

Instructions to the Authors

[About](#) | [Scope](#) | [Editorial Process](#) | [Clinical Trial Registry](#) | [Authorship Criteria](#) | [Contribution Details](#) | [Submission of Manuscripts](#) | [Types Of Manuscripts](#) | [Review Articles](#) | [Case Reports](#) | [References](#) | [Illustrations](#) | [Copyrights](#) | [Checklist](#) | [Contributor's Form](#)

About the Journal

The journal of Clinical Neonatology is a quarterly peer-reviewed international journal published is the Official Journal of the Saudi Neonatology Society. The journal's full text is available online at <http://www.jcnonweb.com>. 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

The Journal of Clinical Neonatology(JCN) is the official scientific publication of Saudi Neonatology Society (SNS). JCN is a peer-reviewed quarterly journal which provides educational and scientific material for healthcare professionals in the field of neonatology. The journal aims to provide a forum for the publication of original research articles, case reports, review articles, commentaries on topics pertaining to perinatal and neonatal conditions and healthcare services. Authors are invited to submit manuscripts about innovative, cutting-edge research in neonatal medicine.

SNS is one of the scientific societies of Saudi Commission for Health Specialties which was founded in 2006 by a group of pioneer neonatologists committed to improve the neonatal care and outcomes in Saudi Arabia. Its objectives are to disseminate knowledge about, and encourage scientific research in neonatology and perinatal medicine accross the country.

The Editorial Process

A manuscript will be reviewed for possible publication with the understanding that it is being submitted to Journal of Clinical Neonatology 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 received from Editorial Board (EB) members: The journal will be following double blind peer review process for all articles. The external peer reviewers selected will not be affiliated with the institution/organization as that of the author(s). The manuscripts submitted by the Society and EB members are no exceptions. The Society and EB members (including the Editor-in-Chief) are never included in any editorial or review process of their authored submissions and will be excluded from publication decisions. All Society and EB members are expected to mention their association with the journal and declare Conflict of Interest during manuscript submission.

Manuscripts that are found suitable for publication in Journal of Clinical Neonatology 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.

Process 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 on [\[email protected\]](#) explaining in detail the reason for the appeal. The appeals will be acknowledged by the editorial office and will be investigated in an unbiased manner. The processing of appeals will be done within 6-8 weeks. While under appeal, the said manuscript should not be submitted to other journals. The final decision rests with

the Editor in Chief of the journal. Second appeals are not considered.

Anti-Plagiarism Policy

Plagiarism includes duplicate publication of the author's own work, in whole or in part without proper citation or misrepresenting other's ideas, words, and other creative expression as one's own. The journal follows strict anti-plagiarism policy. All manuscripts submitted to journal undergoes plagiarism check with commercially available software iThenticate. Based on the extent of plagiarism, authors may be asked to address any minor duplication, or similarity with the previous published work. If plagiarism is detected after publication, the Journal will investigate. If plagiarism is established, the journal will notify the authors' institution and funding bodies and will retract the plagiarised article. To report plagiarism, contact the journal office (email: [\[email protected\]](#)).

Clinical trial registry

Journal of Clinical Neonatology favors 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>.

Authorship Criteria

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

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

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

Contribution Details

Contributors should provide a description of contributions made by each of them towards the manuscript. Description should be divided in following categories, as applicable: concept, design, definition of intellectual content, literature search, clinical studies, experimental studies, data acquisition, data analysis, statistical analysis, manuscript preparation, manuscript editing and manuscript review. 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'.

Conflicts of Interest/ Competing Interests

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. ↑

Submission of Manuscripts:

All manuscripts must be submitted on-line through the website <http://www.jcnonweb.com>. First time users will have to register at this site. Registration is free but mandatory. Registered authors can keep track of their articles after logging into the site using their user name and password. Authors do not have to pay for submission, processing or publication of articles.

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 should be submitted in the form of two separate files:

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

This file should provide

1. The type of manuscript (original article, case report, review article, Ethics Forum, Education Forum, Letter to editor, Images, etc.) title of the manuscript, running title, names of all authors/ contributors (with their highest academic degrees, designation and affiliations) and name(s) of department(s) and/ or institution(s) to which the work should be credited, . All information which can reveal your identity should be here. Use text/rtf/doc files. Do not zip the files.
2. Acknowledgement, if any. One or more statements should specify 1) contributions that need acknowledging but do not justify authorship, such as general support by a departmental chair; 2) acknowledgments of technical help; and 3) acknowledgments of financial and material support, which should specify the nature of the support. This should be included in the title page of the manuscript and not in the main article file.
3. If the manuscript was presented as part at a meeting, the organization, place, and exact date on which it was read. A full statement to the editor about all submissions and previous reports that might be regarded as redundant publication of the same or very similar work. Any such work should be referred to specifically, and referenced in the new paper. Copies of such material should be included with the submitted paper, to help the editor decide how to handle the matter.

