



Instructions to Contributors

The *Journal of Preventive Cardiology* aims to improve cardiovascular prevention in clinical practice and the community, and to improve the prognosis and quality of life of cardiovascular patients and those at risk of cardiovascular disease.

Submission requirements

Submission of a manuscript implies that the work described has not been published before; that it is not under consideration for publication anywhere else; that its publication has been approved by all co-authors, if any, as well as by the responsible authorities – tacitly or explicitly – at the institute where the work has been carried out. The publisher will not be held legally responsible should there be any claims for compensation.

Declaration

All articles submitted for publication are meant exclusively for publication in this Journal and must be accompanied by the following warranty signed by all the authors –
“The undersigned author / authors hereby declare that the article is original, neither the article nor a part of it is under consideration for publication anywhere else and has not been previously published anywhere. We have declared all vested interests. The article, if published, shall be the property of the Journal and we surrender all rights to the Editor. We agree to provide the latest follow-up of cases prior to the publication of case reports when requested.”

Copyright clause

All articles published in this Journal become the property of the Journal and should not be published or reproduced in any form, in full or in part, without the written permission of the Editor.

Manuscript preparation

Manuscripts must be prepared in accordance with “Uniform requirements for Manuscripts submitted to Biomedical Journal” developed by International Committee of Medical Journal Editors (October 2001). The uniform requirements and specific requirement of Journal of Preventive Cardiology are given below.

Electronic submission

Manuscripts must be submitted as Microsoft Word files. Please send the entire manuscript as one file to Medulla at info@medulla.in or to Dr. S C Manchanda at editor@journalofpreventivecardiology.com. A covering letter must be included with each submission stating that this work has not been previously published or submitted elsewhere for review.

Manuscript title

1. Provide information on what type of manuscript (Original/Review/Case) are you submitting
2. Keep the article title concise, informative, and not more than 50 characters

Author name and instructions

1. Complete names of all coauthors with each author’s name (First name, initials of middle name and Last name) followed by his/her highest academic degree(s)
2. Department and institution to which each author belongs (use superscripted numbers to identify which author belongs to which department and institution) as well as the city, state, and country in which the institution resides
3. Designated corresponding author’s name, mailing address, telephone and fax numbers, and email address
4. Name and address of author to whom reprint requests should be sent (if other than corresponding author)
5. All sources of financial support including name of the grantor(s); applicable grant numbers, and the name of the author who received the funding

Abstract

The manuscript must contain an abstract comprising no more than 250 words (for case-reports not more than 150 words). Abstracts for clinical and laboratory studies should

contain separate sections entitled “Object” (the goals of the study), “Methods” (methods used to achieve the study goals as well as the results of the study), and “Conclusions” (conclusions drawn from the work). Abstracts for case reports, technical notes, and historical vignettes should begin with a simple and clear statement of the paper’s purpose, followed by appropriate details that support the authors’ conclusions.

Key words

Key words should encompass two to six words or phrases that will assist in the indexing and retrieval of the work.

Text

Most articles should be divided into Introduction, Materials and methods, Results (or Summary of Cases), Discussion and Conclusions. Subheadings within each of these sections may improve the readability of the report and its organization.

Introduction (not more than 75-150 words): State the purpose of the article and, when appropriate, concisely summarize the rationale for the undertaking. Reference major background reports but do not review in detail the pertinent literature (such a review belongs in the Discussion section). Mention the ages of patients if appropriate. **Material and methods/Case material:** The Material and methods section should include enough details so that the methodology is clearly understood. It is appropriate to refer to previous work if the methods have been reported in detail; however, this section should include enough information for the reader to gain an understanding of the method(s) used without referring to previous reports. **Results:** The Results section should concisely summarize the findings of the study and follow the general train of thought established in the Methods section. The Results section should be devoted solely to the findings of the current report and not refer to previous investigations. **Discussion:** The Discussion section should concisely emphasize major findings of the study or investigation and their significance. It is not necessary to repeat information presented in the Methods and Results sections. It is important in the Discussion section to use subheadings so that the reader can follow the authors’ train of thought. **Conclusions:** The Conclusions section should restate the major findings of the study or report and address these findings’ potential clinical implications and/or application.

