial burden, hence improving the management of cirrhotic patients. These predictors, however, need further work to validate reliability.Note: Review paper may have different types of subsections. |

*Keywords: [Put four to eight keywords } (Arial, inclined, 10 font, justified)*

***(Note:*** *1. Case Reports should follow the structure of Abstract, Introduction, Presentation of Case, Discussion, Conclusion, Acknowledgements, Competing Interests, Authors’ Contributions, Consent (where applicable), Ethical approval (where applicable), and References plus figures and/or tables. Abstract (not more than 250 words) of the Case reports should have the following sections: Aims, Presentation of Case, Discussion and Conclusion. Only Case Reports have word limits: Papers should not exceed 2000 words, 20 references or 5 figures. Other Type of papers have no word limits.*

*2. Review papers may have different headings of the sections and are exempted from following these suggestions.*

*3. Research Papers and Short Notes should follow the structure of Abstract, Introduction, Methodology, Results and Discussion, Conclusion, Acknowledgements, Competing Interests, Authors’ Contributions, Consent (where applicable), Ethical approval (where applicable), and References plus figures and/or tables.)*

1. INTRODUCTION (Arial, Bold, 11 font, left aligned, caps)

[(Arial, normal, 10 font, justified) (Detailed instruction about this section is given below. After reading these instructions, please delete this paragraph and begin typing your text here. If you are using copy-paste option then select ‘match destination formatting’ in paste option OR use ‘paste special’ option and select ‘unformatted Unicode text’ option).

Provide a factual background, clearly defined problem, proposed solution, a brief literature survey and the scope and justification of the work done.]

2. material and methods / experimental details / methodology (Arial, Bold, 11 font, left aligned, caps)

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Give adequate information to allow the experiment to be reproduced. Already published methods should be mentioned with references. Significant modifications of published methods and new methods should be described in detail. This section will include sub-sections. Tables & figures should be placed inside the text. Tables and figures should be presented as per their appearance in the text. It is suggested that the discussion about the tables and figures should appear in the text before the appearance of the respective tables and figures. No tables or figures should be given without discussion or reference inside the text.

Tables should be explanatory enough to be understandable without any text reference. Double spacing should be maintained throughout the table, including table headings and footnotes. Table headings should be placed above the table. Footnotes should be placed below the table with superscript lowercase letters.

Each figure should have a caption. The caption should be concise and typed separately, not on the figure area. Figures should be self-explanatory. Information presented in the figure should not be repeated in the table. All symbols and abbreviations used in the illustrations should be defined clearly. Figure legends should be given below the figures.

Some guidelines for Medical papers:

Randomized controlled trials should follow the CONSORT (Consolidated Standards of Reporting Trials) guidelines (<http://www.consort-statement.org>).

Case reports, case series, cross-sectional and other observational studies should follow the STROBE (Strengthening the Reporting of Observational Studies in Epidemiology) guidelines (<http://www.strobe-statement.org>). If the detailed methods are explicitly stated in the manuscript for single case studies, STROBE may be avoided.

Authors producing systematic reviews and meta-analyses should follow the PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) guidelines (<http://www.prisma-statement.org>).

Note: Review paper may have different types of subsections.

**2.1 Subheading Subheading (ARIAL, BOLD, 11 FONT, LEFT ALIGNED)** - second level heading.

**2.1.1 Sub-subheading** (ARIAL, BOLD, 10 FONT, LEFT ALIGNED, underlined)- third level heading.

*2.1.1.1 Sub-sub-subheading* **(ARIAL, ITALICS, BOLD, 10 FONT, LEFT ALIGNED)** - fourth level heading.]

3. results and discussion

[(Detailed instruction about this section is given below. After reading these instructions, please delete this paragraph and begin typing your text here. If you are using copy-paste option then select ‘match destination formatting’ in paste option OR use ‘paste special’ option and select ‘unformatted Unicode text’ option). Note: Review paper may have different types of subsections.

Results should be clearly described in a concise manner. Results for different parameters should be described under subheadings or in separate paragraph. Table or figure numbers should be mentioned in parentheses for better understanding.

The discussion should not repeat the results, but provide detailed interpretation of data. This should interpret the significance of the findings of the work. Citations should be given in support of the findings. The results and discussion part can also be described as separate, if appropriate.

