

# Instructions to the Authors

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## General Information

Manuscripts must be prepared in accordance with "**Uniform requirements for Manuscripts submitted to Biomedical Journal**" developed by **International Committee for Medical Journal Editors (ICMJE)**. The journal does not charge for submission and processing of manuscripts. The uniform requirements and specific requirement of *Journal of Dental Research & Review (JDRR)* are summarized below.

## The Editorial Process

A manuscript will be reviewed for possible publication with the understanding that it is being submitted to Journal of Dental Research and Review alone at that point in time and has not been published anywhere, simultaneously submitted, or already accepted for publication elsewhere. The journal expects that authors would authorize one of them to correspond with the Journal for all matters related to the manuscript. 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 the Journal of Dental Research and Review readers are also liable to be rejected at this stage itself.

Manuscripts received from Editorial Board members will be screened by the Editor in Chief and sent to external peer reviewers. The editorial board members who are authors will be excluded from publication decisions.

Manuscripts that are found suitable for publication in Journal of Dental Research and Review 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 double-blind review process, wherein the reviewers and authors are unaware of each other's 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.

Manuscripts accepted for publication are copy edited for grammar, punctuation, print style, and format. Page proofs are sent to the corresponding author. The corresponding author is expected to return the corrected proofs within three days. It may not be possible to incorporate corrections received after that period. 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.

Processes for appeals

The authors do have the right to appeal if they have a genuine cause to believe that the editorial board has wrongly rejected the paper. If the authors wish to appeal the decision, they should email the editorial office (email: [\[email protected\]](#)) explaining in detail the reason for the appeal. The appeals will be acknowledged by the editorial office and will be investigated in an unbiased manner. The processing of appeals will be done within 6 – 8 weeks. While under appeal, the said manuscript should not be submitted to other journals. The final decision rests with the Editor in Chief of the journal. Second appeals are not considered.

## Authorship Criteria

Authorship credit should be based only on substantial contributions to each of the three components mentioned below:

1. Concept and design of study or acquisition of data or analysis and interpretation of data;
2. Drafting the article or revising it critically for important intellectual content; and
3. Final approval of the version to be published.

Participation solely in the acquisition of funding or the collection of data does not justify authorship. General supervision of the research group is not sufficient for authorship. Each contributor should have participated sufficiently in the work to take public responsibility for appropriate portions of the content of the manuscript. The order of naming the contributors should be based on the relative contribution of the contributor towards the study and writing the manuscript. Once submitted the order cannot be changed without written consent of all the contributors. The journal prescribes a maximum number of authors for manuscripts depending upon the type of manuscript, its scope and number of institutions involved (vide infra). The authors should provide a justification, if the number of authors exceeds these limits.

### Contribution Details

Contributors should provide a description of contributions made by each of them towards the manuscript. Description should be divided in following categories, as applicable: concept, design, definition of intellectual content, literature search, clinical studies, experimental studies, data acquisition, data analysis, statistical analysis, manuscript preparation, manuscript editing and manuscript review. One or more author should take responsibility for the integrity of the work as a whole from inception to published article and should be designated as 'guarantor'.

### Conflicts of Interest/ Competing Interests

All authors 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

Articles should be submitted online on the submission platform at <http://www.journalonweb.com/jdr>. New authors will have to register as author, which is a simple two step procedure.

The manuscripts are to be submitted in the following format:

