## Policy Document

**Pakistan Biomedical Journal (PBMJ)** is an official Journal of **"Rotogen Biotech (Pvt) Ltd"** and is being funded and supported by Rotogen Biotech (Pvt) Ltd. Pakistan Biomedical Journal (PBMJ) is a monthly, open access, double blind peer-reviewed journal

Pakistan BioMedical Journal (PBMJ) covers a diverse range of disciplines crucial to healthcare and academia. This includes Public Health, Clinical Sciences, Dentistry, Nursing, Medical/Health Professions Education, and Biological Sciences related to human health. By embracing such a wide spectrum of topics, PBMJ aims to serve as a comprehensive platform for the dissemination of research and knowledge, fostering interdisciplinary collaboration and advancements in understanding human health and well-being

### 1.0 Guideline for submission of articles

### 1.1 Article Policies

Publication of any material in PBMJ denotes that all its authors have agreed to its content and have ensured that PBMJ's policies have been fully adhered to. Non-compliance with these policies may mean that an article fails the pre-publication checks and cannot be published. Authors of posters and slides must ensure that their research and presentations adhere to the policies outlined for posters and slides.

### 1.2 Originality

All articles submitted to PBMJ must be original; the work, or large parts of it, must not have been published previously or be currently under consideration or review elsewhere. If there is any significant overlap with another paper, this must be cited in the article and mentioned on submission.

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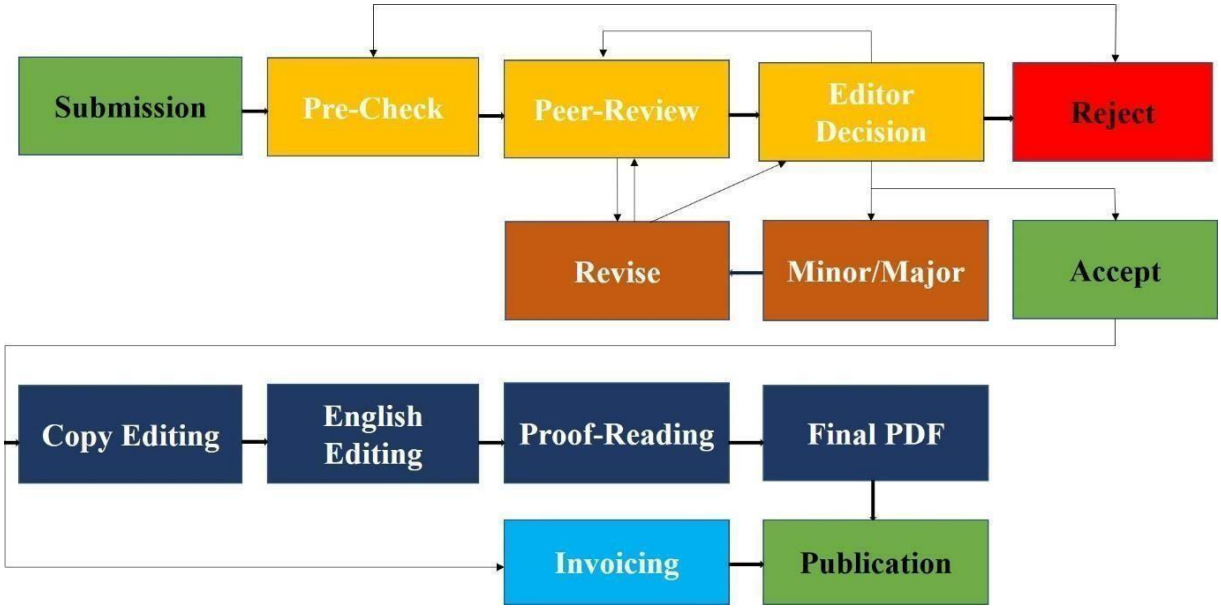
Articles previously posted on a preprint server, such as ArXiv, bioRxiv, agriRxiv or PeerJ Preprints can be submitted for publication in PBMJ. Posters and slides already posted on PBMJ can be written up as articles, following our article guidelines, and submitted to PBMJ. Submitted articles with content that infringes copyright may be rejected if the problematic sections cannot be removed. Authors who wish to reproduce a figure or table from a previous copyrighted publication are responsible for obtaining the permission of copyright holders and for clearly referencing the original source. Figures that were previously published under a creative commons license may be reused under the condition of the specific license that applies to those figures.

