INFORMATION FOR AUTHORS

Bangladesh Medical Journal Khulna is published twice a year in the month of June & December. The Journal publishes Original articles, Short reports, Review articles, Case reports and Letters to editor. It follows the uniform requirement for manuscript submitted to Biomedical Journal as recommended by the International Committee of Medical Journal Editors (www.icmje.org/recommendations)

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(www.banglajol.info/index.php/BMJK).

I. Preparation of manuscript

A) Three copies of the articles with three copies of illustrations should be submitted.

B) Articles should be typed in English on one side of white A4 size good quality paper with clear margin on both side and interline space (1.5 point) throughout.

C) The manuscript must be accompanied by a Cover letter declaring that "It has neither been previously published nor been submitted elsewhere for publication"

D) The 'Title page' should be the first page of all manuscript and must include the following:

1. Title, 2. Article type, 3. Full name for each author including highest degree and affiliation, 4. Contact information for the Principal/Corresponding Author (name, address, telephone, e mail) and 5. Word count.

E) References would be the last segment of the text and it should be absolutely correct both in content and style.

F) Length of an article should be limited to the word count (excluding reference & illustration) as designated for each type.

G) Authoritative and state of the art review article are invited from distinguished person in the particular field of medical science.

H) Standard abbreviation should be used. The full form for which an abbreviation stands should precede its first use in the text.

II. Format of Manuscript

The format of the manuscript depends on the type of the article. Each component should begin in a new page in a sequential order and contain relevant information.

II.A) Original Articles (length: 2000±500 words)

1. Abstract (250±50 words)

Abstract page starts with the title. A structured abstract should include headings such as Background, Objective, Methods, Results, and Conclusions. Title be added at the top and Key words (£5) at the bottom of the abstract.

2. Introduction

A brief introduction outlining the wider context that generated the study. This should summarize the rationale and purpose of the study.

3. Methods

A 'Patients and Methods' or a 'Methods' section details study design to ensure reproducibility of the research. It will include case selection, technical procedure, ethical aspect and the statistics.

a) Ethical Approval - All studies that involve human subjects must be approved by an institutional review board and this should be noted in the Methods section.

b) Statistical Method - Statistical methods for obtaining all P values should be provided to allow verification. Statistical software, if used should be specified.

4. Results

It should be presented in the form of text, tables and illustrations. The order of presentation of results should parallel the order of the methods section. Significance of results generally should include estimates of effect size and 95% confidence intervals, not just P values or statements that a difference was statistically significant. Text should not reiterate information presented in the Tables and illustrations (Total \pounds 6; laid after reference).

a) Tables - Table should be typed on separate sheet (not more than two tables per sheet), be numbered consecutively using Roman numerals and include appropriate headers. It should be self explanatory and referred in the text. Any abbreviations used should be defined in footnotes. Rows should be in a meaningful order. Units of measurement should be provided for all numbers. Each column should hold only one type of data, internal horizontal and vertical rules should not be used.

b) Illustrations (Figures) - Figures include graphs, charts and photographs. Authors should number figures in the order in which they appear and are referred in the text. Each figure should be accompanied by a legend at the bottom. Photographs and graphs should be supplied as glossy coloured print ($3" \times 2"$) mounted in a separate sheet. Readers should be able to understand figures without referring to the text. The axes on graphs should be labeled, including units of measurement, and that the font is large enough to read.

5. Discussion

The section should compare and contrast antecedent literature on the topic and how the current study changes the understanding of a clinical situation. It should also include the limitations of the present study.

6. Conclusion

A brief concluding paragraph presenting the implications of the study results and possible new research directions on the subject.

7. Acknowledgement

If desired for recognition of support of the work.

II.B) Brief Reports (length : 1000±200 words)

A brief account of observational studies or large case series. The arrangement are unstructured Abstract (100±20 words), Introduction, Methods, Results and Discussion.

II.C) Case Reports (length: 1000±200 words)

It highlights unique presentations or aspects of disease processes that may expand the differential diagnosis and improve patient care. For a manuscript to be considered as a Case Report, it must meet at least one of the following 3 criteria: 1. Challenge an existing clinical or pathophysiologic paradigm, and/or; 2. Provide a starting point for novel hypothesis, testing clinical research, and/or 3. Offer a clinical 'lesson" that may allow medical colleagues to provide improved care.

