Instructions to the Authors

About the Journal

SRM Journal of Research in Dental Sciences, a publication of SRM Institute of Science and Technology, Chennai, is a peer-reviewed online journal with SRM J Res Dent Sci print on demand compilation of issues published. The journal's full text is available online at http://www.srmjrds.in. The journal allows free access (Open Access) to its contents and 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 manuscripts and even for color reproduction of photographs.

Scope of the journal

SRMJRDS is an Open access, Quarterly and quality peer reviewed journal with editorial contributors from across the globe. The journal publishes novel original national and international research work carried out in all fields of dentistry, brief communication on significant topics, rare case reports, well-structured reviews and systematic reviews, interesting images and Letters to the Editor pertaining to areas relevant to the field of dentistry and its allied branches. The manuscripts that bring a new light on clinical research involving the orofacial region, molecular approach to oral pre-cancer and oral cancer, salivary diagnostics, genetic aspects of oral diseases and emerging concepts in oral microbiology and cariology are encouraged.

The Editorial Process

A manuscript will be reviewed for possible publication with the understanding that it is being submitted to SRM Journal of Research in Dental Sciences 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 SRM Journal of Research in Dental Sciences 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 SRM Journal of Research in Dental Sciences 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: ) 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.

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Clinical trial registry

SRM Journal of Research in Dental Sciences favors registration of clinical trials and is a signatory to the Statement on publishing clinical trials in Indian biomedical journals. SRM Journal of Research in Dental Sciences would publish clinical trials that have been registered with a clinical trial registry that allows free online access to public. Registration in the following trial registers is acceptable: http://www.ctri.nic.in/; http://www.anzctr.org.au/; http://www.clinicaltrials.gov/; http://isrctn.org/; http://www.trialregister.nl/trialreg/index.asp; and http://www.umin.ac.jp/ctr. This is applicable to clinical trials that have begun enrollment of subjects in or after June 2018. Clinical trials that have commenced enrollment of subjects prior to June 2018 would be considered for publication in SRM Journal of Research in Dental Sciences only if they have been registered retrospectively with clinical trial registry that allows unhindered online access to public without charging any fees.

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.

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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. Authors' contributions will be printed along with the article. 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'.

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All authors of articles 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.

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

This file should provide

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SRM Journal of Research in Dental Sciences accepts manuscripts written in American English.

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Types of Manuscripts

A word count for the text only (*excluding abstract, acknowledgments, figure legends, and references*) should be given to assess whether the information contained in the paper warrants the amount of space devoted to it, and whether the submitted manuscript fits within the journal's word limits. A separate word count for the Abstract is useful for the same reason.

Reporting Guidelines for Specific Study Designs

The authors can also choose the reporting guidelines for the specific study design from the web links provided in the table below and upload it along with the manuscript.

Guideline	Type of Study	Source
STROBE	Observational studies including cohort, case-control, and cross-sectional studies	https://www.strobe-statement.org/index.php?id=available-checklists
CONSORT	Randomized controlled trials	http://www.consort-statement.org
SQUIRE	Quality improvement projects	http://squire-statement.org/index.cfm?fuseaction=Page.ViewPage&PageID=471
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AGREE	Clinical Practice Guidelines	https://www.agreetrust.org/wp-content/uploads/2016/02/AGREE-Reporting-Checklist-2016.pdf
CROSS	Web & Non-Web Survey	https://www.equator-network.org/reporting-guidelines/a-consensus-based-checklist-for-reporting-of-survey-studies-cross/

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

a. Original Research Articles (*Up to 2500 words excluding references and abstract*) Randomised controlled trials, intervention studies, studies of screening and diagnostic test, outcome studies, cost effectiveness analyses, case-control series, and surveys with high response rate. The text of original articles should be divided into sections with the headings Abstract, Key-words, Introduction, Material and Methods, Results, Discussion, References, Tables and Figure legends.

i) Abstract: The abstract should provide informative and balanced summary of what was done and what was found and should be structured with subheadings - Background, Aim, Materials and Methods, Results, Conclusion

ii) Title: The title should provide the study's design with a commonly used term.

iii) Introduction: The scientific background and rationale for the investigation being reported should be explained and specific objectives to be stated

iv) Materials and Methods: Structured methods section with subheadings is preferred.

Study design - key elements of study design should be presented (cross sectional/ cohort/ case-control)

Study setting- the setting, locations, and relevant dates, including periods of recruitment, exposure, follow-up, and data collection should be described. The details of the Supplier/manufacturer of the equipment/ materials (E.g. Chemicals), details of the drugs (manufacturer, dosage, dilution, frequency and route of administration, monitoring equipment) used in the study, details about the cell lines (names and where it was obtained from) and the details of sample collection should be mentioned.

Participants- The eligibility criteria (Inclusion/exclusion), the sources and methods of selection of participants, methods of follow-up should be provided.

Study size- How the study size (sample size) was arrived at, how quantitative variables were handled in the analyses should be explained. Describe which groupings were chosen and why. Explain how missing data were addressed

Statistical methods- All statistical methods, including those used to control for confounding, any methods used to examine subgroups and interactions should be described. 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.

Ethical clearance statement should be provided in the following format:

The study was approved by the (institutional board/ethics committee name), (date), (ethical approval number). All the participants provided written informed consent for the participation in the study. All procedures performed in the study were conducted in accordance with the ethical standards given in 1964 Declaration of Helsinki, as revised in 2013. If ethical approval/consent is not required/waived off as per the Institutional ethical committee norms, then the article should mention this.

