

Instructions to the Authors

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📌 About the Journal

Journal of Anaesthesiology Clinical Pharmacology is a quarterly peer-reviewed international journal, and is an official publication of the Research Society of Anaesthesiology Clinical Pharmacology. The journal permits authors to self-archive final accepted version of the articles on any OAI-compliant institutional / subject-based repository. The journal does not charge for submission, processing or publication of articles. The journal is indexed with WAME, and COPE. The journal is indexed with various international indexing agencies including Pubmed central, and SCOPUS.

Abstracting and Indexing Information

The journal is registered with the following abstracting partners:

Baidu Scholar, CNKI (China National Knowledge Infrastructure), EBSCO Publishing's Electronic Databases, Ex Libris – Primo Central, Google Scholar, Hinari, Infotrieve, National Science Library, ProQuest

📌 Scope of the journal

The journal covers clinical and technical studies related to Anesthesiology and publishes original peer-reviewed research and clinical work in Anesthesiology, Pain, Critical Care, Perioperative Medicine. Articles of high impact clinical research and those with implications for clinical practice will be given preference. The journal also publishes commissioned review articles, commentaries, and editorials.

📌 The Editorial Process

A manuscript will be reviewed for possible publication with the understanding and written undertaking that it is being submitted to Journal of Anaesthesiology Clinical Pharmacology alone at that point in time. Manuscripts containing original material will be considered for publication. The journal expects that authors would authorize one of them to correspond with the Journal for all matters related to the manuscript's 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 are rejected at this stage itself.

Manuscripts that are found suitable for publication in Journal of Anaesthesiology Clinical Pharmacology are sent to three or more expert reviewers. During submission, the contributor 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. The selection of these reviewers is at the sole discretion of the editor. The journal follows a double-blind review process. The journal 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/ amendment) are 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. The 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 online.

📌 General Aspects

Authorship

Journal of Anaesthesiology Clinical Pharmacology (JOACP) follows the recommendations of International Committee of Medical Journal Editors (ICMJE); the authorship credit should be based on:

- Substantial contribution to conception and design, acquisition of data, or analysis and interpretation of data;
- Drafting the article or revising it critically for important intellectual content;
- Final approval of the version to be published; and
- Agreement to be accountable for all aspects of the work thereby ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

All authors should meet all four conditions to comply with ICMJE recommendations.

All persons or institutions involved in the conduct of the work must be mentioned in the authors list or acknowledged. Contributions of each author to the research and /or manuscript should be outlined 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 in writing the manuscript. 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 nor the names changed 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. One or more authors should be designated as ‘guarantor’.

Duplicate or part publication

The authors should not submit the manuscript that has been submitted somewhere else or published previously in full or in part in any form. This may not apply to publication of manuscript as abstract in conference proceedings. The journal discourages duplicate submission, and salami slicing of a single paper and its data collection into multiple papers for publication. In case any further clarification is required on this specific issue, please contact the editorial office.

Ethical Considerations

Human studies

All human trials must be conducted and reported as per ethical standards and must be approved by appropriate authorities including Institutional Review Board (IRB) and Ethical committee approval. If the study is not approved by the IRB, ethical committee approval number and consent procedures needs to be mentioned in the method section. Absence of appropriate approvals, consent for study and publication and documented by the IRB committee, it needs to be explicitly mentioned. **The name of ethical committee and IRB alongwith IRB approval number needs to be mentioned in the Title page. It includes the chairperson or secretary of the committee. This information needs to be submitted as additional material during the submission.**

The investigational drug used in the study needs to be as per approval from the relevant country’s drug authority approval. In case, a drug is being used ‘off label’, then approval from competent authority is required.

Case Reports/Case Series: Written patient consent or guardian/parent consent in cases of minor must be taken for publication and mentioned in the manuscript. Consent for publication shall be required for all case reports and case series.

Registration of clinical trials with registry

The journal suggests that all the clinical trials should be registered with clinical registry before the start of the patient recruitment for the study. Authors are requested to provide the exact URL of the registry at the time of submission and this would be published in the article beneath the key words. This information should be included on the title page at the time of submission and not in the article file.

In accordance with the ICMJE’s recommendation, JOACP will also accept registration of clinical trials in any of the primary registers that participate in the World Health Organization’s International Clinical Trial Registry Platform. It is hosted at the ICMR’s National Institute of Medical Statistics (<http://nims-icmr.nic.in>), is free and online public record system for registration of clinical trials being conducted. Registration of clinical trials is made mandatory by the Drugs Controller General (India) (DCGI) (www.cdsc.nic.in).

