

Instructions to the Authors

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INSTRUCTIONS TO AUTHORS



Indian Pediatrics Case Reports (IPCaRes) is a peer-reviewed journal dedicated to publishing case reports and related clinical material in general pediatrics, pediatric surgery, neonatology, fetal medicine and pediatric subspecialties. The journal will follow International Committee of Medical Journal Editors (ICMJE) Recommendations for the conduct, reporting, editing and publication of scholarly work in medical journals. IPCaRes utilizes an online manuscript management and processing system for manuscripts that is accessible from a dedicated website. No hard copies of the manuscripts will be entertained. The journal will not charge any editorial processing fee. However, a nominal fee will be charged after publication, if the author requests reprints.

CRITERIA FOR ACCEPTANCE OF MANUSCRIPTS



All manuscripts should meet the following criteria: the clinical material is original and pertains to etiopathogenesis, clinical recognition and reasoning in establishing clinical diagnosis, use of investigations or rational approach in establishing etiological diagnosis and/or management, the supporting scientific literature is sound, and the information clinically relevant; the topic will be of interest to a pediatrician; and the article is written in reasonably good English. The article should be submitted in the style of Indian Pediatrics Case Reports (vide infra). Those not following the following guidelines shall be sent back to author for revision before initiating peer review process. All accepted manuscripts will be subject to editorial modifications to suit the language and style of Indian Pediatrics Case Reports (similar to that of Indian Pediatrics). Manuscripts once accepted will be edited to conform to the journal's style and will be sent to the author for approval and proof reading. The journal reserves the right to analyze the information obtained from submitted manuscripts as part of editorial research to improve the peer-review process, and for teaching and training activities.

Unauthorized use:

The copyright of all accepted and published manuscripts lies with Indian Pediatrics Case Report; these cannot be reproduced elsewhere or distributed in any form, in whole or part, without the written permission from the Editor. Sharing of full-text articles will not be allowed on document-sharing platforms (e.g., Research Gate) or social media. However, web link to the full-text article may be provided. Mass photocopying of any published article, without permission, will also amount to copyright violation. The name, logo, thumbnail, cover design or contents of Indian Pediatrics Case Reports cannot be used to promote commercial goods, in any form, without prior permission. Unauthorized use will attract penalty and/or legal action. For permission to use copyrighted material, the editor may be contacted at ([\[email protected\]](#)) is being shown as [mail protected].

Review process:

All manuscripts shall undergo a double-blinded peer review process. The reasons for rejection will be insufficient originality, serious flaws in the process of establishment of clinical/etiological diagnosis, investigation or management protocols as deemed by reviewer or editorial board, major ethical issues, no new information to the existing literature, article not related to neonates, children or adolescents or not submitted in the desired format. Decision on such papers will be communicated to the authors. The remaining articles will be sent to reviewers who are subject experts. Blinded manuscripts will need to be sent to the reviewers to maintain authors' confidentiality. Hence, authors should take care not to disclose their and their institution's identity in the text of the 'blinded manuscript.' In case this happens, the manuscript will be sent back for correction before initiating the review process. The peer reviewer identity will also be kept confidential. Period of submission to first decision will depend upon availability of reviewers, and timely response from them.

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 ([\[email protected\]](#)) 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.

Duplicate submission and plagiarism:

Manuscripts will be considered with the understanding that they have not been published previously in print or electronic format and are not under consideration by another publication or electronic medium. A paper submitted to the IPCaRes should not overlap by more than 10% with previously published work, or work submitted elsewhere. If plagiarism or duplicate publication is detected, authors should expect prompt rejection/retraction, Editorial board's action such as barring the author from submitting articles in future, notification in the journal/website, and informing the authors' institute or other medical editors. A previously rejected article should not be resubmitted again under the original or modified title, especially if the content remains substantially the same. Authors should provide full information regarding previous submission, if any.

Previous publication:

IPCaRes will not publish material that has already been published elsewhere or has been submitted to another journal; but will consider case reports that have been published as abstracts or have been presented at scientific meetings or conferences in oral or poster format.