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 2013 (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.

v) Results: Characteristics of study participants (eg: demographic, clinical, social), numbers of individuals at each stage of study—eg numbers potentially eligible, examined for eligibility, confirmed eligible, included in the study, completing follow-up, and analysed should be given. Give reasons for non-participation at each stage. Consider use of a flow diagram. 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. Annotation/ footnotes to be mentioned appropriately. Abbreviations to be defined in the footnotes.

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.

vi) 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.

vii) References: The statements should be adequately cited. Recent citations (last 5 years) to be cited in a greater proportion. Follow the punctuation marks carefully. Do not include unnecessary bibliographic elements such as issue number, month of publication, etc. Include names of six authors followed by et al if there are more than six authors.

b. Short Communication (*Up to 1000 words excluding references and abstract and up to 5 references*)

c. Case Reports (*Up to 2000 words excluding references and abstract and up to 10 references*) New / interesting / very rare cases can be reported. Cases with clinical significance or implications will be given priority, whereas, mere reporting of a rare case may not be considered.

i) Title: The words “case report” should be in the title along with the area of focus

ii) Abstract: Structured abstract with the headings: Rationale, Patient concerns, Diagnosis, Interventions, Outcomes, Lessons

iii) Introduction: One or two paragraphs summarizing why this case is unique should be stated. Statements to be cited adequately.

iv) Case report: This section should include De-identified demographic information and other patient specific information, Main concerns and symptoms of the patient, Medical, family, and psychosocial history, Relevant past interventions and their outcomes, relevant physical examination and other significant clinical findings , Diagnostic methods used, Diagnostic reasoning including other diagnoses considered, Prognostic characteristics, Types of intervention, Clinician and patient-assessed outcomes, Important follow-up diagnostic and other test results, Follow-up duration and the last known status of the patient.

v) Discussion: This section should include Discussion of the strengths and limitations in your approach to this case, Discussion of the relevant medical literature, rationale for conclusions, primary “take-away” lessons of this case report and Citations adequate preferably from recent literature

vi) Informed Consent: the patient (family/ legal representative) informed consent for publication of the case details should be mentioned.

v) Figures: Figures (full face) to be sufficiently obscured and should not contain confidential data like patient’s name, date of birth, personal identification data

d. Review articles (*Up to 3500 words excluding references and abstract*) Manuscripts that review the current status of a given topic, diagnosis, or treatment are encouraged. These manuscripts should not be an exhaustive review of the literature, but rather should be a review of contemporary thought with respect to the topic. Likewise, the bibliography should not necessarily be all-inclusive, but rather include only seminal, pertinent, and contemporary references deemed to be most important by the author.

e. Letter to the Editor (*Up to 400 words and 4 references*) Should be short, decisive observation. They should not be preliminary observations that need a later paper for validation. Items likely to be of interest to the readers should be submitted with the name and address of the person from whom additional information can be obtained.

References

References should b*e numbered c*onsecutively in the order in which they are first mentioned in the text (not in alphabetic order). Iden*tify references in text,* tables, and legends by Arabic numerals in superscript with square bracket after the punctuat*ion marks. References cited onl*y 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 Medi*cus. The titles of journals *should be abbreviated acc*ording to the style used in Index Medicus. Use complete name of the 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 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.
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/uniform_requirements.html).

Articles in Journals

1. Standard journal article (for up to six authors): Parija S C, Ravinder PT, Shariff M**.** Detection of hydatid antigen in the fluid samples from hydatid cysts by co-agglutination. Trans. R.Soc. Trop. Med. Hyg.1996; 90**:**255–256.

2. Standard journal article (for more than six authors): List the first six contributors followed by *et al*.

Roddy P, Goiri J, Flevaud L, Palma PP, Morote S, Lima N. *et al*., Field Evaluation of a Rapid Immunochromatographic Assay for Detection of *Trypanosoma cruzi* Infection by Use of Whole Blood. J. Clin. Microbiol. 2008; 46: 2022-2027.

3. Volume with supplement: Otranto D, Capelli G, Genchi C: Changing distribution patterns of canine vector borne diseases in Italy: leishmaniosis vs. dirofilariosis.*Parasites &*

Vectors 2009; Suppl 1**:**S2.

Books and Other Monographs

1. Personal author(s): Parija SC. Textbook of Medical Parasitology. 3rd ed. All India Publishers and Distributors. 2008.

2. Editor(s), compiler(s) as author: Garcia LS, Filarial Nematodes In: Garcia LS (editor) Diagnostic Medical Parasitology ASM press Washington DC 2007: pp 319-356.

3. Chapter in a book: Nesheim M C. Ascariasis and human nutrition. *In* Ascariasis and its prevention and control, D. W. T. Crompton, M. C. Nesbemi, and Z. S. Pawlowski (eds.). Taylor and Francis,London, U.K.1989, pp. 87–100.

Electronic Sources as reference

Journal article on the Internet: Parija SC, Khairnar K. Detection of excretory *Entamoeba histolytica* DNA in the urine, and detection of *E. histolytica* DNA and lectin antigen in the liver abscess pus for the diagnosis of amoebic liver abscess .*BMC Microbiology* 2007, **7:**41.doi:10.1186/1471-2180-7-41. http://www.biomedcentral.com/1471-2180/7/41

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.
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- 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

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- Upload the images in JPEG format. The file size should be within 1024 kb in size while uploading.
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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” or “Covering Letter” file while submitting a revised version. When submitting a revised manuscript, contributors are requested to include, the ‘referees’ remarks along with point to point clarification at the beginning in the revised file itself. In addition, they are expected to mark the changes as underlined or colored text in the article.

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- Source of funding mentioned
- Conflicts of interest disclosed

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- 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

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- Actual numbers from which graphs drawn, provided
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- Table and figure numbers in Arabic letters (not Roman)
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