

INSTRUCTION TO AUTHORS

All material submitted for publication is assumed to be submitted exclusively to the International Medical Journal (IMJ) unless the contrary is stated. Manuscript decisions are based on a double-blinded peer review process. Please note that the following instructions are in accord with the 'Uniform Requirements for Manuscripts Submitted to Biomedical Journals' (www.icmje.org/index.html). The Editor retains the right to determine the style and if necessary, edit and shorten any material accepted for publication. All manuscripts submitted must be original and must be submitted through our website at the following URL:

<http://iiuimedic.com/eimj/v1/>

Instructions for registration and submission are found on the webpage. All final 'proof' submissions must be accompanied by a completed Copyright Assignment Form, duly signed by all authors. British English should be used. Submissions received via hard copy later than 1st December 2009 will no longer be accepted. Manuscript text should be submitted using Microsoft Word for Windows. Images should be submitted as JPEG / TIFF files.

ORGANISATION

All submissions must use ISO A4 paper (210 × 297 mm), 10-point font Trebuchet, double-spaced throughout. There should be a 2.5 cm wide margin on all sides. Each section should be on a new page and number the pages consecutively. The following documents are required for each submission:

- 1) Title page
- 2) Anonymised front page with Title (without name(s) of the Authors).
- 3) Manuscript - complete version
- 4) Tables
- 5) Illustrations (Figures)
- 6) Copyright Assignment Form

In order to preserve the anonymity of patients and subjects, all identifying information must be removed from the components of the manuscript prior to submission. Authors need to ensure that their manuscript is written in clear and correct English, and that the medical terminology and words used convey the intended meaning accurately. Please adhere to the format stated herein. Failure to comply may delay the review and acceptance of the manuscripts. The following are components of the manuscript:

- (a) Abstract and Keywords
- (b) Text
- (c) Acknowledgements
- (d) References
- (e) Legends for Illustrations

Manuscripts which do not adhere to the above guidelines will be returned to the corresponding author

without being sent for review.

TITLE PAGE

The Title page should carry;

- (a) Title of the article, which should be concise and informative
- (b) Full names (preferred names with initials in brackets) of each author with a maximum of two academic degrees
- (c) Name and postal address of departments and institutions of each author (as a, b, c, etc. as superscripts)
- (d) Name, telephone number (with country code), fax number, email address and postal address of the corresponding author.

Authors should have contributed sufficiently towards the work to justify authorship (please consult the section on authorship in the Uniform Requirements for Manuscripts submitted to Biomedical Journals published in *Ann Int Med* 1997; 126:36-47. The updated version can be found at www.icmje.org).

All persons listed as authors should qualify for authorship and the Editor may require authors to justify the assignment of authorship.

MANUSCRIPT

The following guidelines apply for the manuscript:

ABSTRACT AND KEYWORDS

The abstract of original articles should be structured and not exceed 250 words. The structured abstracts should have the following headings:

- I. Introduction (the text must be brief and relate the purpose of the study)
- II. Materials and Methods (selection of study subjects or experimental animals, observational and analytical methods)
- III. Results (provide specific data with their statistical significance, when it is available)
- IV. Conclusion (must be succinct whilst emphasizing new and important aspects of the study)

Abstracts of manuscripts of other categories should be unstructured. Avoid symbols and abbreviations in the abstract. Provide a maximum of five (5) keywords or short phrases that will assist in cross-indexing the article. Use the most appropriate terms from the MeSH.

TEXT

This section should consist of Introduction, Materials and Methods, Results, Discussion and Conclusion. Cite all References and Figures mentioned in the text in Arabic numerals (e.g. 1, 2, 3) as superscripts, and Table(s) in Roman numerals (e.g. I, II, III).

Introduction

State briefly the purpose, rationale for the study or observation. Avoid a review of the subject by confining to only relevant information and references. Do not include data or conclusions from the work being cited.