Proofs and reprints:

A galley proof will be provided to the corresponding author by e-mail, prior to publication. Corrections on the proof should be restricted to printing errors or errors in figures or data only, and should be submitted within 48 hours of receipt of the proofs. The authors should inform even if no corrections are needed. No addition, deletion, alteration in the sequence of authors or change of corresponding authorship is permissible at this stage. Reprints may be ordered on payment.

AUTHORSHIP



The maximum number of permissible authors differ according to category of article and is given in the following individual sections. The least qualification of an author should be a MBBS degree from a recognized university. However, in this case the affiliation should demonstrate active involvement of the author in pediatric care, and a senior pediatrician should also be included in the authorship, and state willingness as guarantor. Medical students will not be included as authors, but the names of two may be included in 'acknowledgements', if their active involvement in the management of the case can be demonstrated. All submitted manuscripts should be accompanied by a signed statement by all authors regarding authorship criteria, responsibility, financial disclosure and acknowledgement, as per a standard format (See Annexure 1). The signatures should be in the sequence of authorship of the manuscript. The statement with original signatures is to be uploaded as a scanned file. Scanned signatures pasted on the copyright transfer form are not acceptable; authors may sign and upload separate forms if all authors are unable to sign on one form.

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. If the articles are authored by the editorial board, the conflict of interest must be clearly stated.

CATEGORIES OF ARTICLES



Articles can be submitted by readers as Case Reports, Clinical Images, Clinical videos, Letters to the Editor, 'Close Encounters', and 'Grin and share it'. We will be introducing some other new categories. These will initially be invited to establish format and set the proper pace. With time, the guidelines will be released and readers will be asked to submit their contributions. The articles will also include quiz and crosswords. The answers to the same can be submitted on the website where details of submission shall be available. The key to the quiz and crosswords will be uploaded online within a fortnight of release of issue. The names and photographs of first 10 readers, who give the correct answers till then, will be displayed on the website. The individual description of each category follows and is given below. This is followed by instructions related to the format considered acceptable for publication in 'Preparing the manuscript'.

Case Reports:

Clinical cases highlighting some unusual or new but "clinically relevant" perspectives of a condition (whether common or rare) will be published as Case Reports. These should highlight some new or unusual aspect regarding etiopathogenesis, clinical recognition/ reasoning in establishing clinical diagnosis, investigations in establishing etiological diagnosis or management of a condition that adds to the existing body of knowledge. Rarity of the reported condition alone will not be a criterion for acceptance. The description of five or more cases will be considered as case series in rare and uncommon cases, provided some key messages emerge from the synthesis of the cases. The final decision to publish as case report or case series will be on the discretion of editorial board of the journal.

Clinical Images:

Only clinical photographs with/without accompanying skiagrams or pathological images are considered for this section. The image should clearly identify the condition and display the classical characteristics of the clinical condition. Clinical photograph of conditions that are very common, extremely rare, where diagnosis is obvious (e.g., penile agenesis), or where diagnosis is not possible on images alone will not be considered.

Clinical Videos:

Under this section, IPCaRes publishes videos depicting an intricate technique or an interesting clinical manifestation, which are difficult to describe clearly by the author or understand by the reader in text or by figures.

Letters to the Editor:

Letters sent by readers commenting or constructively critiquing any of the articles (editorials, case report, clinical images, clinical videos, letters to the editor) published in the immediately preceding issue of IPCaRes are welcome. Such letters should be received within a month of the article's publication. At the Editorial board's discretion, the letter may be sent to the authors for reply and the letter alone or letter and reply together may be published after appropriate review. Letters may also relate to other topic of interest to pediatricians, or useful clinical observations.

Close encounters:

Readers are invited to submit humorous, reflective or poignant prose/verse that brings out the humanitarian aspects of pediatric practice. Please note that we will not accept themes that have already been published in Indian Pediatrics under the section 'In a lighter vein' or in any issue of IPCaRes.