**2.0 Double Blind Peer Review Process and Editorial Process**

This Policy is applicable to all publications submitted to the research journals of Rotogen Biotech (Pvt) Ltd. and operates a double-blind peer review process. The Editorial Board of the Journal is responsible for the selection of reviewers based on their expertise in the relevant field. The manuscript is sent to two external reviewers (from outside the organization of journal) for a peer review. The entire publication process completes in a range of 40-45 days. In case of conflict of interest regarding a specific manuscript, a member of the Editorial Board will be assigned to assume responsibility for overseeing peer review. Reviewers will be treated anonymously, and the pre-publication history of each article will not be made available online. Intentionally falsifying information, for example, authors or reviewers with a false name or email address, will result in rejection of the manuscript and may lead to penalty according to misconduct policy. Guest editorial submitted by authors is reviewed internally by Editor-in-Chief or Editor and is then sent externally to another guest editor for final verdict.




**Use of Generative AI and AI-Assisted Technologies in the Peer Review Process**

a. Journal upholds the highest standards of integrity and confidentiality in the peer review process. Manuscripts sent for review are strictly confidential documents and must not be shared, uploaded, or processed using generative AI or AI-assisted tools. Doing so may compromise the confidentiality and proprietary rights of authors, and, in cases involving personal data, may also breach data privacy regulations.

b. This confidentiality requirement also applies to peer review reports, which may include sensitive or identifiable information. Reviewers should therefore not use AI tools—even for tasks such as improving language or readability—when preparing their review reports.

c. Peer review is a human-driven process that requires independent judgment, critical evaluation, and subject expertise. Generative AI or AI-assisted technologies must not be used to perform or assist in the scientific evaluation of manuscripts. Such technologies lack the nuanced reasoning and accountability expected of human reviewers and may introduce errors, bias, or incomplete analysis.

## 3.0 Plagiarism Policy

Plagiarism is the presenting of another author's language, text, thoughts, ideas, or expressions as one's own unique work. Self-plagiarism is also included, which includes duplicate/redundant publication, content recycling, and salami slicing. PBMJ adheres to the COPE, ICMJE, and HEC (Higher Education Commission) of Pakistan recommendations, norms, and policies on plagiarism. PBMJ uses TURNITIN to check the similarity index, and notifications are sent to the authors if it is greater than 50%. If it is greater than 50%, it will be rejected without further inspection or processing. For authenticity, the Higher Education Commission (HEC) of Pakistan needs a similarity of less than 20%. If the authors have already checked the paper with the same software, they can submit the similarity report as a supplementary file. Plagiarism is considered academic dishonesty. If it is proven after the article has been published, it will be retracted, the authors may be permanently or temporarily blocked, and the parent institution may be notified for departmental proceedings against the author. If it is proven before publication, the present work will be rejected, and the authors may be prohibited from submitting to this journal for one or more years.

### 3.1 Adoption of HEC Policies

As mentioned earlier, all anti-plagiarism policies, rules, regulations and guidelines provided by HEC shall be adopted and fully implemented university-wide in letter and spirit. HEC also issues notifications from time to time as an on-going activity. Therefore, all such notifications shall be deliberated at appropriate forum(s) of PBMJ for adoption/adaptation in the light of Journal structure/settings.

## 4.0 Turnitin

Turnitin is an internet-based plagiarism detection service, being used globally to check plagiarism. It helps students, faculty, and researchers etc. to determine a similarity index of the submitted documents. HEC is incessantly advising to use Turnitin for checking plagiarism in assignments, papers and reports etc. PBMJ has already been making use of this extremely useful plagiarism detection software. It shall continue to use this software in official capacity. The Journal shall offer Turnitin services as per following guidelines:

### 4.1 Who is Eligible to Get a Turnitin Account?

The Rotogen Biotech (Pvt) Ltd and our Journal officials shall be eligible for Turnitin account by the virtue of their positions. The supervisors/Rotogen Biotech (Pvt) Ltd members may also obtain Turnitin account on recommendations of management.

### 4.2 How to get Turnitin Access/Account?

- Download the 'Turnitin Access Form' from webpage of the official website.
- Submit the duly filled, signed and stamped 'Turnitin Access Form' to QEC.
- QEC shall process the request in 2-3 working days and communicate login and password to the eligible candidate on the official email address without intimation (Cc) to anyone.

### 4.3 System Control

To upload a single file, the users are advised to keep in view the general guidelines of Turnitin.

### 4.4 Code of Conduct

The students/Researchers are expected to:
• Ensure the observance of the universal moral principles of research
• Abide by all PBMJ & Rotogen Biotech (Pvt) Ltd research policies, rules, regulations and guidelines etc.
• Follow local and international applicable research policies and established practices
• Avoid immoral research practices
• Apply suitable and relevant research methods
• Conclude on the basis of critical analysis of the evidence
• Report completely and correctly, the findings of a research
• Keep clear, complete and accurate records of all research
• Acknowledge the individuals who made contributions to the research
• Obtain informed consent from the respondents/unit of analysis, for example, surveys in case of Social Sciences, a declaration to the respondents/unit of analysis on the assurance of confidentiality and right to withdraw from study at any time prior to data collection
• Keep privacy/secrecy when reviewing others' work
• Avoid plagiarism of all nature
Note: Refer to HEC guidelines on 'Ethics of Using Turnitin for Administrators and Faculty'. Standard Operating Procedure (SOP) while carrying out research work, the main supervisor can check plagiarism of thesis using officially provided Turnitin account or can request the focal person/HOD of the concerned department under his/her own discretion. The supervisor shall maintain record of complete plagiarism reports of interim documents, for ready reference, as and when required. The final plagiarism report for placement in the hard bound copies shall be generated through officially provided Turnitin account and duly signed by the student, supervisor and the Convener DRC.