#### 1. Title Page/First Page File/covering letter:

This file should provide

1. The type of manuscript (original article, case report, review article, Letter to editor, Images, etc.) title of the manuscript, running title, names of all authors (first name followed by middle name or initial and surname)/ contributors (with their highest academic degrees, designation and affiliations) and name(s) of department(s) and/ or institution(s) to which the work should be credited. All information which can reveal your identity should be here. Use text/rtf/doc files. Do not zip the files.
2. The total number of pages, total number of photographs and word counts separately for abstract and for the text (excluding the references, tables and abstract), word counts for introduction + discussion in case of an original article;
3. Source(s) of support in the form of grants, equipment, drugs, or all of these;
4. Acknowledgement, if any. One or more statements should specify 1) contributions that need acknowledging but do not justify authorship, such as general support by a departmental chair; 2) acknowledgments of technical help; and 3) acknowledgments of financial and material support, which should specify the nature of the support. This should be included in the title page of the manuscript and not in the main article file.
5. If the manuscript was presented as part at a meeting, the organization, place, and exact date on which it was read. A full statement to the editor about all submissions and previous reports that might be regarded as redundant publication of the same or very similar work. Any such work should be referred to specifically, and referenced in the new paper. Copies of such material should be included with the submitted paper, to help the editor decide how to handle the matter.
6. Registration number in case of a clinical trial and where it is registered (name of the registry and its URL)
7. Conflicts of Interest of each author/ contributor. A statement of financial or other relationships that might lead to a conflict of interest, if that information is not included in the manuscript itself or in an authors' form
8. Criteria for inclusion in the authors'/ contributors' list
9. 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, if that information is not provided in another form (see below); and
10. The name, address, e-mail, and telephone number of the corresponding author, who is responsible for communicating with the other authors about revisions and final approval of the proofs, if that information is not included on the manuscript itself.

[2] **Blinded Article file:** The main text of the article, beginning from Abstract till References (including tables) should be in this file. The file must not contain any mention of the authors' names or initials or the institution at which the study was done or acknowledgements. Page headers/running title can include the title but not the authors' names.

Manuscripts not in compliance with the Journal's blinding policy will be returned to the corresponding author. Use rtf/doc files. Do not zip the files. **Limit the file size to 1 MB.** Do not incorporate images in the file. If file size is large, graphs can be submitted as images separately without incorporating them in the article file to reduce the size of the file. The pages should be numbered consecutively, beginning with the first page of the blinded article file.

[3] **Images:** Submit good quality color images. **Each image should be less than 2 MB in size.** Size of the image can be reduced by decreasing the actual height and width of the images (keep up to 1600 x 1200 pixels or 5-6 inches). Images can be submitted as jpeg files. Do not zip the files. Legends for the figures/images should be included at the end of the article file.

[4] **The contributors' / copyright transfer form** (template provided below) has to be submitted in original with the signatures of all the contributors within two weeks of submission via courier, fax or email as a scanned image. Print ready hard copies of the images (one set) or digital images should be sent to the journal office at the time of submitting revised manuscript. High resolution images (up to 5 MB each) can be sent by email.

Contributors' form / copyright transfer form can be submitted online from the authors' area on <http://www.journalonweb.com/>.

#### **Editorial Office**

**Dr. Nadeem Bijle**

**Executive Editor, Journal of Dental Research & Review**

Assistant Professor, Department of Pedodontics & Preventive Dentistry

Dr. D. Y. Patil Vidyapeeth, Pune; Dr. D. Y. Patil Dental College & Hospital, Pimpri, Pune;

Sant Tukaram Nagar, Pune – 411018.

**Email:** [\[email protected\]](#)

**Mobile No:** +91 – 8408047864

**Phone No.:** +91 – 20 – 27423422/27424896

**Fax No.:** + 91 – 20 - 27423427

#### **Preparation of Manuscripts**

Manuscripts must be prepared in accordance with "Uniform requirements for Manuscripts submitted to Biomedical Journals" developed by the International Committee of Medical Journal Editors (October 2018). The uniform requirements and specific requirement of Journal of Dental Research and Review are summarized below. Before submitting a manuscript, contributors are requested to check for the latest instructions available. Instructions are also available from the website of the journal (<http://www.smjonline.org>) and from the manuscript submission site <http://www.journalonweb.com/>).

Journal of Dental Research and Review accepts manuscripts written in American English.

The text of observational and experimental articles should be divided into sections with the headings: Background, Materials & Methods, Results, Discussion, Conclusion, References, Tables, Figures, Graphs, Legends and Acknowledgment. Do not make subheadings in these sections.

The manuscripts should be typed in A4 size (212 × 297 mm) paper, with margins of 25 mm (1 inch) from all the four sides. Use 1.5 spacing throughout. Beginning with the title page, the language should be English.