Grin and share it:

We will be publishing brief humorous anecdotes or funny incidents that the author has personally experienced with children or their caregivers in their pediatric practice. This will be akin to 'Humour in Uniform' in Readers Digest, except that the battlefield will be our pediatric offices!

PREPARING THE MANUSCRIPT

Authors should adhere to the standard recommended reporting guidelines for case reports, the CARE guidelines [1]. Details are available at the website of Enhancing the Quality and Transparency of health Research network (www.equator-network.org) [2].

Technical requirements of all submitted manuscripts

Manuscripts not fulfilling the following technical requirements shall be returned to the authors without initiating the peer review process.

- All the manuscripts should be submitted electronically on the website through editorial manager.
- Submit with a short covering letter addressed to the Editor, IPCaRes.
- Use American (US) English throughout.
- Double-space throughout, including title page, abstract, main text, key messages, references, figure legends and tables, as required according to the category of the article. Start each of these sections (in same order) on a new page, numbered consecutively in the upper right-hand corner.
- Use 12-point font size (Times New Roman or Arial or Garamond) and leave margins of 2.5 cm (1 inch) on all sides. The whole manuscript should be formatted in 'portrait' layout.
- Units of measure: Conventional units are preferred. The metric system is preferred for the expression of length, area, mass and volume (see Annexure 2).
- Use non-proprietary names of drugs, devices and other products. Proprietary names, if given, should not have a superscript © or TM or R; just capitalize the first word.
- There should not be any discrepancy in names and sequence of authors, and the details of the corresponding author (in the title page) and as uploaded in the online manuscript management system (when it becomes functional).
- The manuscript should be 'blinded', i.e. no details of the author or institution should be evident from the text.
- The abstract (wherever applicable) must be included in the main 'blinded manuscript,' apart from being uploaded in the relevant box at the manuscript submission website.

Title Page:

At the beginning, mention the category for which the article is being submitted. The page should contain (i) the title of the article: which should be concise but informative; (ii) a short running title of not more than 40 characters (including spaces); (iii) first name and surname of each author with the highest academic degree(s) and designation at the time when the work was done; initials will not be accepted for surnames. (iv) details of the contribution of each author; (v) name of department(s) and institution(s) to which the work should be attributed (at the time the case report was managed, not current affiliation); (vi) disclaimers, if any; (vii) name, address and e-mail of the corresponding author; (viii) source(s) of support, if any equipment, drugs or all of these; (ix) declaration on competing interests; (x) word count (not including abstract, tables, figures, acknowledgments, key messages and references); (xi) A statement stating that informed assent/consent has been taken from the patient/ caregiver or legal guardian (See Annexure 3). This may be asked for by the editorial board for a case report and is mandatory for an image or video. A statement stating that the consent form is attached should be added in case any image is revealing any identifiable feature in the case report or if the category is clinical image or clinical video; and (xii) Acknowledgements (after taking consent from the concerned individual).

Case Report

Abstract and keywords: A structured abstract is to be sent in case of Case Report (up to 250 words). It should be brief (up to 250 words) have the following headings: Background (what is unique about the case and how does it add to existing literature), Clinical description (salient clinical symptoms and clinical findings), Management (salient confirmatory diagnostic test, specific intervention(s) and outcome) and Conclusion (the primary lesson learnt from this case). For brevity, parts of the abstract may be written as phrases rather than complete sentences [2]. No abbreviations should be used in the abstract, unless very essential. Three to five key words should be written in case report which should be different from those used in title.

