

Instructions to the Authors

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✓ The Editorial Process

1. A manuscript will be reviewed for possible publication with the understanding that it is being submitted to Oman Journal of Ophthalmology (OJO) alone at that point in time and has not been published anywhere, simultaneously submitted, or already accepted for publication elsewhere.
2. The authors must authorize one amongst them to correspond with the Journal for all matters related to the manuscript.
3. All manuscripts received are duly acknowledged. On submission, editors review all submitted manuscripts initially for suitability for formal review. Manuscripts with insufficient originality, serious scientific or technical flaws, or lack of a significant message are rejected before proceeding for formal peer-review. Manuscripts that are unlikely to be of interest to OJO readers are also liable to be rejected at this stage itself.
4. Manuscripts that are found suitable for publication in OJO are sent to two or more expert reviewers. During submission, the contributor is requested to provide names of two or three qualified reviewers who have had experience in the subject of the submitted manuscript, but this is not mandatory. The reviewers should not be affiliated with the same institutes as the contributor/s. However, the selection of these reviewers is at the sole discretion of the editor. The journal follows a single-blind review process, wherein the authors are unaware of the reviewers' identity. Every manuscript is also assigned to a member of the editorial team, who based on the comments from the reviewers takes a final decision on the manuscript. The comments and suggestions (acceptance/ rejection/ amendments in manuscript) received from reviewers are conveyed to the corresponding author. If required, the author is requested to provide a point by point response to reviewers' comments and submit a revised version of the manuscript. This process is repeated till reviewers and editors are satisfied with the manuscript.
5. Manuscripts accepted for publication are copy edited for grammar, punctuation, print style, and format.
6. Page proofs are sent to the corresponding author. The corresponding author is expected to return the corrected proofs within two days. It may not be possible to incorporate corrections received after that period.
7. The whole process of submission of the manuscript to final decision and sending and receiving proofs is completed online. To achieve faster and greater dissemination of knowledge and information, the journal publishes articles online as 'Ahead of Print' immediately on acceptance.

✓ Types of Manuscripts and Word Limits:

1. Editorials: These are by invitation only and should be between 750 and 1000 words (about 5 pages double-spaced draft) excluding 10 references.
2. Original articles: Intervention studied, studies of screening and diagnostic test, outcome studies, cost effectiveness analyses, meta-analyses, and surveys with high response rate come in this category. Case series are included in this section and should consist of 3 or more cases. The specific study design must be mentioned in the Methods section. The limit of the text is up to 2000 words excluding references and abstract (This corresponds to about 10-12 pages of double-spaced draft). References to be no more than 25 and a total of 5 figures and/or tables.
3. Review articles: These are usually commissioned articles by the editorial board. These include critical assessments of literature and data sources. The limit of text is up to 3000 words excluding references and abstract (about 15 pages of double-spaced draft). For review articles, include the method (literature search) in abstract as well as in the introduction section. References to be no more than 25 and a total of 5 figures and/or tables.
4. Case Reports: New, interesting and rare cases can be reported. They should be unique, describing a great diagnostic or therapeutic challenge and providing a learning point for the readers. Cases with clinical significance or implications will be given priority. The articles should be with unstructured abstract up to 200 words and main text up to 1000 words excluding up to 10 references. Images to be no more than 3 figures and/or tables.
5. Letter to the Editor: Should be short, decisive observations. Letters concerning matters arising in recent articles should be submitted within 6 months of the article's publication. The limit is up to 500 words and 5 references. They should not be preliminary observations that need a later paper for validation. They should start with "To the Editor" and should not be divided into sub-sections like Introduction/Material&Methods/Discussion.
6. Clinical Images: Submissions should consist of 4-5 images of unusual or striking examples of clinical entities, laboratory/radiological studies, or therapeutic procedures that become self-evident on inspection of the illustrations. PowerPoint illustrations will not be accepted. Legends should be 40 words or less for each

- image. A short description (without any sub-sections) not exceeding 500 words and 5 references should accompany the images. No abstract is required.
7. Clinical Practice: Submissions describe new instruments / surgical techniques / clinical procedures. Manuscripts should not exceed 500 words, 3 images, 5 references. No abstract is required. References, figures, and tables are not limited but may be deleted at the discretion of the editor.
 8. Clinical Quiz: Submissions present a brief description, not exceeding 150 words of an interesting case, taking care not to disclose the diagnosis. Figures (maximum #3) to illustrate findings are recommended. The legends to figures should likewise not disclose the diagnosis. This is followed by 3-4 questions, answers to the questions and a brief description of the case (not exceeding 250 words and 3 references). No abstract is required.
 9. Commentary: A short opinion piece by invitation only and should not exceed 750 words, 5 references. No abstract is required.