For revised manuscript, contributors are requested to include, along with a single copy of the final revised

manuscript, a photocopy of the revised manuscript with the changes underlined in red and copy of the comments with the point to point clarification to each comment. The manuscript number should be written on each of these documents.

If the manuscript is submitted online, the contributors’ form and copyright transfer form has to be submitted in original with the signatures of all the contributors within two weeks from submission.

Hard copies of the images (one set), for articles submitted online, should be sent to the journal publisher at the time of submission of a revised manuscript.

Figures

Please cite figures consecutively in the text and provide a legend to each figure at the end of the manuscript text file.

1. E-mail high resolution photographs/ pictures and or submit two sets of sharp, glossy, un-mounted, black and white photographic prints, with height of 4 inches and width of 6 inches needs to be checked. Colour pictures if necessary will be included at an additional cost of Rs.2000 per page with not more than 2 images per page
2. Figures should be numbered consecutively according to the order in which they have been first cited in the text
3. The hard copy of each figure, should have a label pasted on its back indicating the number of the figure, the running title, top of the figure and the legends of the figure
4. 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/ marker/ pencil
5. If a figure has been published, 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 or letters are used to identify parts of the illustrations, identify and explain each one clearly in the legend. Explain the internal scale and identify the method of staining in photomicrographs.

Tables

Please use tabs to separate data in each column, end each row of data with a return, and provide a legend for each table. Correct scientific notation should be used for all numerical data in a table.

1. Tables should be self-explanatory and should not duplicate textual material
2. Tables with more than 10 columns and 25 rows are not acceptable
3. Tables must be submitted as Microsoft Word files and should be cited in numerical order in the manuscript text
4. Place explanatory matter in footnotes, not in the heading
5. Explain in footnotes all non-standard abbreviations used in table
6. Obtain permission for all fully borrowed, adapted, and modified tables and provide a credit line in the footnote
7. For footnotes, use the following symbols in this sequence: *, †, ‡, §, ||, **, ††, ‡‡

Video clips

Original video can be sent on DVD or DV tapes (do not copy-protect the files).

Disclosures and Acknowledgments

Statements regarding:

1. Contributions that need acknowledging but do not justify authorship, such as general support by a departmental chair
2. Acknowledgments of technical help
3. Disclosures of any financial/ funding of financial and material support, which should specify the nature of the support.

References

References should be numbered consecutively in the order in which they are first mentioned in the text. Acceptable references are those that have been published and are considered “widely available”. The following are not acceptable in a bibliography and must be cited in the text as unpublished data: proceedings, posters, and presentations from meetings (unless published in a journal or book); personal communications (cite in text with the year); and manuscripts that have been submitted but not accepted (cite in text as unpublished data). Authors are responsible for the content of their references. Examples of appropriate reference styling follow.

Journal: Ridker PM, Danielson E, Fonseca FA, et al. Rosuvastatin to prevent vascular events in men and women with elevated C-reactive protein. *N Engl J Med.* 2008; 359(21):2195–2207.

Letter: Kotani K, Taniguchi N.: Evaluations by Sonography in Clinical Studies on Preventive Cardiology. *Preventive Cardiology* 13: 148, 2010 (Letter).

Foreign Language Journal: Bosco M, Pereira MM, Beck AS, Milani M: [Correlation between diastolic function and maximal exercise capacity on exercise test.] *Arq. Bras. Cardiol.* 2011; 96 (2): 107–113.

Authored Book: Hopkins P: *Preventive Cardiology: A practical approach.* 4th ed. McGraw-Hill Inc: Wong DN, Black H, Gardin J; 2002.

Article or Chapter in an Edited Book: Militello MA, Seo TH: Pharmacologic Agents in Preventive Cardiology, In Wong ND (ed): *Preventive cardiology: Strategies for the prevention and treatment of Coronary artery Disease.* New Jersey: Humana Press Inc, 2001, pp. 235–256.