### 4.5 Duty to Report

All PBMJ & Rotogen Biotech (Pvt) Ltd community members have the implicit duty to report to the authorities concerned, in good faith and without fear, any suspected research misconduct like fabrication, falsification and plagiarism etc. and/ or any incident where known facts indicate a possibility of a code or policy violation.

### 4.6 Policy Audit

QEC shall arrange the audit of departments, libraries etc. for checking the implementation of the aforementioned policies and SOPs.

### 4.7 Policy Revision

The policy shall be revised, as and when required.

## 5.0 Ethical Considerations

If tables, illustrations or photographs, which have already been published, are included, a letter of permission for re-publication should be obtained from author (s) as well as the editor of the journal where it was previously published. Written permission to reproduce photographs of patients, whose identity is not disguised, should be sent with the manuscript; otherwise, the eyes will be blackened out. If a medicine is used, generic name should be used. The commercial name may, however, be mentioned only within brackets, only if necessary. In case of medicine or device or any material indicated in text, a declaration by author/s should be submitted that no monetary benefit has been taken from manufacturer/importer of that product by any author. In case of experimental interventions, permission from ethical committee of the hospital should be taken beforehand. Any other conflict of interest must be disclosed. All interventional studies submitted for publication should carry Institutional Ethical & Research Committee approval letter. Ethical consideration regarding the intervention, added cost of test, and particularly the management of control in case-control comparisons of trials should be addressed: multi-centric authors' affiliation may be asked to be authenticated by provision of permission letters from ethical boards or the heads of involved institutes.

### 5.1 Authorship Criteria

PBMJ follows the International Committee of Medical Journals Editor (ICMJE) guidelines for authorship criteria as “Defining the Role of Authors and Contributors” available at: http://www.icmje.org./recommendations/browse/roles-and-responsibilities/defining-the-role-of-authors-and-contributors.html

Each author must have made enough contributions to the work to be considered an author, according to the principal author. One must fulfil all four of the following criteria for authorship, according to ICMJE rules.

1. Idea or creation
2. The gathering, examination, or interpretation of data
3. Writing and approval of the manuscript
4. Each author accepts responsibility for the entirety of the work, ensuring that any concerns about the veracity or integrity of any part of it are duly examined and addressed.

The mere arrangement of a research grant, the gathering of data, or general project management cannot justify authorship. Such actions could also be acknowledged in various ways. When submitting the work, the primary author must include the names of other authors in the proper order. Later additions of authors are not permitted. Contributions from authors will be published alongside the document. The editorial board will decide on any authorship disputes in accordance with ICMJE and COPE norms. The authors who assume primary responsibility for the manuscript should be identified when the study was carried out by a sizable, multi-center group. The above-described standards for authorship should be fully met

by these. The corresponding author should explicitly identify all authors in a group author manuscript before submitting it. The acknowledgements section needs to list the other group members. After submission, changes to the authors' names or order are not permitted.

### 5.2 Copyright

Instructions to authors appear on the last page of each issue. Prospective authors should consult these before submitting their articles and other material for publication. The PBMJ accepts only original material for publication with the understanding that except for abstracts, no part of the data has been published or will be submitted for publication elsewhere before appearing in this journal. The Editorial Board makes every effort to ensure the accuracy and authenticity of material printed in the journal. However, conclusions and statements expressed are views of the authors and do not necessarily reflect the opinions of the Editorial Board or the PBMJ. Publishing of advertising material does not imply an endorsement by the PBMJ.

### 5.3 Proof

Page proofs will be emailed, without the original manuscript, to the corresponding author for proof correction and should be returned to the editor within three days. Major alterations from the text cannot be accepted. Any alterations should be marked, preferable in red.

### 5.4 Privacy Statement

The names and email addresses entered in this journal site will be used exclusively for the stated purposes of this journal and will not be made available for any other purpose or to any other party.