#### **Abstract Page**

The second page should carry the full title of the manuscript and an abstract of no more than 200 words for case reports & short communication and 300 words for original research and review article should be structured and provided including 3 to 10 key words as per included in **MeSH**.

#### **Introduction**

State the purpose of the article and summarize the rationale for the study or observation. The research hypothesis will form the part of introduction following summarization of preliminary basis of research.

#### **Methods**

Describe the selection of the observational or experimental subjects (patients or laboratory animals, including controls) clearly. Identify the age, sex, and other important characteristics of the subjects. Identify the methods, apparatus (give the manufacturer's name and address in parentheses), and procedures in sufficient detail. Give references to established method,

including statistical methods; provide references and brief descriptions for methods that have been published but are not well known; describe new or substantially modified methods; give reasons for using them, and evaluate their limitations. Identify precisely all drugs, materials, equipments and chemicals used, including generic name(s), dose(s), and route(s) .

Reports of randomised clinical trials should present information on all major study elements, including the protocol, assignment of interventions (methods of randomization, concealment of allocation to treatment groups), and the method of masking (blinding), based on the CONSORT statement (Moher D, Schulz KF, Altman DG: The Consort Statement: Revised Recommendations for Improving the Quality of Reports of Parallel- Group Randomized Trials. Ann Intern Med 2001;134:657-62, also available at <http://www.consort-statement.org/>).

Authors submitting review manuscripts should include a section describing the methods used for locating, selecting, extracting, and synthesizing data. These methods should also be summarized in the abstract.

## Ethics

When reporting studies on human beings, indicate whether the procedures followed were in accordance with the ethical standards of the responsible committee on human experimentation (institutional or regional) and with the Helsinki Declaration of 1975, as revised in 2000 (available at <https://www.wma.net/policies-post/wma-declaration-of-helsinki-ethical-principles-for-medical-research-involving-human-subjects/>). For prospective studies involving human participants, authors are expected to mention about approval of (regional/ national/ institutional or independent Ethics Committee or Review Board, obtaining informed consent from adult research participants and obtaining assent for children aged over 7 years participating in the trial. The age beyond which assent would be required could vary as per regional and/ or national guidelines. Ensure confidentiality of subjects by desisting from mentioning participants' names, initials or hospital numbers, especially in illustrative material. When reporting experiments on animals, indicate whether the institution's or a national research council's guide for, or any national law on the care and use of laboratory animals was followed. Evidence for approval by a local Ethics Committee (for both human as well as animal studies) must be supplied by the authors on demand. Animal experimental procedures should be as humane as possible and the details of anesthetics and analgesics used should be clearly stated. The ethical standards of experiments must be in accordance with the guidelines provided by the CPCSEA and World Medical Association Declaration of Helsinki on Ethical Principles for Medical Research Involving Humans for studies involving experimental animals and human beings, respectively). The journal will not consider any paper which is ethically unacceptable. A statement on ethics committee permission and ethical practices must be included in all research articles under the 'Materials and Methods' section.

## Study design:

*Selection and Description of Participants:* Describe your selection of the observational or experimental participants (patients or laboratory animals, including controls) clearly, including eligibility and exclusion criteria and a description of the source population. *Technical information:* Identify the methods, apparatus (give the manufacturer's name and address in parentheses), and procedures in sufficient detail to allow other workers to reproduce the results. Give references to established methods, including statistical methods (see below); provide references and brief descriptions for methods that have been published but are not well known; describe new or substantially modified methods, give reasons for using them, and evaluate their limitations. Identify precisely all drugs and chemicals used, including generic name(s), dose(s), and route(s) of administration.

Reports of randomized clinical trials should present information on all major study elements, including the protocol, assignment of interventions (methods of randomization, concealment of allocation to treatment groups), and the method of masking (blinding), based on the CONSORT Statement (<http://www.consort-statement.org>).