Main text: This should not exceed 1500 words and should be structured as an unlabeled 'introduction', labelled 'Clinical description', labelled 'Management and Outcome', labelled 'Discussion' and labelled 'References'. In the main article, the 'Introduction' should briefly provide relevant context to the case with citations of key supporting scientific literature. The concluding sentences should summarize the highlights of the case that makes it unique and worth reporting. The 'Clinical description' should include anonymized relevant demographic descriptors pertinent to the clinical condition, salient positive and negative history and examination findings that contribute to demonstration of clinical reasoning, establishing clinical diagnosis and excluding other differential diagnoses. The 'Management and Outcome' section should outline the diagnostic approach (with associated reasoning), details of confirmatory and relevant supportive investigations, any diagnostic challenges encountered, prognostic tests (when applicable), type and details of therapeutic interventions (as per TIDieR guidelines) with rationale and supporting levels of evidence. The outcomes should be both objective and subjective based on the treating clinician's judgement and patient respectively (whenever possible). Longitudinal follow-up should include details of salient test results, adherence and tolerance to intervention (when applicable), any adverse and unanticipated events and patient's perspective on benefits and/or drawbacks of management (if possible). If applicable, a figure or graph depicting timelines of clinical progression, therapeutic interventions and/ or clinical outcomes should be included. The 'Discussion' should include in-depth rationale of establishment of diagnosis and intervention, strength's and limitations of management, case-specific relevant medical literature. Clinical course and outcomes can be compared with existing literature, clinical trials or other case reports. Whenever possible and relevant, a narrative of the patients' perspectives on their reasons for seeking medical care, issues faced during management and the impact of the management on the quality of their lives can be included. The concluding paragraph should be the primary lessons that emerged during the management of the case.

The case report should end with three key messages for the reader in a box with the heading 'Lessons learnt'. The 10 most recent references should be included (refer to following section). Case reports of 5 or more cases (of rare conditions) will be considered as a 'case series' and the clinical descriptions of the individual patients should be presented in a table. A maximum of three images (or one image and one video clip) and two relevant figures/tables are allowed. Only color photographs should be submitted, not black and white. These will be published in the web-version of the journal; for print version, these will be converted to black and white (technical specifications follow in 'Figures and Illustrations'). A maximum of four authors are permitted from a single department. If more than one department are involved (not subspecialties or divisions within the same department), two authors from each department can be added. The patient's or caregivers written consent to publication and use in IPCaRes social media accounts (purely for academic purposes) must be obtained, and the same affirmed/stated in the Title page (refer to above).

References: Authors need to be accurate in citing and quoting references [3]. References should be numbered consecutively in the order in which they are first mentioned in the text. Identify references in text, tables, and legends by Arabic numerals in square brackets and written as superscripts. References cited only in tables or in legends to figures 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 given below. The titles of journals should be abbreviated according to the style used in PubMed. Do not use unpublished observations and personal communications as references. References to papers accepted but not yet published should be designated as "in press"; authors should obtain written permission to cite such papers as well as verification that they have been accepted for publication. The references must be verified by the author against the original documents. The Uniform Requirements style (the Vancouver style) is adapted by the NLM for its databases. Please take care that citations are not directly copied and pasted from websites; remove the hyperlinks from the same. If the web version of a journal has been consulted instead of the print version, the same should be listed in the list of references. Do not include any reference published in predatory journals. No references are put in abstract.

Examples of various types of references

Article in journals: List all authors when six or less. When seven or more, list only first three and add et al.

Gera T, Shah D, Sachdev HS. Impact of water, sanitation and hygiene interventions on growth, non-diarrheal morbidity and mortality in children residing in low- and middle-income countries: A systematic review. *Indian Pediatr.* 2018;55:381-93.

Marwaha RK, Mithal A, Bhari N, et al. Supplementation with three different daily doses of vitamin D3 in healthy pre-pubertal school girls: A cluster randomized trial. *Indian Pediatr.* 2018;55:951-6.

Personal author (book)

Gupta P. *Essential Pediatric Nursing*, 2nd ed. New Delhi: AP Jain & Co.; 2010.

Chapter in a book

Khilnani P, Singhal N. Respiratory failure. In: Choudhury P, Bagga A, Chugh K, Ramji S, Gupta P, editors. *Principles of Pediatric & Neonatal Emergencies*. 3rd ed. New Delhi: Jaypee Brothers; 2011.p.74-83.

Conference proceedings

Kimura J, Shibasaki H, editors. Recent advances in clinical neurophysiology. Proceedings of the 10th International Congress of EMG and Clinical Neurophysiology; 1995 Oct 15-19; Kyoto, Japan. Amsterdam:Elsevier;1996.