✓ Authorship Criteria:

1. Authorship credit should be based only on substantial contributions. All three of the following conditions must be met. (i) Conception and design / acquisition of data / analysis and interpretation of data. (ii) Drafting the article or revising it critically for important intellectual content. (iii) Final approval of the version to be published.
 - a. Participation solely in the acquisition of funding or the collection of data does not justify authorship.
 - b. General supervision of the research group is not sufficient for authorship.
 - c. The order of naming the contributors, once submitted cannot be changed without written consent of all the contributors.
2. For a study conducted in a single institute the number of contributors should not exceed six.

✓ Conflicts of Interest/ Competing Interests

All authors of must disclose any and all conflicts of interest they may have with publication of the manuscript or an institution or product that is mentioned in the manuscript and/or is important to the outcome of the study presented. Authors should also disclose conflict of interest with products that compete with those mentioned in their manuscript.

✓ Submission of Manuscripts:

All manuscripts must be submitted on-line through the website <https://review.jow.medknow.com/ojo>. First time users will have to register at this site. Registration is free but mandatory. Registered authors can keep track of their articles after logging into the site using their user name and password. Authors do not have to pay for submission, processing or publication of articles. If you experience any problems, please contact the editorial office by e-mail at journal [\[email protected\]](#)

✓ Preparation of Manuscripts:

Submitted manuscripts that are not as per the "Instructions to Authors" would be returned to the authors for technical correction, before they undergo editorial/ peer-review. Use text/rtf/doc files. Do not zip the files. Do not submit as PDF file. **Do not incorporate images in the file.** Maximum file size allowed is 4MB. Submit the manuscript in the following order.

1. **First / Title Page:** This page (page 1) should include
 - a. title (no more than 20 words)
 - b. name and affiliation of each author
 - c. running title of 50 characters or less that must not contain the authors' names.
 - d. type of manuscript (original article, case report, review article, clinical practice, letter to editor, clinical images, etc.)
 - e. date and place of the meeting if the paper was presented orally
 - f. total number of pages, word counts for abstract, and for the text (excluding the references), and total number of images and tables must also be mentioned in this page.
 - g. acknowledgements (if any)
 - h. name, telephone number, email address and mailing address of the author to whom correspondence or requests for reprints should be directed
2. **Blinded Manuscript/Article file:** The main text of the manuscript beginning from the Abstract, Key Words. **This file must not contain any reference to the authors' names or the institution at which the study was done.** Any information that may reveal the authors identity (for example, Contributors Forms, Acknowledgements etc.) must be included in the First/Title Page/Cover Letter. If authors wish to retain some identifying detail due to its relevance to the content of the manuscript, they may contact the editorial office after peer review. The editorial office can make a decision about its inclusion in the manuscript.