## Reporting Guidelines for Specific Study Designs

Guideline	Type of Study	Source
<b>STROBE</b>	Observational studies including cohort, case-control, and cross-sectional studies	<a href="https://www.strobe-statement.org/index.php?id=available-checklists">https://www.strobe-statement.org/index.php?id=available-checklists</a>
<b>CONSORT</b>	Randomized controlled trials	<a href="http://www.consort-statement.org">http://www.consort-statement.org</a>
<b>SQUIRE</b>	Quality improvement projects	<a href="http://squire-statement.org/index.cfm?fuseaction=Page.ViewPage&amp;PageID=471">http://squire-statement.org/index.cfm?fuseaction=Page.ViewPage&amp;PageID=471</a>
<b>PRISMA</b>	Systematic reviews and meta-analyses	<a href="http://prisma-statement.org/PRISMAStatement/Checklist.aspx">http://prisma-statement.org/PRISMAStatement/Checklist.aspx</a>
<b>STARD</b>	Studies of diagnostic	<a href="https://pubs.rsna.org/doi/full/10.1148/radiol.2015151516">https://pubs.rsna.org/doi/full/10.1148/radiol.2015151516</a>

	accuracy	
<b>CARE</b>	Case Reports	<a href="https://www.care-statement.org/checklist">https://www.care-statement.org/checklist</a>
<b>AGREE</b>	Clinical Practice Guidelines	<a href="https://www.agreetrust.org/wp-content/uploads/2016/02/AGREE-Reporting-Checklist-2016.pdf">https://www.agreetrust.org/wp-content/uploads/2016/02/AGREE-Reporting-Checklist-2016.pdf</a>

The reporting guidelines for other type of studies can be found at <https://www.equator-network.org/reporting-guidelines/>.

## 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.

## Results

Present your results in a logical sequence in the text, tables, and illustrations, giving the main or most important findings first. Do not repeat in the text all the data in the tables or illustrations; emphasize or summarize only important observations. Extra- or supplementary materials and technical detail can be placed in an appendix where it will be accessible but will not interrupt the flow of the text; alternatively, it can be published only in the electronic version of the journal.

When data are summarized in the Results section, give numeric results not only as derivatives (for example, percentages) but also as the absolute numbers from which the derivatives were calculated, and specify the statistical methods used to analyze them. Restrict tables and figures to those needed to explain the argument of the paper and to assess its support. Use graphs as an alternative to tables with many entries; do not duplicate data in graphs and tables. Where scientifically appropriate, analyses of the data by variables such as age and sex should be included.

## Discussion

Include summary of *key findings* (primary outcome measures, secondary outcome measures, results as they relate to a prior hypothesis); *Strengths and limitations* of the study (study question, study design, data collection, analysis and interpretation); *Interpretation and implications* in the context of the totality of evidence (is there a systematic review to refer to, if not, could one be reasonably done here and now?, what this study adds to the available evidence, effects on patient care and health policy, possible mechanisms); *Controversies* raised by this study; and *Future research directions* (for this particular research collaboration, underlying mechanisms, clinical research).

Do not repeat in detail data or other material given in the Introduction or the Results section. In particular, contributors should avoid making statements on economic benefits and costs unless their manuscript includes economic data and analyses. Avoid claiming priority and alluding to work that has not been completed. New hypotheses may be stated if needed, however they should be clearly labeled as such. About 30 references can be included. These articles generally should not have more than six authors.

## Acknowledgments

As an appendix to the text, one or more statements should specify

1. Contributions that need acknowledgement but do not justify authorship, such as general support by a departmental chair;
2. Acknowledgments of technical help; and
3. Acknowledgments of financial and material support, which should specify the nature of the support. This should be the last page of the manuscript

## Types of Manuscripts



Maximum references permitted to be included are 30 in all types of manuscripts as under mentioned except for those having specific requirements:

### Original Research:

Randomised Controlled Trials, intervention studies, studies of screening and diagnostic test, outcome studies, cost effectiveness analyses, case-response rate, etc. would be included under the category mentioned with a maximum word count up to 2500 words excluding references and abstract.

### Short Communication:

A short communication contains only a short report of the case, novel original research or any observation. Number of figures should be restricted to a maximum of 6 with a word count up to 1000 words excluding references and abstract and up to 8 references.