Clinical trial reports should also comply with the Consolidated Standards of Reporting Trials (CONSORT) and include a flow diagram presenting the enrollment, intervention allocation, follow-up, and data analysis when reporting a randomized clinical trial.

Plagiarism

Journal of Anaesthesiology Clinical Pharmacology reserves the right to use plagiarism detection software on any submitted material at any time and reject the article at any stage on detection of plagiarism.

Conflicts of Interest/ Competing Interests

The conflict of interest in all sorts (personal, professional or business affiliation relevant to the paper) must be disclosed by all the authors during the submission of the manuscript to the journal. The sources of funding for the study and authors must be mentioned in the manuscript.

Submission of Manuscripts

All manuscripts must be submitted on-line through the website www.journalonweb.com/jacp. First time users will have to register at this site. Registration is free but mandatory. Registered authors can login to the website for submission, processing or publication of articles. If you experience any problems, please contact the editorial office by e-mail at [editorjoacp @ gmail . com](mailto:editorjoacp@gmail.com).

The original article must be submitted along with the consort checklist that may be downloaded from the link: www.consort-statement.org. The other link of Consort flow diagram and checklist that need to be submitted is <http://www.consort-statement.org/consort-statement/overview0/#checklist>

The submitted manuscripts that are not as per the “Instructions to Authors” would be returned to the authors for technical correction, before they undergo editorial/ peer-review. Generally, the manuscript will be accepted for publication after two rounds of peer-review.

[1] **Title Page/First Page File/covering letter:**

We wish to inform you that as per our revised instructions/guidelines, we wish to incorporate the following prior to initiating peer review process.

We look forward to your cooperation in this regard which shall go a long way in enhancing ethical scientific publishing at JOACP:

Title page should include all the details given in the instructions for the contributors. In addition the title page should incorporate the following:

- a. IEC approval number & Date (a scanned copy is preferable) [for original article]**
- b. Signed Consent from patients/ parents for publication [If case report- if applicable]**
- c. Copyright form duly signed by all authors**
- d. Plagiarism check screen shots pasted on the title page**
- e. Copyright permissions for any figures/ tables used from other sources**

Kindly include the above as applicable to your article type, onto your first page /title page file.

This file should provide

- a. The type of manuscript (editorial, original article, case report, review article, brief communication, and letter to editor) title of the manuscript, running title, names of all authors/ contributors (with work should be credited. All information which can reveal your identity should be here. Use text/rtf/doc files. Do not zip the files.
- b. Source(s) of support in the form of grants, equipment, drugs, or all of these;
- c. 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) acknowledgment of the support. This should be included in the title page of the manuscript and not in the main article file.
- d. 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 it was read 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.
- e. 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 a separate file.
- f. 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 the manuscript is suitable for publication.
- g. 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.
- h. **For original article: Ethical committee approval Chairperson Name, Institute from where approval taken, date and Ethical approval number needs to be mentioned along with the CT form as a separate page file.**
- i. **Consent: Patient's, Parent's / guardian's consent (in case of minor) in case of case reports needs to be mentioned. Also, if any photographs is to be published, consent for the same needs to be mentioned.**

[2] **Blinded Article file:** The manuscript 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 be included in the title page of the manuscript. The main text of the article, beginning from Abstract till References (including tables) should be in this file. Use rtf/doc files. Do not zip the files. Limit the file size to 1 MB. The blinded article file should be included at the end of the article file.

[3] **Images:** Submit good quality color images. Each image should be less than 4 MB in size. Size of the image can be reduced by decreasing the actual height and width of the images (keep up to 1800 pixels). 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 (images @ medknow . com).

The hard copies of the Contributors' form / copyright transfer form may be sent to the following addresses or submitted online from the authors' area on www.journalonweb.com/joacp.

Anju Grewal,
Professor, Anesthesiology,
Dayanand Medical College and Hospital, Ludhiana
E-mail: editorjoacp@gmail.com

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 1997).

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.joa>)

Journal of Anaesthesiology Clinical Pharmacology accepts manuscripts written in American English.