4. Registration number in case of a clinical trial and where it is registered (name of the registry and its URL)
5. Conflicts of Interest of each author/ contributor. A statement of financial or other relationships that might lead to a conflict of interest, if that information is not included in the manuscript itself or in an authors' form
6. A statement that the manuscript has been read and approved by all the authors, that the requirements for authorship as stated earlier in this document have been met, and that each author believes that the manuscript represents honest work, if that information is not provided in another form (see below); and
7. The name, address, e-mail, and telephone number of the corresponding author, who is responsible for communicating with the other authors about revisions and final approval of the proofs, if that information is not included on the manuscript itself.

[2] **Blinded Article file:** The 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 include the title but not the authors' names. Manuscripts not in compliance with The Journal's blinding policy will be returned to the corresponding author. 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 400 kb. Do not incorporate images in the file. If file size is large, graphs can be submitted as images separately without incorporating them in the article file to reduce the size of the file. The pages should be numbered consecutively, beginning with the first page of the blinded article file.

[3] **Images:** Submit good quality color images. Each image should be less than 1024 kb (1 MB) in size. Size of the image can be reduced by decreasing the actual height and width of the images (keep up to 1240 x 800 pixels or 5-6 inches). Images can be submitted as jpeg files. Do not zip the files. Legends for the figures/images should be included at the end of the article file.

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

Prof.Saad AlSaedi
Editor In Chief
P.O.Box 94656,
Riyadh - 11614
Saudi Arabia
Tel: +966-1-2905622
E-mail: editor(AT)jcnonweb(DOT)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 2006). The uniform requirements and specific requirement of Journal of Clinical Neonatology are summarized below. Before submitting a manuscript, contributors are requested to check for the latest instructions available. Instructions are also available from the website of the journal. Journal of Clinical Neonatology 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 published articles or other manuscripts in preparation or submitted elsewhere that are related to the manuscript must also accompany the manuscript. The material should be sent to the address given above.

Types of Manuscripts

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 rate. 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, Methods, Results, Discussion, References, Tables and Figure legends.

Introduction: State the purpose and summarize the rationale for the study or observation.

Methods: It should include and describe the following aspects:

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 1964, 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.

Study design:

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

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

Reporting Guidelines for Specific Study Designs

| Guideline | Type of Study | Source |
|----------------|---|---|
| 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 |
| PRISMA | Systematic reviews and meta-analyses | http://prisma-statement.org/PRISMAStatement/Checklist.aspx |
| STARD | Studies of diagnostic accuracy | https://pubs.rsna.org/doi/full/10.1148/radiol.2015151516 |
| CARE | Case Reports | https://www.care-statement.org/checklist |
| AGREE | Clinical Practice Guidelines | https://www.agreetrust.org/wp-content/uploads/2016/02/AGREE-Reporting-Checklist-2016.pdf |

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

Statistics: Whenever possible quantify findings and present them with appropriate indicators of measurement error or uncertainty (such as confidence intervals). Authors should report losses to observation (such as, dropouts from a clinical trial). When data are summarized in the Results section, specify the statistical methods used to analyze them. Avoid non-technical uses of technical terms in statistics, such as 'random' (which implies a randomizing device), 'normal', 'significant', 'correlations', and 'sample'. Define statistical terms, abbreviations, and most symbols. Specify the computer software used. Use upper italics (*P* 0.048). For all *P* values include the exact value and not less than 0.05 or 0.001. Mean differences in continuous variables, proportions in categorical variables and relative risks including odds ratios and hazard ratios should be accompanied by their confidence intervals.

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

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

Discussion: Include summary of *key findings* (primary outcome measures, secondary outcome measures, results as they relate to a prior hypothesis); *Strengths and limitations* of the study (study question, study design, data collection, analysis and interpretation); *Interpretation and implications* in the context of the totality of evidence (is there a systematic review to refer to, if

not, could one be reasonably done here and now?, what this study adds to the available evidence, effects on patient care and health policy, possible mechanisms); *Controversies* raised by this study; and *Future research directions* (for this particular research collaboration, underlying mechanisms, clinical research).

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

Review Articles:

It is expected that these articles would be written by individuals who have done substantial work on the subject or are considered experts in the field. A short summary of the work 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) representing an accurate summary of the article. The section titles would depend upon the topic reviewed. Authors 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.

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 or implications will be given priority. These communications could be of up to 1000 words (excluding Abstract and 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.

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 that need a later paper for validation. The letter could have up to 500 words and 5 references. It could be generally authored by not more than four authors.

Other:

Editorial, Guest Editorial, and Evidence Based Neonatology synopsis and commentaries are solicited by the editorial board.

References

References should be *numbered* consecutively in the order in which they are first mentioned in the text (not in alphabetic order). Identify references in text, tables, and legends by Arabic numerals in superscript with square bracket after the punctuation marks. References cited only in tables or figure legends should be numbered in accordance with the sequence established by the first identification in the text of the particular table or figure. Use the style of the examples below, which are based on the formats used by the NLM in *Index Medicus*. The titles of journals should be abbreviated according 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): Elbers J, Viero S, MacGregor D, DeVeber G, Moore AM. Placental pathology in neonatal stroke. *Pediatrics* 2011;127:e722-9.
2. Standard journal article (for more than six authors): List the first six contributors followed by *et al*.