Materials and Methods

A precise description of the selection of your observational or experimental subjects (patients or laboratory animals, including controls) must be presented. State the methods, apparatus (including manufacturer's name and address in parenthesis), and procedures in sufficient detail to allow others to reproduce the method. In the case(s) of established methods or techniques, give references. References for methods that have been published but are not well-known must also be provided. For new or substantially adapted methods, describe and give reasons for using them and critically evaluate their limitations. All chemicals and drugs used must be identified correctly, including their generic names, the name of the manufacturer, city and country in parenthesis. The dosage should be mentioned accurately including the route of administration. The International System of Units (SI) should be used and Footnotes avoided.

Statistics

Clearly describe the statistical methods used with sufficient detail to enable a reader to verify the reported results. Where possible, a clear numerical and graphical presentation of the results is recommended. The results of the primary analysis should preferably be reported using Effect Size and/or Confidence Intervals in addition to P values.

Eligibility criteria for participants, details of randomization, methods and the success of blinding, adverse events, sample size and reports of dropouts must be submitted so that other researchers can confirm the results. References for study design and statistical methods should be to standard works (with page numbers stated) when possible, rather than to papers in which the designs or methods were originally reported. Specify any general use of computer programmes.

Avoid non-technical use of technical terms in statistics, such as "random" (which implies a randomizing device), "normal", "significant", "correlations", and "sample". Define statistical terms, abbreviations, and symbols.

Results

Results should be presented in a logical sequence, referring to Tables, and Illustrations etc. Repetition of data presented in the Tables or Illustrations should be avoided in the text, apart from emphasizing only important observations.

Indicate in Tables the statistical methods used to analyse the data. Restrict the information and number(s) of Tables and Illustrations to present and support the argument or conclusions of the findings of the paper. Where possible, use Graphs instead of Tables with several entries. Do not duplicate data in Graphs and/or Tables.

Discussion and Conclusion

Elaborate on the new and important findings of the study. Do not repeat in detail data or other information already given in the Introduction or the Results sections. Compare and discuss with previous works (citing references). Discuss the implications of the findings and their limitations. Link the conclusions with the goals of the study but avoid statements and conclusions not completely supported by your data. Avoid claiming priority and alluding to work that has not been completed. State new hypotheses when warranted. Discuss your finding with regard to future research. Recommendations, when appropriate, must be given at the end of this section followed by a concluding paragraph.

CONFLICT OF INTEREST

All submissions to The International Medical Journal must include disclosure of all relationships that could be viewed as presenting a potential conflict of interest. The Editor may use such information as a basis for editorial decisions, and will publish such disclosures if they are believed to be important to readers in judging the manuscript.

ACKNOWLEDGEMENTS

Acknowledgements should be included at the end of the text and not in footnotes. Personal acknowledgements should precede those of institutions or agencies. Acknowledge those people who contributed towards the study but do not qualify to be authors (including technical assistance, manuscript reading etc). Any other information concerning research grants (Grant awarding bodies) should be indicated.

REFERENCES

It is the authors' responsibility to check all references carefully for accuracy and completeness. Number references consecutively in the order in which they are first mentioned in the text. References should be identified in the text, Tables and Legends by Arabic numerals in superscript. Use the style as in Index Medicus. Examples of correct references are given at the end of these instructions.

MANUSCRIPT - ANONYMISED VERSION

Reviews are double-blinded. Thus authors should provide also a cover page with the Title but without names of authors. All forms of identification (names, institutions) must be removed from the text of the

article.

TABLES AND ILLUSTRATIONS

Submit each illustration as a separate file except composite figures e.g. 1a 1b 1c etc, which should be supplied as a single file. Authors are restricted to just 4 Tables and 4 Figures/Illustrations. Type each table on a separate page with a brief title. Supply artwork at the intended size for printing. Line drawings are acceptable as clear black on white graphics and must be of high quality. Use hatchings, not tints. All illustrations must be supplied at the correct resolution.