Copies of any permission(s)

It is the responsibility of authors/ contributors to obtain permissions for reproducing any copyrighted material. A copy of the permission obtained must accompany the manuscript. Copies of any and all permissions must accompany the manuscript.

Types of Manuscripts

The words limit needs to be adhered before submission. The total words do not include title page, abstract, references, tables and figure legends.

Editorials -> 1500 words and 15 references

Original Article -> 3000 words and 30 references

Review Articles -> 3000 words and 90 references

Case Reports/Case Series -> 1000 words and 10 references

Letters to the Editor -> 500 words and 5 references

Original articles:

These include randomized controlled trials, intervention studies, studies of screening and diagnostic test, outcome studies, cost effectiveness analyses, case-control series, and surveys with high response rates. They should provide new information in general. The text of original articles amounting to up to 3000 words (excluding Abstract, references and Tables) should be divided into sections with the headings Abstract & Key-words, Introduction, Materials and Methods, Results, Discussion, and Conclusions.

Abstract & Key-words:

The page should have an abstract, in a structured format (Background; Methods; Results; and Conclusions) for all original research articles in up to 250 words. References are not to be used in this section. The abstract should include: the objectives of the study (including experimental animals; observational and analytic methods); main findings or results (give specific data and their statistical significance); and the principal conclusions. Three to 10 Key (indexing) words should be chosen from the medical subject heading (MeSH) list of Index Medicus.

Introduction: States the purpose and summarizes the rationale or need for the study or observation. The hypothesis of the study should specifically be mentioned. Introduction should refer to the brief literature review and state the hypothesis with the aims of your study. The final paragraph should clearly state the primary and, if applicable, secondary aims or outcomes of the study.

Materials and Methods: The Methods section should give a clear but concise description of the process of the study. It should include and describe the following aspects:

- Ethics approval & Clinical Trial registry approval
- Patient population
- Inclusion / exclusion criteria
- Conduct of the study
- Data handling
- Statistics

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 national) (http://www.wma.net/e/policy/17-c_e.html). For prospective studies involving human participants, authors are expected to mention about approval of (regional/ national/ institutional or independent Ethics Committee) for subjects 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 names of subjects. For laboratory 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 submitted as scanned copy during submission and its references needs to be quoted on the title page. The approval 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 of Medical Research Involving Human Subjects. Authors are advised to refer to the ARRIVE (Animals in Research: Reporting In Vivo Experiments) guidelines for understanding the process of reviewing manuscripts of research involving animals.

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.

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 the name of the person who performed the work.

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 (<http://www.consort-statement.org>).

Reporting Guidelines for Specific Study Designs

Initiative	Type of Study	Source
CONSORT	Randomized controlled trials	http://www.consort-statement.org
STARD	Studies of diagnostic accuracy	http://www.equator-network.org/reporting-guidelines/stard/
PRISMA	Systematic reviews and meta-analyses	http://www.prisma-statement.org
STROBE	Observational studies in epidemiology	http://www.strobe-statement.org
MOOSE	Meta-analyses of observational studies in epidemiology	https://www.equator-network.org/reporting-guidelines/meta-analysis-of-observational-studies-in-epidemiology-a
CARE	Case reports	https://www.care-statement.org/

Statistics:

A sample size calculation based on the primary outcome with description of statistical power is required. A power analysis should be performed before starting the study to determine the number of subjects. The sample size calculation for the primary end-point will not necessarily be applicable to any secondary measures. It is recommended that authors seek appropriate statistical advice before starting their study. Statistical methods must be described. It must be described how the authors determined the clinically relevant difference to be detected with appropriate indicators of measurement error or uncertainty (such as confidence intervals). Describe the specific tests used to examine the primary outcome measure and also the methods for additional analyses such as subgroup analyses and multiple comparisons. Whenever possible quantify findings and 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 terms such as '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. 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. Results must be factual, stating significance and negative findings in a logical sequence. 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 online. 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 the strength of 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 should be presented.

Discussion:

Include summary of main findings (primary outcome measures, secondary outcome measures, results as they relate to a prior hypothesis); then state on how they fit in with previous studies and if they are consistent with the available 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 limitations (interpretation); Controversies raised by this study; Future research directions (for this particular research collaboration, underlying mechanisms, clinical research), and conclusions based solely on the results of this study. 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 main 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.

Review Articles:

Authors planning to submit review articles should first communicate with the Editor-in-chief to ensure the appropriateness of the subject matter. It is expected that these articles would be written by individuals with expertise in the field. Review articles done by the contributor(s) in the field of review should accompany the manuscript.