3. Abstract. Abstracts should be constructed under the following headings:
 - a. Original Articles: structured Abstract - Background (the rationale for the study), Methods (how the study was done), Results (the main findings), and Conclusions (a discussion of the results) within 250 words.
 - b. Review articles: an unstructured abstract within 200 words.
 - c. Brief Communication: an unstructured abstract within 200 words.
 - d. Clinical Images, Clinical Practice, Letters: abstract not required.
4. Text. The text of original articles should be divided into sections with the headings: Introduction, Material and Methods, Results, Discussion. For case reports divide into sections with headings: Introduction, Case report, and Discussion.
 - a. Use double spacing throughout all portions of the manuscript— including the title page, abstract, text, acknowledgments, references, individual tables, and legends.
 - b. Use font size 12, Times New Roman / Arial font, color black.
 - c. Number pages consecutively, beginning with the title page, in the upper right hand corner.
 - d. **Each page of the manuscript must include continuous line numbers in the margin.**
 - e. The language should be American English.
 - f. Ethics: For original articles, In the Methods section of the manuscript, authors must mention if institutional ethics review board approval for their study was obtained (there is no need to include institution / city / country name in this section) and provide information regarding mode of obtaining informed consent from human subjects (written or oral).
 - g. Symbols and Abbreviations: Internationally accepted units, symbols, and abbreviations, including those of the *Système international d'unités* (SI), must be used. On first appearance in both abstract and text, place abbreviations and acronyms in parenthesis following the term in full.
 - h. Names of drugs: Use the official (generic) name throughout; trade (proprietary) names may be placed in parenthesis the first time the drug is mentioned, if necessary.
 - i. Numbers: Numerals from 1 to 10 are spelt out. Numerals at the beginning of the sentence are also spelt out. Numerical equivalents must precede all percentages – eg: of 100 patients 30 (30%) had visual field changes.
 - j. Statistics: Whenever possible quantify findings and present them with appropriate indicators of measurement error or uncertainty (such as confidence intervals). Authors should report losses to observation (such as, dropouts from a clinical trial). When data are summarized in the Results section, specify the statistical methods used to analyze them. Avoid non-technical uses of technical terms in statistics, such as 'random' (which implies a randomizing device), 'normal', 'significant', 'correlations', and 'sample'. Define statistical terms, abbreviations, and most symbols. Specify the computer software used. Use upper italics (*P* 0.048). For all *P* values include the exact value and not less than 0.05 or 0.001. Mean differences in continuous variables, proportions in categorical variables and relative risks including odds ratios and hazard ratios should be accompanied by their confidence intervals.
5. Acknowledgment: Acknowledgments may be listed in the title page or in a separate file.
 - a. Granting and sponsoring agencies must be clearly acknowledged. Any source of funding must be mentioned here.
 - b. All contributors who do not meet the criteria for authorship should be listed in an acknowledgments section. Examples of those who might be acknowledged include a person who provided purely technical help, writing assistance, or a department chair who provided only general support. People who have aided the author's work in any other important way may also be thanked in this section.
6. References: Authors are responsible for the accuracy of the references. Multiple citations in support of a single statement should be avoided.
 - a. References should be numbered consecutively in the order in which they are first mentioned in the text (not in alphabetic order).
 - b. Identify references in text, tables, and legends by Arabic numerals within square brackets in superscript, **after** the punctuation marks.
 - c. References cited only in tables or figure legends should be numbered in accordance with the sequence established by the first identification in the text of the particular table or figure.
 - d. Use the style of the examples below, which are based on the formats used by the NLM in Index Medicus. The titles of journals should be abbreviated according to the style used in Index Medicus. Use complete name of the journal for non-indexed journals.
 - e. Information from manuscripts submitted but not accepted should be cited in the text as "unpublished observations" with written permission from the source.
 - f. 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, contributors should obtain written permission and confirmation of accuracy from the source of a personal communication.

Articles in Journals

- Standard journal article: Vinekar A, Dogra MR, Sangtam T, Narang A, Gupta A. Retinopathy of prematurity in Asian Indian babies weighing greater than 1250 grams at birth: Ten year data from a tertiary care center in a developing country. *Indian J Ophthalmol* 2007;55:331-6
- List the first six contributors followed by et al.
- Volume with supplement: Shen HM, Zhang QF. Risk assessment of nickel carcinogenicity and occupational lung cancer. *Environ Health Perspect* 1994; 102 Suppl 1:275-82.
- Issue with supplement: Payne DK, Sullivan MD, Massie MJ. Women's psychological reactions to breast cancer. *Semin Oncol* 1996; 23(1, Suppl 2):89-97.
- Books and Other Monographs
- Personal author(s): Ringsven MK, Bond D. *Gerontology and leadership skills for nurses*. 2nd ed. Albany (NY): Delmar Publishers; 1996.
- Editor(s), compiler(s) as author: Norman IJ, Redfern SJ, editors. *Mental health care for elderly people*. New York: Churchill Livingstone; 1996.
- Chapter in a book: Phillips SJ, Whisnant JP. Hypertension and stroke. In: Laragh JH, Brenner BM, editors. *Hypertension: pathophysiology, diagnosis, and management*. 2nd ed. New York: Raven Press; 1995. pp. 465-78.

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 2002 Aug 12];102(6):[about 3 p.]. Available from: <http://www.nursingworld.org/AJN/2002/june/Wawatch.htm>. Accessed on (date).
- Monograph on the Internet
Foley KM, Gelband H, editors. *Improving palliative care for cancer* [monograph on the Internet]. Washington: National Academy Press; 2001 [cited 2002 Jul 9]. Available from: <http://www.nap.edu/books/0309074029/html/>. Accessed on (date).
- Homepage/Web site
Cancer-Pain.org [homepage on the Internet]. New York: Association of Cancer Online Resources, Inc.; c2000-01 [updated 2002 May 16; cited 2002 Jul 9]. Available from: <http://www.cancer-pain.org/>. Accessed on (date).
- 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>. Accessed on (date).

Download a [PowerPoint presentation](#) on common reference styles and using the reference checking facility on the manuscript submission site.