Article in an Edited Book With Volume: Pearson TA: Primary Prevention, in Wong DN, Black H, Gardin J. (ed): *Preventive Cardiology: A practical approach.* McGraw-Hill Inc, 2000: Vol 2, pp 539–556.

Article in an Edited Book With Edition and Volume: Miller J, Zipes DP: Therapy for cardiac Arrhythmias, in Braunwald E (ed): *Heart Disease: A Textbook of Cardiovascular Medicine,* ed 8. Philadelphia: WB Saunders, 2008, Vol 2. pp 779–830.

Article in an Edited Book Within a Series: Berger M : Doppler Echocardiography in Heart Disease. In Denolin H, Swan HJC (eds): *Basic and Clinical Cardiology,* Vol 10. New York: Marcel Dekker Inc, 19887, pp 364.

Entire Edited Book: Killian C. Robinson (ed): *Preventive Cardiology: A Guide for clinical practice.* New York: Futura Publishing Co; 1998.

Website Article: Craig R, Mindell J: Health Survey for England 2006: Volume 1 CVD and risk factors adults, obesity and risk factors children. [[http:// www.ic.nhs.uk/webfiles/publications/HSE06/HSE%2006%20report%20VOL%201%20v2.pdf](http://www.ic.nhs.uk/webfiles/publications/HSE06/HSE%2006%20report%20VOL%201%20v2.pdf)]. Information Centre for Health & Social Care 2008. [Cited 26/11/2008].

Henriksson KM, Farahmand B, Åsberg S, Terént A, Edvardsson N. First-Ever Atrial Fibrillation Documented After Hemorrhagic or Ischemic Stroke: The Role of the CHADS2 Score at the Time of Stroke. *Clinical Cardiology.* 2010 [cited 2011 Jun 15] Available from: <http://onlinelibrary.wiley.com/doi/10.1002/clc.20869/abstract>

If the article was presented as part of a meeting, the organisation, place, and exact date on which it was read, should be mentioned.

Case illustrations

Case illustrations are limited to the following:

1. A title not to exceed 55 letter spaces
2. A concise statement/paragraph (no longer than 250 words total) outlining the purpose of the investigation and the principal findings or conclusion (a total of 250 words or less; an abstract, tables, and subheadings are not acceptable)
3. A maximum of five references and
4. A maximum of four figure parts. All other submission and formatting requirements apply. Note: Do not exceed the word and figure part limitations.
5. Investigational Material: Contributors of Laboratory investigations or clinical drug studies must be prepared to share pertinent materials and methodology necessary to verify the conclusions of experiments.

Presenting format in a nutshell

1. Double spacing
2. 1.5 cm each from left and right and 2.5 cm each from top and bottom excluding header and footer
3. Title page contains all the desired information
4. Running title provided (not more than 50 characters)
5. Abstract page contains the full title of the manuscript
6. Abstract provided (not more than 150 words for case reports and 250 words for original articles)
7. Structured abstract provided for an original article
8. Key words provided (three or more)
9. Introduction of 75–100 words
10. Headings in title case (not ALL CAPITALS, not underlined)

11. References cited in superscript in the text without brackets
12. References according to the journal's instructions
13. Do not use space bar for indentation
14. Do not type headings or any other text in ALL CAPITALS
15. Do not break words at the end of lines
16. Do not use an extra hard return/enter between paragraphs
17. Do not insert a tab, indent, or extra spaces before beginning of a paragraph
18. Use a hyphen only to hyphenate compound words
19. Use only one letter space at the end of sentence
20. Use hard return/enter only at the end of paragraphs and display lines (e.g. titles, headings, and subheadings)
21. Language and grammar has to be UK English
22. Abbreviations spelt out in full for the first time
23. Numerals from 1 to 10 spelt out
24. Numerals at the beginning of the sentence spelt out
25. Incorporate notes or footnotes in the text, within parentheses, rather than their usual place at the foot of the page
26. Provide the tables and charts at the appropriate place in the text and not at the end of the manuscript

Disclaimer

Statements and opinions expressed in the articles and communications herein are those of the authors or advertisers and the editors and publisher disclaim any responsibility or liability for such material.