The prescribed word count is up to 3000 words excluding tables, references and abstract. The manuscript may have about 90 references. The manuscript should have an unstructured Abstract (250 words). A submitting review article should include a section describing the methods used for locating, selecting, extracting, and synthesizing data. These methods should also be summarized in the abstract.

The journal expects the contributors to give post-publication updates on the subject of review. The update should be brief, covering the advances in the field after the publication of the article and should be submitted within 6 months of the original publication.

Case reports:

New, interesting and rare cases can be reported. They should be unique, describing a great diagnostic or therapeutic challenge and providing a learning point for the readers. Cases with clinical significance (with 10-15 references) and should have the following headings: Abstract (unstructured), Key-words, Introduction, Case report, Discussion, Reference, Tables and Legends in that order.

The manuscript could be of up to 1000 words (excluding references and abstract) and could be supported with up to 10 references. Case Reports could be authored by up to four authors. Case reports should be submitted within 6 months of the original publication.

Letter to the Editor:

These should be short and decisive observations. They should preferably be related to articles previously published in the Journal or views expressed in the journal. They should not be preliminary observations. Letters should be authored by not more than four authors.

Commentaries

Commentaries discuss issues that are directly related to published material. Commentaries accompany original articles, critically appraise their results and put their conclusions into a wider context. The Commentaries are always commissioned and should be up to 1000 words long with no more than 10 references. Commentaries do not have an abstract.

Other:

Editorials are solicited by the editorial board or Editor In Chief.

Additional Information:

Abbreviations

When an abbreviation first appears in the text, it must be preceded by the complete spelling of the full term it represents, followed by the abbreviation within parentheses. The abbreviation should be used throughout the text, including in the Abstract. In general, avoid abbreviating terms that only appear a few times in the manuscript.

Units of measurement

Units should conform to the Systeme International (SI), with the exception of units of pressure, which should be expressed in mmHg. Diagonal slashes are acceptable for simple units e.g., mg/kg.

Drug Names and Equipment

Use generic names. If a brand name must be used, insert it in parentheses after the generic name. Provide manufacturer's name, city, state, and country. Be careful about the use of trademarks.

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 su 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 Medicu journal for non-indexed journals. Avoid using abstracts as references. Information from manuscripts submitted but not accepted should be cited in the text as "unpublished observations" with written per a public source, in which case the name of the person and date of communication should be cited in parentheses in the text.

The commonly cited types of references are shown here, for other types of references such as newspaper items please refer to ICMJE Guidelines (<http://www.icmje.org> or <http://www.nlm.nih.gov/bsd/>)

Articles in Journals

- a. Standard journal article (for up to six authors): Shukla N, Husain N, Agarwal GG, Husain M. Utility of cysticercus fasciolaris antigen in Dot ELISA for the diagnosis of neurocysticercosis. Indian J
- b. Standard journal article (for more than six authors): List the first three contributors followed by et al. Nozari Y, Hashemlu A, Hatmi ZN, Sheikhvatan M, Iravani A, Bazdar A, et al. Outcome of coronary artery bypass grafting in patients without major risk factors and patients with at least one major
- c. Volume with supplement: Shen HM, Zhang QF. Risk assessment of nickel carcinogenicity and occupational lung cancer. Environ Health Perspect 1994; 102 Suppl 1:275-82.
- d. Issue with supplement: Payne DK, Sullivan MD, Massie MJ. Women's psychological reactions to breast cancer. Semin Oncol 1996; 23(1, Suppl 2):89-97.

Books and Other Monographs

- a. Personal author(s): Ringsven MK, Bond D. Gerontology and leadership skills for nurses. 2nd ed. Albany (NY): Delmar Publishers; 1996.
- b. Editor(s), compiler(s) as author: Norman IJ, Redfern SJ, editors. Mental health care for elderly people. New York: Churchill Livingstone; 1996.
- c. Chapter in a book: Phillips SJ, Whisnant JP. Hypertension and stroke. In: Laragh JH, Brenner BM, editors. Hypertension: pathophysiology, diagnosis, and management. 2nd ed. New York: Raven

Electronic Sources as reference

Journal article on the Internet

Aboud S. Quality improvement initiative in nursing homes: the ANA acts in an advisory role. Am J Nurs [serial on the Internet]. 2002 Jun [cited 2002 Aug 12];102(6):[about 3 p.]. Available from: [http://www.nap.edu](#)