7. Legends to Figures and Tables: Legends for figures and tables (maximum 40 words, excluding credit line) should be included at the end of the manuscript/article file
 - a. Captions should briefly explain the figures / tables without the use of abbreviations and should be understandable without reference to the text.
 - b. Using double spacing, with Arabic numerals corresponding to the illustrations.
 - c. When symbols, arrows, numbers, or letters are used to identify parts of the illustrations, identify and explain each one in the legend.
 - d. Explain the internal scale (magnification) and identify the method of staining in photomicrographs..

✓ Cover Letter:

All submissions must be accompanied by a cover letter. In the cover letter

- a. Mention whether the manuscript is being submitted as an Original Article (mention the specific study design), Review Article, Case Report, Letter to Editor, etc.
- b. Include a statement to the editor that the paper being submitted has not been published, simultaneously submitted, or already accepted for publication elsewhere.
- c. Include a statement that the manuscript has been read and approved by all the authors, that the requirements for authorship as stated earlier in this document have been met, and that each author believes that the manuscript represents honest work.
- d. The author must declare that the manuscript, to the best of the author's knowledge, does not infringe upon any copyright or property right of any third party.
- e. The author must list out any attachments (if any) being sent

i. Consent from patients

ii. Permission from the copyright owner to reprint any previously published material

Please download the template for cover letter provided.

The Cover letter and First/Title page should be the submitted as one document - Cover Letter/First page file

✓ Images

- a. Figures should be provided as stand alone files and should not be embedded in text file.
- b. Acceptable graphic files include TIFF or JPEG formats. Graphs can be submitted in the original program files. Minimum resolution is 300 dpi or 1800 x 1600 pixels in TIFF format. Each image should be less than 1024 kb (1 MB) in size. Size of the image can be reduced by decreasing the actual height and width of the images (keep up to 1240 x 800 pixels or 5-6 inches)
- c. Figures should be numbered consecutively according to the order in which they have been first cited in the text.
- d. Symbols, arrows, or letters used in photomicrographs should contrast with the background.
- e. Titles and detailed explanations belong in the legends for illustrations not on the illustrations themselves.
- f. When graphs, scatter-grams or histograms are submitted the numerical data on which they are based should also be supplied.
- g. Identifying information, including patients' names, initials, or hospital numbers, should not be present in images unless the information is essential for scientific purposes. If any identifiable images are used, the patient (or parent or guardian) should give written informed consent for publication.
- h. If a figure has been published elsewhere, acknowledge the original source and submit written permission from the copyright holder to reproduce the material. A credit line should appear in the legend for such figures.
- i. The Journal reserves the right to crop, rotate, reduce, or enlarge the photographs to an acceptable size
- j. Do not send graphs or diagrams as free hand drawings.

✓ Tables

Please do not duplicate information in the text.

- a. Number of tables - Review / Original Articles: Maximum of six; Case Reports: Maximum of two.
- b. Type or print each table with double spacing on a separate sheet of paper.
- c. Tables with more than 10 columns and 25 rows are not acceptable.
- d. Number tables consecutively in the order of their first citation in the text and supply a brief title for each.
- e. Be sure that each table is cited in the text.
- f. For footnotes use the following symbols, in this sequence: *, †, ‡, §, ||, ¶, **, ††, ‡‡
- g. Abbreviations should be explained. Place explanatory matter in footnotes, not in the heading
- h. If means are used, the standard deviation (or error) and "n" should be included.
- i. Report actual values of $p > 0.01$ to 2 decimal places and $p < 0.01$ to 3 decimal places; report $p < 0.001$ as " $p < 0.001$ " only.
- j. If you use data from another published or unpublished source, obtain permission and acknowledge them fully.

✓ Revised Manuscripts

The following guidelines must be followed.

- a. For major revisions, the authors must provide a letter addressing each of the reviewers' comments separately and in point form by first recording the reviewer's comment and following it with the author's response.
- b. The author must track all changes made in the revised manuscript.

✓ Proofs

The editor reserves the right to correct grammar, spelling, and punctuation, to clarify obscurities and remove redundancies, to improve infelicities of style, to enhance or make appropriate the paper's organization, and to ensure that the paper (text and graphics) conforms overall to the requirements of the journal. No major changes will be

made without consulting the author.

✓ **Protection of Patients' Right to Privacy**

Identifying information should not be published in written descriptions, photographs, sonograms, CT scans, etc., and pedigrees unless the information is essential for scientific purposes and the patient (or parent or guardian, wherever applicable) gives informed consent for publication. Authors should remove patients' names from figures unless they have obtained informed consent from the patients. The journal abides by ICMJE guidelines:

- 1) Authors, not the journals nor the publisher, need to obtain the patient consent form before the publication and have the form properly archived. The consent forms are not to be uploaded with the cover letter or sent through email to editorial or publisher offices.
- 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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