Hellgren G, Willett K, Engstrom E, Thorson P, Hougard DM, Jacobsson B et al. Proliferative retinopathy is associated with impaired increase in BDNF and RANTES expression levels after preterm birth. *Neonatology* 2010;98(4):409-18. Epub 2010 Nov 9.

1. Volume with supplement: BATTERY JP, Lambert S, Grimwood K, Nissen MD, Field EJ, Macartney KK *et al*. Reduction in rotavirus-associated gastroenteritis following introduction of rotavirus vaccine into Australia's National Childhood Vaccination Schedule. *Pediatr Infect Dis J* 2011;30 1 Suppl: 525-9.
2. Issue with supplement: Ahmed SA, Arasu A; Ethics and Law Special Interest Group. Another ethical dilemma in neonatology. *Arch Dis Child* 2011;96 Issue Suppl 1. A72 doi:10.1136/adc.2011.212563.167.

Books and Other Monographs

1. Personal author(s): Flannigan C. A practical guide to managing pediatric problems on the postnatal wards. Oxford: Radcliffe Publishing; 2011
2. Editor(s), compiler(s) as author: Kurjak A, Chervenak FA, editors. Textbook of perinatal medicine. 2nd ed. Abingdon: Informa Healthcare; 2006
3. Chapter in a book: Jobe AH. Fetal lung development and surfactant. In: Creasy RK, Resnik R, Lockwood CJ, Moore TR, editors. Creasy & Resnik's Maternal-fetal medicine. 6th ed. Philadelphia: Saunders; 2008. pp. 193-205.

Electronic Sources as reference

Journal article on the Internet

Kroon AA, Wang J, Kavanagh BP, Huang Z, Kuliszewski M, Van Goudoever JB *et al*. Prolonged mechanical ventilation induces cell cycle arrest in newborn rat lung. PLoS One 2011;6(2):e1690. doi 10.1371 [journal.pone.0016910] [cited 2011 29 Apr].

Monograph on the Internet

Lawrence RA. A review of the medical benefits for and contraindications to breastfeeding in the United States [Monograph on the Internet]. Arlington VA: National Center for Education in Maternal and Child Health; 1997 Oct [cited 2000 Apr 24]. Available from: <http://www.ncemch.org/pub/PDFs/breastfeedingTIB>.

Homepage/Web site

European Association for Perinatal Medicine [homepage on the Internet]. Geneva: European Association for Perinatal Medicine [EAPM] [cited 2011 Apr 29]. Available from <http://www.europerinatal.eu/>

Part of a homepage/Web site

American Academy of Pediatrics [homepage on the Internet]. Section on Perinatal Pediatrics [cited 2011 29 Apr]. Available from: <http://www.aap.org/perinatal/>

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 1024 kb 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 for such figures.

- Legends for illustrations: Type or print out legends (maximum 40 words, excluding the credit line) for illustrations using double spacing, with Arabic numerals corresponding to the illustrations. When symbols, arrows, numbers, or letters are used to identify parts of the illustrations, identify and explain each one in the legend. Explain the internal scale (magnification) and identify the method of staining in photomicrographs. .
- 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 (or parent or guardian, wherever applicable) gives informed consent for publication. Authors should remove patients' names 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 or sent through email to editorial or publisher offices.
- 2) If the manuscript contains patient images that preclude anonymity, or a description that has obvious indication to the identity of the patient, a statement about obtaining informed patient consent should be indicated in the manuscript.

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" 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.

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. [↑](#)

Copyrights

The entire contents of the Journal of Clinical Neonatology are protected under the international copyrights. The Journal, however, grants to all users a free, irrevocable, worldwide, perpetual right of access to, and a license to copy, use, distribute, perform and display the work publicly and to make and distribute derivative works in any digital medium for any reasonable non-commercial purpose, subject to proper attribution of authorship and ownership of the rights. The journal also grants the right to make small numbers of printed copies for their personal non-commercial use under Creative Commons Attribution-Noncommercial-Share Alike 4.0 International Public License. [↑](#)

Checklist

Covering letter

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

Authors

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

Presentation and format

- Double spacing
- Margins 2.5 cm from all four sides

- Page numbers included at bottom
- Title page contains all the desired information
- Running title provided (not more than 50 characters)
- Abstract page contains the full title of the manuscript
- Abstract provided (structured abstract of 250 words for original articles, unstructured abstracts of about 150 words for all other manuscripts excluding letters to the Editor)
- Key words provided (three or more)
- Introduction of 75-100 words
- Headings in title case (not ALL CAPITALS)
- The references cited in the text should be after punctuation marks, in superscript with square bracket.
- References according to the journal's instructions, punctuation marks checked
- Send the article file without 'Track Changes'

Language and grammar

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

Tables and figures

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

[Contributors' form](#) ↑

[Click here to download copyright form](#)