1200 dpi (dots per inch) for black and white line art (simple bar graphs, charts etc)
300 dpi for halftones (black and white photographs)
600 dpi for combination of half tones (photographs that also contain line art such as labeling or thin lines)

Illustrations in colour are encouraged but the printed version will be in black and white. Label each illustration with the figure number and lead author's name. Indicate the top of the illustration and a measure of magnification for photomicrograph. Include explanations of symbols and shading within the figure. Figures should be numbered consecutively in Arabic numerals (e.g. Fig. 1, 2, 3) according to the order in which they have been first cited in the text. Permission is required, irrespective of authorship or publisher, except for documents in the public domain. Human subjects must not be identifiable in photographs. If this is unavoidable, pictures of patients must be accompanied by written permission from the patients or legal guardians granting permission to use the photographs.

Numbers and symbols should be clear and of sufficient size that when reduced for publication each item will still be legible. Poor quality illustrations will not be accepted. The Editorial Board reserves the right to trim illustrations to a size compatible with the description in the text. Survival curves must be accompanied by a table giving the actual number of patients involved and should be truncated when the numbers at risk are small; that is, when they are less than one-third of the starting figure. Include in the Legends to Illustrations, and Footnotes to Tables, brief but comprehensive explanations of all the information presented.

ABBREVIATIONS AND SYMBOLS

Use only standard abbreviations. Avoid the use of abbreviations and symbols in the title and abstract. Use the full term first and subsequently the abbreviation. Use the full term if it is a standard unit of measurement. In general, symbols and abbreviations should be those used by British Chemical and Physiological Abstracts. Weights, volumes, etc. should be in metric units.

SUBMISSION OF REVISED MANUSCRIPTS

The authors are strongly advised to carefully read and if necessary revise the manuscripts in accordance with comments made by the reviewers and or the editors before resubmission. Two copies must be resubmitted. One copy should be a clean copy and the other as an annotated anonymised version. The authors are also required to provide a point-by-point reply for each of the comments made by the reviewers and or the editors.

PROOFS

Upon acceptance for publication, copyediting of the manuscript will be done to conform to the style of the Journal. The galley proof is then sent back to the authors who would then be responsible to carefully scrutinize and answer any further enquiries, should there be any. A copyright assignment form will also be sent at this stage and an immediate response (within one week) by the authors is required. Failure to comply may delay publication of the manuscript in a particular volume/issue of the Journal.

REVIEW ARTICLES

Review articles can be submitted by any authors or by invitation. These are systematic critical assessments of literature and data sources, usually written by experts providing recent information on a given specialty. Each article should include an unstructured Abstract, up to five keywords, Introduction, relevant section headings, Conclusion and up to 50 References.

CASE REPORT

Case reports should include a brief discussion of a single case (or several similar cases) with unique features not previously described. An unstructured abstract of less than 150 words should be provided. The report should not exceed 1,500 words with a maximum of 4 figures / tables allowed. Up to 10 references are permitted.

LETTER TO THE EDITOR

Intellectual and scholarly letters to The Editor commenting on published articles are welcomed. This also applies to replies from authors. Letters may also discuss matters of general scientific or medical interest to readers of IMJ and the medical community. Letters for publication in the print journal must reach us within 4 weeks of publication of the original article and should be no longer than 250 words. Letters of general interest, unlinked to items published in the journal, can be up to 500 words long. Writers may cite appropriate references and must disclose financial associations or other possible conflicts of interest. Only one table or figure is permitted, and there should be no more than five references and five authors.