### 5.5 Author Agreement Form

PBMJ

PAKISTAN BIOMEDICAL JOURNAL

Dear Editor

This is to confirm that the manuscript titled _____

_____ submitted for publication in the Pakistan Biomedical Journal (PBMJ), has been read and approved by all authors. I/We, the author(s), confirm that:

- The submitted manuscript is a new article. Subject matter of this paper has not been published, wholly or in part, nor has it been and neither will be submitted for publication elsewhere until it is under consideration of PBMJ.
- Once this document is submitted, no change in authorship will be accepted.
- All the authors have made a substantial, direct, intellectual contribution to the conception, design, analysis and/or interpretation of the data.
- We take full responsibility of the content reported in the manuscript.
- If any question arises about the accuracy or validity of the research work during the review process, the author(s) should provide raw data to the Editor.
- We transfer the copyrights of this manuscript to Pakistan Biomedical Journal (PBMJ).
- The Submitted article is ☐ Original Research Article ☐ Review Article ☐ Case Report ☐ Commentary ☐ Systematic Review ☐ Other (Specify): _____

| Sr. No | Author's Name | Department and Institute | Contributions to the Paper (Please Give Brief Description of the Role of Each Author Separately) | Signatures |
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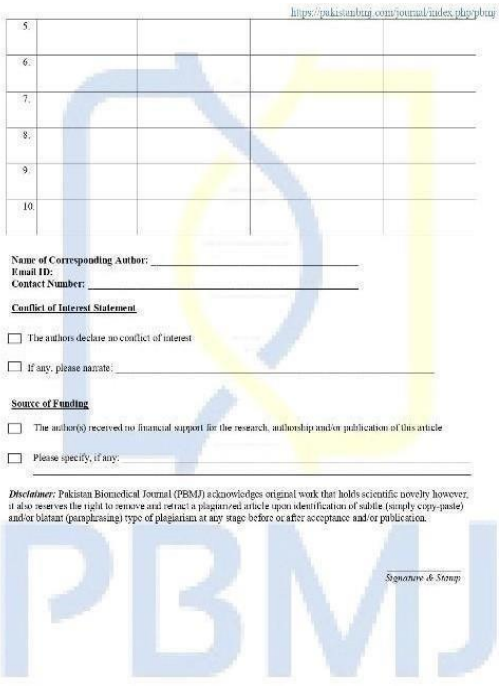

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**Name of Corresponding Author:** _____
**Email ID:**
**Contact Number:** _____

**Conflict of Interest Statement**

☐ The authors declare no conflict of interest

☐ If any, please narrate: _____

**Source of Funding**

☐ The author(s) received no financial support for the research, authorship and/or publication of this article

☐ Please specify, if any: _____

*Disclaimer:* Pakistan Biomedical Journal (PBMJ) acknowledges original work that holds scientific novelty however, it also reserves the right to remove and retract a plagiarized article upon identification of subtle (simply copy-paste) and/or blatant (paraphrasing) type of plagiarism at any stage before or after acceptance and/or publication.

_____
*Signature & Stamp*

## 6.0 Review of articles

Submitted manuscripts are reviewed for originality, significance, adequacy of documentation, reader interest and composition. Manuscript not submitted according to instructions will be returned to the author for correction prior to beginning the peer review/process. Revised manuscripts are judged on the adequacy of responses to suggestions and criticisms made during the initial review. Each manuscript will be check for technical, epidemiological, statistical, and ethical and language corrections. All parts of accepted manuscripts are subject to editing for scientific accuracy and clarity by the office of the Editor. The editorial board of PBMJ holds the right to a final decision of accepting or rejecting any article from publication in the journal, at all stages including the editorial review.

### 6.1 Appeals Process

The readers, authors, reviewers or any other person may submit a formal appeal through official email (editor@pakistanbmj.com) of the journal regarding any problem, including but not limited to any conflict, delays in review or publishing or article processing charges or rejection of manuscripts to the Chief Editor. The case will be referred for examination/ investigation to the Appeals Committee of the Editorial Board/ Advisory Board to give recommendations to the Board for decision. The Committee is comprised of;

Dr. Haiba Kaul
Dr. Muhammad Irfan Bashir
Dr Jehan Zeb

### 6.2 Complaints Process

Regarding any publication misconduct on the part of an author, a reviewer, or the Editor/Editorial Board, readers, writers, or any other person may send a written complaint to the Chief Editor using the journal's official email address (editor@pakistanbmj.com). The Complaints Process Committee of the Editorial Board/Advisory Board will be asked to investigate the issue and make suggestions to the Board regarding its course of action. The Committee is comprised of;

Prof Dr. Riffat Mehboob
Dr. Muhammad Ahmad Naeem
Dr. Munir Bhinder

## 7.0 Instructions to the Authors and Reviewers of the Manuscripts

### 7.1 Introduction

The Editorial Board of PBMJ decided to follow the "Uniform requirements for manuscripts submitted to Biomedical Journals: writing & Editing for Biomedical Publications by International Committee of Medical Journal Editors. A brief account of minimum requirements is given below for assisting the authors, reviewers and editors, the full text can be read at, (www.icmje.org). Moreover, plagiarism policy of ICMJE, Higher Education Commission and PMDC will be observed. It is authors' responsibility to apprise them of plagiarism in any form including paraphrasing and self-plagiarism. The Plagiarism Standing Committee of PBMJ would

deal with cases of plagiarism and comprise of staff members, and editors. Those claiming intellectual/ idea or data theft of an article must provide documentary proof in their claim otherwise their case will be sent for disciplinary action.