Guideline for Reporting *P* values:

*P* is always italicized and capitalized.

i) Correct expression: (*P* = .05). Wrong Expression: (*P* < .05), unless *P* < .001.
ii) The *P* value should be expressed to 2 digits whether or not it is significant. If *P* < .01, it should be expressed to 3 digits.
iii) When rounding, 3 digits is acceptable if rounding would change the significance of a value (eg, *P* = .049 rounded to .05).
iv) Expressing *P* to more than 3 significant digits does not add useful information since precise *P* values with extreme results are sensitive to biases or departures from the statistical model.
v) Reporting actual *P* values avoids this problem of interpretation. *P* values should not be listed as not significant (NS) since, for meta-analysis, the actual values are important and not providing exact *P* values is a form of incomplete reporting.
vi) Do not use 0 before the decimal point for statistical values *P*, alpha, and beta because they cannot equal 1.

Tables & figures should be placed inside the text. Tables and figures should be presented as per their appearance in the text. It is suggested that the discussion about the tables and figures should appear in the text before the appearance of the respective tables and figures. No tables or figures should be given without discussion or reference inside the text.

Tables should be explanatory enough to be understandable without any text reference. Double spacing should be maintained throughout the table, including table headings and footnotes. Table headings should be placed above the table. Footnotes should be placed below the table with superscript lowercase letters. Sample table format is given below.

**Table 1. Physical, chemical and biological properties of experimental soil (0-20 cm)**

|  |  |  |
| --- | --- | --- |
| **Particulars** | **Value** | **Methods** |
| Sand (%)Silt (%)Clay (%) | 61.321.417.3 | Pipette Method **(Author name, Year)** |
| Bulk density, Mg m-3 | 1.64 | Core Sampler **(Author name, Year)** |
| pH (1 : 2.5:: Soil : Water) | 5.20 | Glass Electrode pH Meter**(Author name, Year)** |
| Organic carbon (g kg-1) | 2.9 | Glass Electrode pH Meter**(Author name, Year)** |
| Total N, % | 0.049 | Modified Kjeldahl Method**(Author name, Year)** |

*\*Moisture content on oven dry weight basis*

Each figure should have a caption. The caption should be concise and typed separately, not on the figure area. Figures should be self-explanatory. Information presented in the figure should not be repeated in the table. All symbols and abbreviations used in the illustrations should be defined clearly. Figure legends should be given below the figures.] A sample figure is given in figure 1.

****

**Fig. 1. Effect of different doses of aqueous extract of Folk Recipe (100, 200, 300 mg/kg) on blood glucose levels at different time intervals in normal rabbits**

*Test drugs: significant from normal control, \* P < 0.05; \*\* P < 0.001*

*Mean ± S.E.M = Mean values ± Standard error of means of six experiments*

**3.1 Subheading Subheading (ARIAL, BOLD, 11 FONT, LEFT ALIGNED)** - second level heading.

**3.1.1 Sub-subheading** (ARIAL, BOLD, 10 FONT, LEFT ALIGNED, underlined)- third level heading.

*3.1.1.1 Sub-sub-subheading* **(ARIAL, ITALICS, BOLD, 10 FONT, LEFT ALIGNED)** - fourth level heading.]

4. Conclusion

[This should briefly state the major findings of the study. If you are using copy-paste option then select ‘match destination formatting’ in paste option OR use ‘paste special’ option and select ‘unformatted Unicode text’ option]

AcknowledgEments

A brief acknowledgement section may be given after the conclusion section just before the references. The acknowledgments of people who provided assistance in manuscript preparation, funding for research, etc. should be listed in this section. All sources of funding should be declared as an acknowledgement. Authors should declare the role of funding agency, if any, in the study design, collection, analysis and interpretation of data; in the writing of the manuscript. If the study sponsors had no such involvement, the authors should so state.

Competing interests

Declaration of competing interest should be placed here. All authors must disclose any financial and personal relationships with other people or organizations that could inappropriately influence (bias) their work. Examples of potential conflicts of interest include employment, consultancies, honoraria, paid expert testimony, patent applications/registrations, and grants or other funding. If no such declaration has been made by the authors, SDI reserves to assume and write this sentence: “Authors have declared that no competing interests exist.”.