Conference paper

Mukherjee DK, Chowdhury BH, Das MM. Intrauterine growth of low birth weight babies and its relation to various placental and maternal factors - A multifaceted study. In: Choudhury P, Sachdev HPS, Puri RK, Verma IC, editors. 8th Asian Congress of Pediatrics; 1994 Feb 6-11; New Delhi, India. New Delhi:Jaypee Brothers;1994.p.36.

Newspaper article

City sees no respite from swine flu, 8 new cases reported. *Hindustan Times* 2015 Mar 08; New Delhi:p. 8 (col 4).

Dictionary and similar references

Stedman's Medical Dictionary. 26th ed. Baltimore: Williams & Wilkins;1995. Apraxia;p.119-20.

Material published early on website but not yet published in print

Natarajan CK, Jeeva Sankar M, Agarwal R, Deorari A, Paul V. Performance on paladai feeding of preterm infants with bronchopulmonary dysplasia. *Indian J Pediatr.*2018 Dec 13.doi: 10.1007/s12098-018-2818-6. [Epub ahead of print]

Material from the Internet: Website addresses must be in italics, and not underlined; give the date of accessing the website. Remove all hyperlinks

Equator Network. CONSORT 2010 Statement: Updated Guidelines for Reporting Parallel Group Randomised Trials. Available from: <http://www.equator-network.org/reporting-guidelines/consort/>. Accessed January 01, 2019.

Electronic material

Neonatal Resuscitation Program (NRP) Training Aids [on CD-ROM]. National Neonatology Forum, New Delhi, 2006.Hemodynamics III: the ups and downs of hemodynamics [computer program]. Version 2.2. Orlando (FL): Computerized Educational Systems;1993.

Tables: Ensure that each table is cited in the text. Type each table with double-spacing on a separate sheet of paper. Do not submit as photographs. Number tables consecutively (Roman numerals) in the order of their first citation in the text, and supply a brief but self-explanatory title for each. Tables with only two columns, more than 5 columns or more than 20 rows should be avoided. Give each column a short or abbreviated heading in italic font style. Place explanatory matter only in the footnotes. Explain in footnotes all abbreviations that are used in each table. For footnotes use the following symbols, in this sequence: *, #, \$, †, ^, **, ##, \$\$, ††, ^^, and so on.

Figures and Illustrations: These should be sent as separate files. Figures should be numbered consecutively according to the order in which they have been first cited in the text. Color photographs will be published only in the web-version of the journal. For print version, these will be converted to black and white except for images section. It is preferable to have the photograph in portrait form rather than in landscape form to fit easily into one column. Letters, numbers, and symbols in photographs should be clearly legible. The electronically submitted images should be of high resolution (>300 dpi). The following file types are acceptable: JPG, JPEG, TIF and TIFF. If photographs of individuals are used, either they must not be identifiable or their pictures must be accompanied by written permission to use the photograph. It is advisable to cover the eyes unless specifically need to be shown. If a figure has been published, acknowledge the original source and submit written permission from the copyright holder to reproduce the material.

Legends for Illustrations: Type or print out legends for illustrations using double-spacing, starting on a separate page, 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 clearly in the legend. If photomicrographs are sent, explain the internal scale and identify the method of staining.

Videos/Media clips: IPCaRes may publish videos depicting an intricate technique or an interesting clinical manifestation, which are difficult to describe clearly in text or by figures. The video will be published on the website as part of an article or separately, if submitted under section 'Clinical Video' (see below). The submitted video file should be of high resolution, be edited by the author in MPEG or MP4 formats and should not exceed 20 MB in size. The file should not have been published elsewhere, and will be a copyright of IPCaRes if published. No legend is required if the video is a part of the case report. All videos should be submitted as 'supplementary files' with the main manuscript.