## 7.2 General Principles of Manuscript Preparation

**Submission of Manuscripts**

Only original material in the manuscript will be considered for publication. Neither the manuscript nor essential substance of the manuscript should be submitted for publication elsewhere before appearing in this journal.

**Online submission**

On our website, the corresponding author must create an account or login to an existing account. Then he must complete a 5-step simple submission process. The manuscript must be blinded, with no indication of the authors' names, designations, departments, institutions, or towns. Author information should be included in metadata. If required, supplemental files such as data files, fee submission documents, and so on can be included.

**Language**

PBMJ is published in English. Use of British English is preferred however American English can also be employed where convenient.

**Writing Style and format**

Please use Times New Roman, size 12, justified, with a line spacing of 1.0. Tables and illustrations (figure/ chart/ image) should be placed where specified, not at the conclusion of the document.

**Submission Format According to the type of Manuscript**

**Review article:** Maximum 3500 words excluding references.

**Original article:** Maximum 2500 words excluding structured abstract of 250 words and 20 references (minimum).

**Short Reports / Short Communications / Special Communications / Case reports:** Maximum 1250 words excluding title page and an unstructured abstract of 150 words with no more than two tables or figures and 10 references. It should not be signed by more than six authors.

**Title of the manuscript**

It must include the study's design, objectives, and variables. It should also include information about the characteristics and geographical location of the population of interest. Use of abbreviations should be avoided in title. Each manuscript should include five to ten key words. These should be included in the Medical Subject Headings (MeSH) of the United States National Library of Medicine, which may be found at: https://meshb.nlm.nih.gov/

**Abbreviations**

Only standard abbreviations should be used. For each abbreviation, the full term should be presented first, followed by the abbreviation in parenthesis. A well-known and widely used abbreviation may be used in this capacity.

**Tables and Illustrations**

1. There is no limit to the number of tables and illustrations (graphs/ charts/ images) that can be included. These should be in accordance with the manuscript's rational demand.

2. Each table and illustration should stand alone, displaying all of its contents/meanings without referring to the text.

3. Each table and illustration must have a legend below the table/illustration. The title of the table and picture should be a summary of the manuscript's tile.

4. Illustrations must be of high quality. Graphs and charts should be editable.

5. Where applicable, a legend should be included with the table or illustration.

6. If a table or illustration is taken from a published work, the source must be cited.

7. To reproduce a previously published illustration, the author must obtain permission from the author/publisher.

**Use of Generative AI and AI-Assisted Tools in Figures, Images, and Artwork**

Journal does not permit the use of generative AI or AI-assisted tools to create, modify, or manipulate images, figures, or artwork in submitted manuscripts. This includes enhancing, obscuring, moving, removing, or adding elements within an image or figure.

Basic adjustments to brightness, contrast, or color balance are acceptable only if they do not alter or obscure original data. Submitted manuscripts may be screened using image forensics tools or specialized software to detect potential image irregularities.

The only exception is when AI or AI-assisted tools are an integral part of the research methodology—for example, in AI-assisted imaging used for data generation or interpretation in fields such as biomedical research. In such cases, the use of AI tools must be clearly and reproducibly described in the Methods section, including:

- How the AI tool was applied in image creation or modification;
- The name of the model or tool, its version and extension number, and the manufacturer;
- Confirmation of adherence to the AI software's usage policies and proper attribution of generated content.

Authors may be asked to provide original, unaltered images or raw composite files for editorial verification.

The use of generative AI or AI-assisted tools to produce graphical abstracts or other illustrative artwork is not permitted. Limited exceptions may apply to cover art, but only with prior approval from the journal editor and publisher, and if authors demonstrate that:

- All necessary usage rights have been secured; and
- Appropriate credit and attribution are provided.

**Units of Measurements**

Please use Systems International (SI) units, where possible.

**Drug Names**

Generic names of drugs are preferred. Where essential the brand names can be given in parenthesis.

**ORIGINAL ARTICLE**

**Abstract:** Word count should be within 250. It may be up to 350 in exceptional cases. It should have the following sub-headings: Background, Material & Methods, Results, and Conclusion. Background includes 1-3 sentences regarding the introduction of your problem/s of interest and objective/s. Material & Methods include study design, duration, setting, population & sampling, and data collection (variables and their attributes and types) and analysis plans (descriptive, estimation of parameters and hypotheses testing). Conclusion is the summary of your results in simple words.