CLINICAL QUIZZES

A clinical quiz consists of a short history, physical examination with or without investigation results of a classical or rare case limited to 500 words. The aim of the quiz is to educate the journal readers about the case. At least one image (not more than three) should be included. The authors should provide 2 "best of five" questions with answers based on the case. A concluding discussion of not more than 200 words must also be provided at the end. Only 2 authors are allowed. An example of the question would be:
Based on the history and chest X-ray of this patient, the most likely diagnosis is:

- A. Klebsilla pneumonia
 - B. Carcinoma of lung
 - C. Pneumocystic carini pneumonia
 - D. Right sided endocarditis
 - E. Pulmonary lymphoma
- Answer: D

COPYRIGHT ASSIGNMENT FORM

All accepted submissions must be accompanied by a completed Copyright Assignment Form, signed by all authors. The form will be sent out with the galley proof once the manuscript has been accepted and the author is expected to return the form within one (1) week. The form and the proof can also be submitted together and sent to our website at <http://iiuimed.com/eimj/v1/> or alternatively mailed to (before 31st December 2009):

Chief Editor, The International Medical Journal
Kulliyyah (Faculty) of Medicine,
International Islamic University Malaysia
Jalan Sultan Ahmad Shah, Bandar Indera Mahkota,
25200 Kuantan, Pahang, MALAYSIA

EXAMPLES OF CORRECT FORMS OF REFERENCES

ARTICLES IN JOURNALS

- (1) Standard journal article (Omit month and issue number. List all authors, but if the number is six or more, list first three followed by et al)
Azarisman SMS, Fauzi MA, Faizal MPA, et al. The SAFE (SGRQ score, Air-Flow limitation and Exercise tolerance) Index: A New Composite Score for the Stratification of Severity in Chronic Obstructive Pulmonary Disease (COPD).
Postgrad Med J 2007; 83:492-7
- (2) No author given
21st century heart solution may have a sting in the tail. *BMJ* 2002; 325:184.
- (3) Article in foreign language
Flageul B, Wallach D, Cavelier-balloy B, et al. [Thalidomide and thrombosis]. *Ann Dermatol Venereol* 2000; 127:171-4. [French].

- (4) Issue with supplement
Hadzri MH, Fauzi ARM, Azarisman SMS, Fauzi MA. Endobronchial Lignocaine and Cough Suppression During Bronchoscopy: Does Concentration Matter? *Respirology* 2007; 12(4 suppl):A203

BOOKS

- (5) Personal author(s)
Colson JH, Armour WJ. *Sports Injuries and Their Treatment*. 2nd ed. London: S Paul, 1986.
- (6) Editor(s), compiler as author
Diener HC, Wilkinson M, eds. *Drug-Induced Headache*. New York: Springer-Verlag, 1988.
- (7) Organisation as author and publisher
Virginia Law Foundation. *The Medical and Legal Implications of AIDS*. Charlottesville: The Foundation, 1987.
- (8) Chapter in a book
Weinstein L, Swartz MN. Pathogenic properties of invading microorganisms. In: Sodeman WA Jr, Sodeman WA, eds. *Pathologic Physiology: Mechanisms of Disease*. Philadelphia: Saunders, 1974: 457-72.
- (9) Scientific or technical report
Akutsu T. Total heart replacement device. Bethesda, MD: National Institute of Health, National Heart and Lung Institute; 1974 Apr. Report no: NIH- NHLI-69-2185-4.

ONLINE SOURCES

- (10) Online book or website
Garrow A, Weinhouse GL. Anoxic brain injury: assessment and prognosis. In: *UpToDate Cardiovascular Medicine* [online]. Available at: www.UpToDateInc.com/card. Accessed February 22, 2000.
- (11) Online journal article
Miyamoto O, Auer RN. Hypoxia, hyperoxia, ischemia and brain necrosis. *Neurology* [serial online] 2000; 54:362-71. Available at: www.neurology.org. Accessed February 23, 2000.

OTHER SOURCES

- (12) Newspaper article
Rensberger B, Specter B. CFCs may be destroyed by natural process. *The Washington Post* 1989 Aug 7; Sect A:2 (col 5).
- (13) In press
Lillywhite HB, Donald JA. Pulmonary blood flow regulation in an aquatic snake. *Science*. In press.