Case Report should consist of an unstructured Abstract (100±20 words), Introduction, Case study (including clinical presentation, diagnosis and outcome) as well as a Discussion that includes a brief review of the relevant literature.

II.D) Review Articles (length: 3000±500 words)

State of the Art Review Articles (invited) provide a comprehensive and scholarly overview of an important clinical subject with a principle focus on developments in the past 5 years. Preference for a review article is given to systematic reviews and meta analyses of clearly stated questions over traditional narrative reviews of a topic.

Components should include: unstructured Abstract (250±50 words), Context, Objective, Data Sources, Study Selection, Data Extraction, Results, Analysis and Conclusions.

II.E) Letters to Editor (length: 300±50 words)

Letters in response to articles published in the BMJK are welcome. The letters will be followed by comments from original author (where appropriate) of the article in question.

III. References

Authors are responsible for the accuracy of references cited. It should be recent (within last 10 years) and be checked against the original documents before submission.

A) In the text, Reference number should be cited as superscript. Where more than one reference is cited, it is separated by a coma or hyphen for example,1,4,9 & 22-25.

B) In the reference list, it should be numbered sequentially as it appears in the text. Punctuation of references must follow the Vancouver style. Names and initials of all authors are listed if there are 6 or fewer; otherwise the first 6 and then et al is added.

C) Example of references

1. Standard Journal

Kramarz P, DeStefano F, Garguilo PM, Chen RT, Lieu TA, Davis RL, et al. Does influenza vaccination prevent asthma exacerbations in children? J Pediatr 2001; 138: 306-10.

2. Book

a) Personal author(s)

Murray PR, Rosenthal KS, Kobayashi GS, Pfaller MA. Medical microbiology. 4th ed. St Louis: Mosby; 2002. p. 28-35.

b) Editors, compliers as author

Gilstrap, LC, Cunningham FG, VanDorsten JP, editors. Operative obstetrics. 2nd ed. New York: McGraw Hill; 2002. p. 85-90.

c) Chapter in a book

Meltzer PS, Kallioniemi A, Trent JM. Chromosome alterations in human solid tumors. In: Vogelstein B, kinzler KW, editors. The genetic basis of human cancer. New York: McGraw Hill; 2002. p. 93-113.

3. Electronic Material

a) Website

Garrow A, Weinhouse GL. Anoxic brain injury: assessment and prognosis. In: UpToDate Cardiovascular Medicine [online). Available at www.UpToDateInc.com/card. (Accessed 22 February, 2000).

b) Online Journal

Alwick K, Vronken M, de Mos T. Cardiac risk factors: prospective cohort study. Ann Rheum Dis. Published Online First: 5 February 2004. doi:10.1136/ ard.2003.001234

IV. Authorship

The uniform requirements for manuscripts submitted to biomedical Journal state that authorship credit should be based only on substantial contribution to (A) conception and design or analysis and interpretation of data and to (B) drafting the article or revising it critically for important intellectual content and to (C) final approval of the version to be published. "Conditions A, B & C must all be met". Publication solely in the acquisition of funding or the collection of data does not justify authorship. The Journal reserves the right to satisfy itself regarding the specific role of each listed author to justify authorship.

V. Editorial procedure

All articles on receipt for publication undergo primary screening before being registered but this does not mean that it has been accepted for publication. The manuscript is sent to two or more reviewers who take minimum one month time for masked peer review. Thereafter a feedback is provided to the Principal author. The ultimate authority to accept or reject the article rests with the Editorial Board. Clarifications are sought from the authors when required. Letter of acceptance can be issued only after approval of the article. No article is rejected unless similar comments are received from at least two reviewers. Ethical aspect and conflict of interests are also considered in the assessment of papers.

VI. Submission of manuscript

All manuscripts should be submitted by registered post at the following address :-

Editor, Bangladesh Medical Journal Khulna

BMA Bhaban, Shahid Dr Milon Chattar

34 KDA Avenue, Khulna 9100, Bangladesh

(Telephone: 041-723273; Cell: 01729-303084)