Authors’ Contributions

Authors may use the following wordings for this section: “ ‘Author A’ designed the study, performed the statistical analysis, wrote the protocol, and wrote the first draft of the manuscript. ‘Author B’ and ‘Author C’ managed the analyses of the study. ‘Author C’ managed the literature searches…… All authors read and approved the final manuscript.”

Consent (where ever applicable)

No manuscripts will be peer-reviewed if a statement of patient consent is not presented during submission (wherever applicable).

This section is compulsory for medical journals. Other journals may require this section if found suitable. It should provide a statement to confirm that the patient has given their informed consent for the case report to be published. Journal editorial office may ask the copies of the consent documentation at any time.

Authors may use a form from their own institution or SDI Patient Consent Form 1.0. It is preferable that authors should send this form along with the submission. But if already not sent during submission, we may request to see a copy at any stages of pre and post publication.

If the person described in the case report has died, then consent for publication must be collected 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.

Authors may use the following wordings for this section: "All authors declare that ‘written informed consent was obtained from the patient (or other approved parties) for publication of this case report and accompanying images. A copy of the written consent is available for review by the Editorial office/Chief Editor/Editorial Board members of this journal."

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Only published or accepted manuscripts should be included in the reference list.

Articles submitted for publication, unpublished findings and personal communications should not be included in the reference list but may be mentioned in the text (e.g., T Nelson, Purdue University, USA, Unpublished results or personal communication). 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. For scientific articles, obtain written permission and confirmation of accuracy from the source of a personal communication. Unpublished result which has been accepted for publication in any journal should be cited as "in press".

Journal name abbreviations should be those found in the NCBI databases (Link: http://www.ncbi.nlm.nih.gov/nlmcatalog/journals).

All references should follow the following style:

**Reference to a journal**:

*For Published paper:*

Hilly, M., Adams, M. L., & Nelson, S. C. (2002). A study of digit fusion in the mouse embryo. Clinical and Experimental Allergy, 32(4), 489-498.

Note: List the first six authors followed by et al.

Note: Use of a DOI number for the full-text article is encouraged. (if available).

Note: Authors are also encouraged to add other database's unique identifier (like PUBMED ID).

*For Accepted, unpublished papers.*

Same as above, but “In press” appears instead of the page numbers.

Saha, M., Adams, M. L., & Nelson, S. C. (2009). Review of digit fusion in the mouse embryo. Journal of Embryology and Experimental Morphology, 49(3), (In press).

Note: List the first six authors followed by et al.

Note: Use of a DOI number is encouraged (if available).

Note: Authors are also encouraged to add other database's unique identifier (like PUBMED ID).

*For Articles not in English*

Forneau, E., & Bovet, D. (1933). Recherches sur l'action sympathicolytique d'un nouveau dérivé du dioxane. Archives Internationales de Pharmacodynamie, 46, 178-191.

**Reference to a book:**

*Personal author(s)*

Rang, H. P., Dale, M. M., Ritter, J. M., & Moore, P. K. (2003). Pharmacology (5th ed.). Edinburgh: Churchill Livingstone.

*Editor(s) or compiler(s) as authors*

Beers, M. H., Porter, R. S., Jones, T. V., Kaplan, J. L., & Berkwits, M. (Eds.). (2006). The Merck manual of diagnosis and therapy (18th ed.). Merck Research Laboratories.

*Authored chapter in edited publication*

Glennon, R. A., & Dukat, M. (2002). Serotonin receptors and drugs affecting serotonergic neurotransmission. In D. A. Williams & T. L. Lemke (Eds.), Foye's principles of medicinal chemistry (5th ed., pp. xx-xx). Philadelphia: Lippincott Williams & Wilkins.

**Reference to Web-resource or Electronic articles**.

Hugo, J. T., & Mondal, S. C. (2006). Parallels between tissue repair and embryo morphogenesis: A conceptual framework. Global Health, 16, 4. <https://doi.org/10.1186/1744-8603-1-14>

Anonymous. (2006). Parallels between tissue repair and embryo morphogenesis: A conceptual framework. Globalization and Health, 16(4). <http://www.globalizationandhealth.com/content/1/1/14>

**Reference to Organization as author**

Diabetes Prevention Program Research Group. (2009). A study of digit fusion in the mouse embryo. Journal of Embryology and Experimental Morphology, 49(2), 259–276.

Definitions, Acronyms, Abbreviations

Here is the Definitions section. This is an optional section.

**Term**: Definition for the term

APPENDIX