### **Case Reports:**

Only New / interesting / very rare cases can be reported. Cases with clinical significance or implications will be given priority, whereas, mere reporting of a case would not be given due consideration. Word count up to 2000 words excluding references and abstract with 10 references maximum would be permitted.

### **Review Articles:**

Only systematic reviews and meta-analysis would be taken into consideration which would describe systemic critical assessments of literature and data sources available till date. Word count up to 3500 words excluding references and abstract are permitted.

The Journal prefers systematic reviews that have been registered in PROSPERO <https://www.crd.york.ac.uk/prospero/>. The PROSPERO registry number should be provided in the review article under the “methodology” section.

## **References**

References should be numbered consecutively in the order in which they are first mentioned in the text (not in alphabetic order). Identify references in text, tables, and legends by Arabic numerals in superscript. 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. Use the style of the examples below, which are based on the formats used by the NLM in Index Medicus. Avoid using abstracts as references. Information from manuscripts should be cited in the text as "unpublished observations" with written permission from the source. 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. If the number of authors is more than six, list the first six authors by et al

### **Journal references**

#### **Standard journal article**

Kini SK, Muliya VS. Restoration of an endodontically treated premolar with limited interocclusal clearance. *Indian J Dent Res* 2013;24(4):518-20.

#### **Volume with Supplement**

Zaleski AC, Aloise-Young PA. Using Peer Injunctive Norms to Predict Early Adolescent Cigarette Smoking Intentions. *J Appl Soc Psychol* 2013;43 Suppl 1:124-31. .

#### **Issue with supplement**

Zaleski AC, Aloise-Young PA. Using Peer Injunctive Norms to Predict Early Adolescent Cigarette Smoking Intentions. *J Appl Soc Psychol* 2013;43 (1, Suppl 1):124-31.

### **Books and Other Monographs Book Reference**

McDonald RE, Avery DR, Dean JA. *Dentistry for the Child and Adolescent*, 8th ed. Missouri, USA: Mosby, Elsevier; 2004. p. 216-9. .

#### **Chapter in a book**

Dock M, Creedon RL. Pharmacological Management of Patient Behavior. In: McDonald RE, Avery DR, Dean JA. *Dentistry for the Child and Adolescent*, 8th ed. Missouri, USA: Mosby, Elsevier; 2004. p. 294-5. .

Download a Power Point presentation on common reference styles and using the reference checking facility on the manuscript submission site.

### **Tables**

- Tables should be self-explanatory and should not duplicate textual material.
- Tables with more than 10 columns and 25 rows are not acceptable.
- Number tables, in Arabic numerals, consecutively in the order of their first citation in the text and supply a brief title for each.
- Place explanatory matter in footnotes, not in the heading.

- Explain in footnotes all non-standard abbreviations that are used in each table.
- Obtain permission for all fully borrowed, adapted, and modified tables and provide a credit line in the footnote.
- For footnotes use the following symbols, in this sequence: \*, †, ‡, §, ||, ¶, \*\*, ††, ‡‡

### Illustrations (Figures)

- Figures should be numbered consecutively according to the order in which they have been first cited in the text.
- Symbols, arrows, or letters used in photomicrographs should contrast with the background and should be marked neatly with transfer type or by tissue overlay and not by pen.
- Titles and detailed explanations belong in the legends for illustrations not on the illustrations themselves.
- When graphs, scatter-grams or histograms are submitted the numerical data on which they are based should also be supplied.
- The photographs and figures should be trimmed to remove all the unwanted areas.
- If photographs of individuals are used, their pictures must be accompanied by written permission to use the photograph.
- 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.
- The Journal reserves the right to crop, rotate, reduce, or enlarge the photographs to an acceptable size.