Units of Measurement: Measurements of length, height, weight, and volume should be reported in metric units, i.e. meter (m), gram (g), or liter (L) or their decimal multiples. Milliliter or deciliter should be expressed as mL or dL and not ml or dl. Red and White blood cell counts are to be expressed as $\times 10^6/L$ and $\times 10^3/L$ respectively. Temperatures should be given in degrees Celsius. Blood pressures should be given in millimeters of mercury (mmHg). All hematological and clinical chemistry measurements should be reported in terms of the International System of Units (SI)

Abbreviations and Symbols: Use only standard abbreviations. Avoid abbreviations in the title and abstract, unless pertinent. The expanded form of the abbreviation should precede its first use in the text, unless it is a standard unit of measurement. Year, month, day, hour, minute and second should be abbreviated as y, mo, d, h, min, and s, respectively in tables and figures.

Clinical Images: A short text of about 500 words, without an abstract, should accompany the image. It should be structured into three paragraphs; first, a description of the condition, second, the differential diagnoses and third a brief discussion of the management. Up to four references are permissible. Figures should be submitted electronically, separate from the text file. Quality of images should correspond to the standards given in 'Figures and Illustrations' (refer to above). A maximum of two authors are permitted. Images of cases involving more than one department can have a maximum of four authors. The authors should ensure that images of similar nature have not been published earlier in IPCaRes. Authors must obtain signed informed consent from the parent/legal guardian that they are giving permission for publication in IPCaRes and allied social media accounts for academic purposes. The same must be stated on the Title page. The editorial board may ask for such a consent form at any time during the manuscript review process. Manuscript having poor quality or inappropriate resolution images may be returned to author for improvement at any stage of manuscript handling.

Clinical Videos: The quality should correspond to the standards given in 'Videos/ Media clips' (refer to above). It should not have been published elsewhere, and will be a copyright of IPCaRes, if accepted and published. In case the video shows a patient, he/she should not be identifiable as far as possible, unless the identifiable features are a critical part of the condition being depicted. Each video must be accompanied by written permission of the parent/ legal guardian, as applicable (refer to previous section). This signed consent form must be attached as a supplementary file at the time of manuscript submission.

A brief write-up (up to 250 words) discussing the clinical features of the condition and its differential diagnoses must accompany the video. An abstract is not needed. A still image/thumbnail from the video should be submitted as a figure (.jpeg, .tiff, .jpg or .tif) for use in the print version. A legend should accompany the video. A maximum of three authors, including only two from primary department are permitted for this section. Up to three references can be given.

Letters to the Editor: Letter should be unstructured with not more than 800 words and 4 recent references. An abstract is not required. The number of authors should not exceed three.

Close encounters: This should be sent as an unstructured paragraph but written sequentially as introduction, body and conclusion with maximum of 1000 words. Only one author is permitted. The write up does not need any abstract or references.

Grin and share it: An unstructured write up of maximum 250 words written by a single author should be sent as a single paragraph with an accompanying Title page. Abstract and references are not required.

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 even if they have obtained informed consent from the patients in order to protect patient privacy. 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.

3. In order to protect the patient's identity, the recognizable facial features not related to the study should be digitally blurred

4. Written informed consent is the preferred method for obtaining consent. If verbal consent is obtained, the authors must ensure that the verbal consent is recorded in the medical case record of the patient and duly signed by witness.

PUBLICATION SCHEDULE



The journal publishes articles on its website immediately on acceptance and follows a quarterly schedule.

MANUSCRIPT SUBMISSION, PROCESSING AND PUBLICATION CHARGES



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REFERENCES



1. CARE Case Report Guidelines. Available at <https://www.care-statement.org/>. Accessed on September 05, 2020

2. Enhancing the QUALity and Transparency Of health Research. Available at <https://www.equator-network.org/>. Accessed on September 08, 2020

3. Mohta A, Mohta M. Accurate references add to the credibility. Indian Pediatr. 2016;53:1003-6.

SUBMISSION OF MANUSCRIPTS



All manuscripts must be submitted on-line through the website <https://review.jow.medknow.com/ipcares>. 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.

. If you experience any problems, please contact the editorial office by e-mail at editor [AT] ipcares . org

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:

Contributors' form



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