**Text**

The main part of the original research article should follow IMRAD; to have the following sub-headings: Introduction, Material and Methods, Results, AND Discussion & Conclusion.

**A. INTRODUCTION:** This section should have nearly all the following components.

Bring here data in quantities (numbers & figures) regarding all your variables of interest as per your objectives. It may include prevalence and/or incidence of the disease of interest/ under investigation, its distribution by socio-demographic factors, its various determinants or its treatment. Instead of prevalence, distribution, determinant and treatment of a disease, the researcher may determine any health related event in a population, like level/ concentration/ score of some anthropometric measure/ biochemical parameter, like weight, height, blood pressure (BP), random blood sugar (RBS) etc. Here bring the level/ concentration/ score of your parameters of interest. The data is collected from global populations/ studies, then regional, then national and lastly local populations/ studies. The manuscript should clearly sate research problem, knowledge gap, research question, research objective, hypothesis and significance of the study.

**B. MATERIALS AND METHODS**

This section should have nearly all the following components.

**1. Design, setting & duration**

Please mention the study design (cross-sectional/case-control/cohort/ trial) with name of the academic/ professional department and name of the academic/ professional institution with city and country. It shows ownership. Add duration of the study with day, month and year.

**Technical approval** from the institutional research board and ethical approval from institutional ethical committee & patients' consent.

**2. Population & sampling**

Research is a problem solving activity for a specified population; never for a sample. Please specify/define your population by count, geographic location, socio-demographic and disease factors. Then tell how you calculated the sample size as required by the design of your study with formula/calculation or online

calculator/software with reference/link. Then give sampling technique. Then give inclusion and exclusion criteria for one group or separately for each group in case of two or more groups.

**3. Equipment, procedure, intervention and follow up**

Please narrate here all the steps which you took from enrolment of a subject to its discharge from the study, including history, general & systemic examination, investigations and any intervention (health

education, food, exercise, vaccine, drug, device, laser or surgery). Please give details of different equipment, instruments, appliances and tools used, giving the name, model, version, company name and its manufacturing city name in parenthesis.

**4. Data collection plan**

1. Data collection methods (physical procedures to collect data)
a. Literature survey (secondary data; the data of other researchers collected, mostly qualitative)
b. Questionnaire
c. Interview
d. Observation: clinical examination, laboratory & imaging tests, pre, per and post drug-treatment/ device-procedure/ operation notes/ findings as morbidities, disabilities, mortalities. (b, c and d give us primary & first hand data, the data which we generate ourselves from the sample, mostly quantitative). Tell which one or more methods of data collection are used by you.
2. Questionnaire is framed from literature. The data on research variables is collected by questionnaire. Qualities are transformed into quantities (qualitative variable/data to quantitative variable/data) as in Knowledge, Attitude & Practice (KAP) Surveys. It gives us quantitative data. Its reliability is pretested by a pilot study by selecting sample from a sample and is shown as Cronbach's alpha. It should be based on a 5-point Likert scale, with a range of 1-5 scores (strongly disagree, disagree, neutral, agree & strongly agree, respectively) respectively for each response. It includes respondent demographic. The questionnaire must not be on nominal or ordinal scale.
3. Questionnaire; To-do list
a. Items (questions) are extracted from literature (existing knowledge)Designed as per list of variables, their attributes & their relationship as per theoretical framework
b. Items should be short & to the point
4. Avoid in framing a questionnaire; Not-to-do list
a. Double-Barrel items/questions (Qs)
b. Putting words in mouth of respondent (leading Qs)
c. Memory dependent Qs; should base on cash memory
d. Emotional loaded Qs (positive emotion=happiness, negative are anger, fear, sadness & hatreness)
e. Personal Qs (private, vary from culture to culture)
f. Technical Jargons
g. Too many
h. Too long
i. Negative Qs. I do not like computer. If negative are used, then reverse the scoring at analysis.

Name the demographic variables: gender, age in years, age groups, education level, residence, experience, income etc.

5. Name the research variables: pain in flank, category of pain in throat, level of knowledge, level of attitude, level of practice, weight in Kg, height in cm, volume in ml, RBS in mg/dL, T3 level in pcg/ml
6. In case of categorical (nominal or ordinal) variable, tell the attributes (categories/ groups) of the variable
a. Age grouping was; group 1 up to 50 years, group 2 more than 50 years in a study "prevalence of HTN in employees of a bank"

b. Age in years was categorized as; group 1= 40-49, group 2 = 50-59, group 3 = 60-69, group 4 = 70 and above years for a study "prevalence of DM in adult age shopkeepers"
c. The two attributes of residence were urban and rural
d. The five attributes of education level were: matric = group 1, graduation = group 2, masters = group 3, MPhil = group 4 and PhD = group 5
e. Level of knowledge, level of attitude and level of practice (KAP) were determined by a questionnaire based on 5-point Likert Scale. There were so many questions for each of the three KAP variables with a range of 1-5 scores (strongly disagree, disagree, neutral, agree & strongly agree, respectively) for each question.