Monograph on the Internet

Foley KM, Gelband H, editors. Improving palliative care for cancer [monograph on the Internet]. Washington: National Academy Press; 2001 [cited 2002 Jul 9]. Available from: <http://www.nap.edu>

Homepage/Web site

Cancer-Pain.org [homepage on the Internet]. New York: Association of Cancer Online Resources, Inc.; c2000-01 [updated 2002 May 16; cited 2002 Jul 9]. Available from: <http://www.cancer-pain.org>

Part of a homepage/Web site

American Medical Association [homepage on the Internet]. Chicago: The Association; c1995-2002 [updated 2001 Aug 23; cited 2002 Aug 12]. AMA Office of Group Practice Liaison; [about 2 screens]

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: *, †, ‡, §, ||, ¶, **, ††, ‡‡
- Tables with their legends should be provided at the end of the text after the references. The tables along with their number should be cited at the relevant place in the text

Illustrations (Figures)

- Upload the images in JPEG format. The file size should be within 4 MB in size while uploading.
- Figures should be numbered consecutively according to the order in which they have been first cited in the text.
- Labels, numbers, and symbols should be clear and of uniform size. The lettering for figures should be large enough to be legible after reduction to fit the width of a printed column.
- 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.
- 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. Write the legend. Explain the internal scale (magnification) and identify the method of staining in photomicrographs.
- Final figures for print production: If the uploaded images are not printable quality, the publishing office may request for higher resolution images which can be sent at the time of acceptance of the manuscript. Print outs of digital photographs are not acceptable. If digital images are the only source of images, ensure that the image has minimum resolution of 300 dpi (use a piece 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 the figure.
- The Journal reserves the right to crop, rotate, reduce, or enlarge the photographs to an acceptable size.

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 has given informed consent from figures unless they have obtained informed consent from the patients. The journal abides by ICMJE guidelines:

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

Please collect and keep copies of patients' consent forms on which patients or other subjects of your experiments clearly grant permission for the publication of photographs or other material that might be used in your paper. If necessary the Editors may request a copy of any consent forms.

Academic Misconduct

The Journal is a member of the Committee on Publications Ethics (COPE) and adheres to COPE's Good Publication Practice (see <http://publicationethics.org>). There are a number of types of academic misconduct. Plagiarism is the use of previously published material without attribution. Manuscripts that plagiarize previously published material, even if it is the author's own work, will be rejected if identified during peer review. Duplicate submission is concurrent submission of a nearly identical manuscript to 2 journals. Duplicate submissions identified during peer review will be immediately rejected. Duplicate submission in the publication. This can include editing data (removing outliers, altering values), creating false data, or misrepresenting data analysis (e.g., describing an intent-to-treat analysis but actually performing an analysis of variance) discovered during peer review. If the manuscript has been published, it will be retracted. The journal office reserves the right to request for any raw data pertaining to the study for additional verification.

Sending a revised manuscript

The revised version of the manuscript should be submitted online in a manner similar to that used for submission of the manuscript for the first time. However, there is no need to submit the "First Page Cover Letter" requested to include, the 'referees' remarks along with point to point clarification at the beginning in the revised file itself (the reply template may be downloaded from the website). In addition, they are expected to respond to the comments and should address any grievances regarding appropriateness of review process directly to the Chief Editor.

Reprints and proofs

Journal provides no free printed reprints. Authors can purchase reprints, payment for which should be done at the time of submitting the proofs.

Proofs will be sent to the corresponding authors by email approximately 2 weeks before the publication date. The issues are published in last week of the previous month.

Manuscript submission, processing and publication charges

Journal does not charge the authors or authors' institutions for the submission, processing and/or publications of manuscripts.

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Complaints

Authors who may have a complaint against any of the aspects of their communication or dealings with the Journal of Anaesthesiology Clinical Pharmacology should, in the first instance, write an e-mail to the Editor-in-Chief. The Editors and Editor-in-Chief aim to acknowledge and redress the complaint jointly within 10 days of receiving it.

Checklist

Covering letter

- Signed by all contributors
- Previous publication / presentations mentioned
- Source of funding mentioned
- Conflicts of interest disclosed
- Ethics committee approval number and Trial Registry ID and dates.

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)
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