### For online submission

- Submit good quality color images.
- Each image should be less than 100 kb in size. Size of the image can be reduced by decreasing the actual height and width of the images (keep up to 400 pixels or 3 inches).
- All image formats (jpeg, tiff, gif, bmp, png, eps, etc.) are acceptable; jpeg is most suitable.
- The images should be scanned at 72 DPI, size not more than 3x4 inches (or 300x400 pixels), with only the necessary portion of the photographs. Whenever necessary, scan at grey scale (e.g. x-rays, ECGs). For hard copies (to be submitted only after acceptance of the manuscript)
- Send sharp, glossy, unmounted, colour photographic prints, with height of 4 inches and width of 6 inches.
- Each figure should have a label pasted (avoid use of liquid gum for pasting) on its back indicating the number of the figure, the running title, top of the figure and the legends of the figure. Do not write the contributor/s' name/s. Do not write on the back of figures, scratch, or mark them by using paper clips.
- Labels, numbers, and symbols should be clear and of uniform size. The lettering for figures should be large enough to be legible after reduction For soft copies (to be submitted only after acceptance of the manuscript)
- Use a Compact Disc. There should be no other document, file, or material on the disc other than the images.
- Label the disc with first authors' name, short title of the article, type of image (eg. Jpeg, tiff), and file name.

### Legends for illustrations:

- Type or print out legends (maximum 40 words, excluding the credit line) for illustrations using double spacing, with Arabic numerals corresponding to the illustrations.
- When symbols, arrows, numbers, or letters are used to identify parts of the illustrations, identify and explain each one in the legend.
- Explain the internal scale (magnification) and identify the method of staining in photomicrographs

### Protection of Patients' Rights 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 even if they have obtained informed consent from the patients in order to protect patient privacy. 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.
3. In order to protect the patient's identity, the recognizable facial features not related to the study should be digitally blurred

- Written informed consent is the preferred method for obtaining consent. If verbal consent is obtained, the authors must ensure that the verbal consent is recorded in the medical case record of the patient and duly signed by witness.

### **Sending a revised manuscript**



While submitting a revised manuscript, contributors are requested to include, along with single copy of the final revised manuscript, a photocopy of the revised manuscript with the changes underlined in red and copy of the comments with the point to point clarification to each comment. The manuscript number should be mentioned without fail. The contributors form and copyright transfer form has to be submitted in original with the signatures of all the contributors at the time of submission of revised copy.

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### **Checklist**



#### **Covering letter**

- Signed by all contributors
- Previous publication / presentations mentioned
- Source of funding mentioned
- Conflicts of interest disclosed

#### **Authors**

- Last name and given name provided along with Middle name initials (where applicable)
- Author for correspondence, with e-mail address provided
- Number of contributors restricted as per the instructions
- Identity not revealed in paper except title page (e.g. name of the institute in Methods, citing previous study as 'our study', names on figure labels, name of institute in photographs, etc.)

#### **Presentation and format**

- Double spacing
- Margins 2.5 cm from all four sides
- Page numbers included at bottom
- Title page contains all the desired information
- Running title provided (not more than 50 characters)
- Abstract page contains the full title of the manuscript
- Abstract provided (structured abstract of 250 words for original articles, unstructured abstracts of about 150 words for all other manuscripts excluding letters to the Editor)
- Key words provided (three or more)
- Introduction of 75-100 words
- Headings in title case (not ALL CAPITALS)
- The references cited in the text should be after punctuation marks, in superscript with square bracket.

- References according to the journal's instructions, punctuation marks checked
- Send the article file without 'Track Changes'

### **Language and grammar**

- Uniformly American English
- Write the full term for each abbreviation at its first use in the title, abstract, keywords and text separately unless it is a standard unit of measure. Numerals from 1 to 10 spelt out
- Numerals at the beginning of the sentence spelt out
- Check the manuscript for spelling, grammar and punctuation errors
- If a brand name is cited, supply the manufacturer's name and address (city and state/country).
- Species names should be in italics

### **Tables and figures**

- No repetition of data in tables and graphs and in text
- Actual numbers from which graphs drawn, provided
- Figures necessary and of good quality (colour)
- Table and figure numbers in Arabic letters (not Roman)
- Labels pasted on back of the photographs (no names written)
- Figure legends provided (not more than 40 words)
- Patients' privacy maintained (if not permission taken)
- Credit note for borrowed figures/tables provided
- Write the full term for each abbreviation used in the table as a footnote

**Contributors' form**



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