7. Identify independent, dependent, confounding and matching variables, where required
8. Tell the data types (nominal/ordinal/interval/ratio); gender, residence and pain in flank were nominal data. Age groups, education level, and category of pain in throat were ordinal data. Age in years, level of knowledge, level of attitude, level of practice (all three on Likert Scale), pain score (on visual analogue pain scale-VAPS), weight in Kg, height in cm, volume in ml, RBS in mg/dL, T3 level in pcg/ml were interval/ ratio/ numeric/ continuous data.
9. Attach Performa and questionnaire. if any.
10. Mention which calculator or software was used for data analysis

**6. Data analysis plan**

Research is for a specified population; never for a sample. It is ideal to observe the entire population, but it is not feasible. Statistics as a discipline helps us in collecting data for a sample, analyze it for the sample (descriptive statistics; describe the sample) and then infer it on to the population from which it was drawn (inferential statistics; describe the population based on the data collected from the sample). Inferential statistics includes estimation of parameter and hypothesis testing.
Global literature is full of research articles which are restricted to sample, with no mention of the population. For us, it may be anything, but not research.
Our authors have to give analysis plan for all the three components of the statistical analysis. It is widely stated and widely accepted narrative that the cross-sectional studies don't require hypothesis. It is a miss-understanding. Cross-sectional studies do require hypothesis. There may be some one dozen cross-sectional studies, each with many hypotheses published in this journal from 2018 to 2021, regarding burden/ magnitude (prevalence/ distribution) of malaria, leishmaniasis, DS-TB, DR-TB etc.
Data analysis is simply a process of converting data (un-organized facts & figures) into information (organized facts & figures). Both qualitative and quantitative data are organized as per requirements of the topic and end users of the findings. When analyzed (organized), qualitative and quantitative facts and figures are mixed together to form a single piece of information or knowledge.
There are two types of analysis.

**Qualitative analysis**

Qualitative data includes text, picture, audio and video. This analysis is based on qualitative argumentation (not included here).

**Quantitative analysis**

Quantitative data includes nominal, ordinal, interval and ratio data. This analysis is based on statistical computations (included here).

**Descriptive analysis**

It is the analysis of data collected from the sample. Here each variable is described separately without talking about its difference between the groups or within the groups or its relationships to any other variable in the same population.

Categorical (nominal and ordinal data) is analyzed by count and percentage. Numeric (interval and ratio) is subjected to tests of normality; Skewness, kurtosis, Kolmogoro-Smirnov test & histogram. If it is distributed normally; then it is analyzed by mean, minimum, maximum, range and SD. If it is distributed not normally (skewed); then it is analyzed by median (quartile 2), quartile 1 (Q1), quartile 3 (Q3) and Inter Quartile Range (IQR=Q3-Q1).
Inferential analysis: Here the data for the sample is inferred on to population. It includes estimation of parameters and testing of hypotheses.

**Estimation of parameters**

Here an interval in constructed around a sample statistics to estimate a parameter i.e. mean or proportion for a population at certain level of confidence, usually 95%. It is represented as confidence

interval of mean or proportion, both with lower and upper bounds.
The mean RBS of the sample (n=350) was 110 (95% CL, 105.5-114.5) mg/dL. The frequency (%age) of diabetes mellitus in the sample (n=300) was 45 (15%, 95% CL, 12.5-17.5).

## C. RESULTS

1. Preparing the sample for analysis; number of subjects
2. Total number of participants/ respondents/ subjects/ cases/ patients/ controls/ specimens/ plants/ microorganisms enrolled/ included at inception/ start of the survey/ study/ trail
3. Group wise number of participants/ subjects/ cases/ patients/ controls at inception
4. Frequency (count) & percentage of responses of the respondents in case of questionnaire based survey
5. Mention if any subject died?
6. How many were dropped out & why? Mention different causes with numbers of subject separately i.e. due to which complications of the drugs/ devices/ laser/ surgical procedure etc.
7. How many were lost to follow up?
8. Mention the missing data at follow ups
9. The rest of the subjects are the actual size of the sample/s to be analyzed
10. Descriptive analysis: Please analyze and write here your findings as explained in data analysis plan.
11. Estimation of parameters: Please analyze and write here your findings as explained in data analysis plan.
12. Testing of hypotheses: Please analyze and write here your findings as explained in data analysis plan.

## D. DISCUSSION

1. It your findings for your first objective/ variable. Then add studies with similar findings from local, then national, then regional and lastly global studies/ literature/ populations. Then add studies with higher findings (higher prevalence/proportion/mean) and lastly with lower findings. Likewise go for your next objectives/ variables one by one.
2. The comparison is to be based on estimation of parameters (indices of population) and not on sample statistics (sample indices). Further it should be based on hypotheses testing, but most studies lack both the estimation of parameters and hypotheses testing.
3. The comparisons must be based on numbers/ indices (counts, percentages and means) from populations, not merely on theoretical/logical/philosophical statements/argumentation.

4. Each study brought for comparison should have author name, city & country name, duration of study, sample size and relevant data for comparison.
5. Better to bring those studies which are already cited in introduction.
6. Other studies may have data for many more objectives/ variables. You have to bring only relevant data matching to your objective/ variables.
7. Conclusion is the last part of the discussion. It is actually summary of your results. What you observed and analyzed in your study, bring those facts here in non-statistical language as statement in simple English. Do not bring conclusions from work of other authors.

8. Recommendations may be added as separate heading or it may be the last paragraph of the conclusion. Here you may go beyond your own findings.

**E. CONCLUSION**

It should be based on the objective and principal findings. False ambiguous conclusion and speculations should be avoided.

**F. References**

1. Vancouver style must be followed.
2. References should be numbered serially and given in digits within the text, as in standard medical journals.
3. Add authors. Give last/family/surname in full, then first letter of 1st and 2nd names as capital with no gap. Add six authors. In case of more than six authors, et al should be added after six authors.
4. Journal titles should be abbreviated as in Index Medicus/Medline/PubMed/NLM Catalogue. Ifnot in Index Medicus, then it should be abbreviated as by the journal itself.
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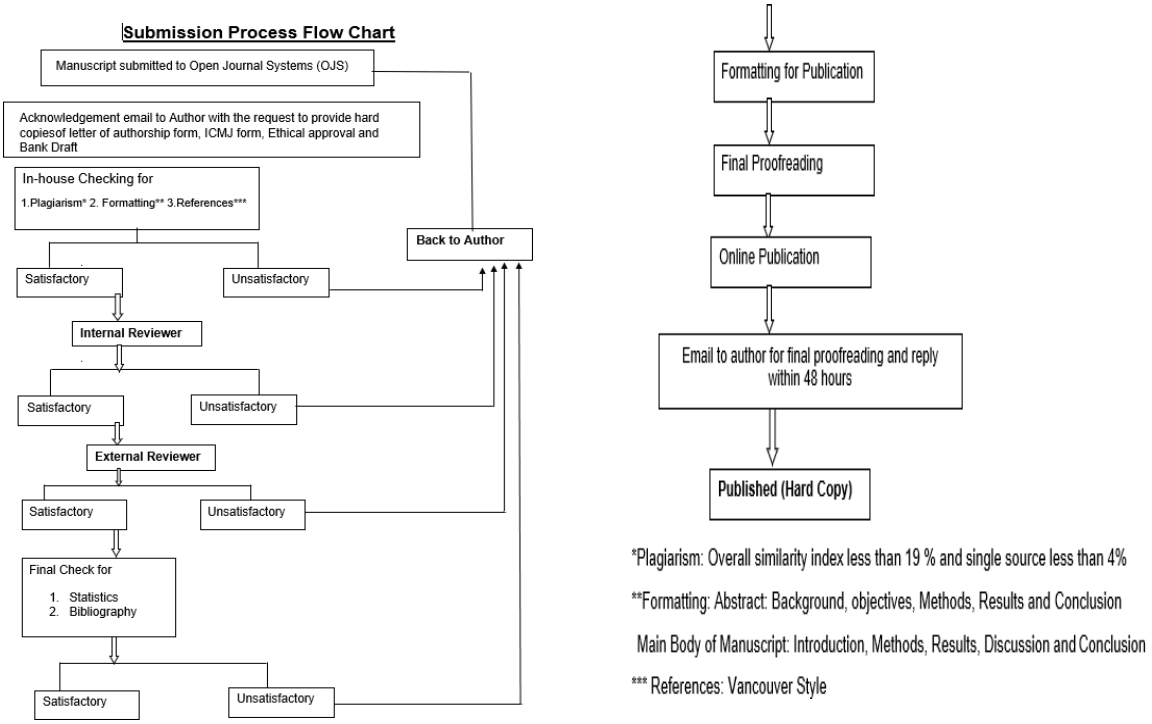
## 10.0 Steps involved from date of receipt of research article till the publication of article

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**Formatting: Abstract: Background, objectives, Methods, Results and Conclusion

Main Body of Manuscript: Introduction, Methods, Results, Discussion and Conclusion

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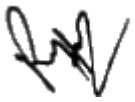

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