Instructions to the Authors

The Editorial Process

A manuscript will be reviewed for possible publication with the understanding that it is being submitted to **TNOA Journal of Ophthalmic Science and Research** 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 **TNOA Journal of Ophthalmic Science and Research** 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 **TNOA Journal of Ophthalmic Science and Research** 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: sharmilavinod03@gmail.com; Editor@tnoajosr.com) 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 mispresenting other's ideas, words, and other creative expression as one's own. The Journal follows strict anti-plagiarism policy. All manuscripts submitted to **TNOA Journal of Ophthalmic Science and Research** undergoes plagiarism check with commercially available software. 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: sharmilavinod03@gmail.com; Editor@tnoajosr.com)

Clinical trial registry

TNOA Journal of Ophthalmic Science and Research favours registration of clinical trials and is a signatory to the Statement on publishing clinical trials in Indian biomedical journals. **TNOA Journal of Ophthalmic Science and Research** 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/ https://www.anzctr.org.au/ http://www.clinicaltrials.gov/ http://isrctn.org/ http://www.trialregister.nl/trialreg/index.asp http://www.umin.ac.jp/ctr.This is applicable to clinical trials that have begun enrolment of subjects in or after June 2008. Clinical trials that have commenced enrolment of subjects prior to June 2008 would be considered for publication in the journal 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:**TNOA Journal of Ophthalmic Science and Research** favours registration of clinical trials and is a signatory to the Statement on publishing clinical trials in Indian biomedical journals. **TNOA Journal of Ophthalmic Science and Research** 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/ https://www.anzctr.org.au/ http://www.clinicaltrials.gov/ http://isrctn.org/ http://www.trialregister.nl/trialreg/index.asp http://www.umin.ac.jp/ctr.This is applicable to clinical trials that have begun enrolment of subjects in or after June 2008. Clinical trials that have commenced enrolment of subjects prior to June 2008 would be considered for publication in the journal only if they have been registered retrospectively with clinical trial registry that allows unhindered online access to public without charging any fees.

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'

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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.

Submission of Manuscripts

All manuscripts must be submitted on-line through the website http://www.journalonweb.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 username and password. Authors do not have to pay for submission, processing or publication of articles. If you experience any problems, please contact the editorial office by e-mail at editor [AT] tnoajosr.com

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

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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.
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[2] **Blinded Article file**: The main text of the article, beginning from Abstract till References (including tables) should be in this file. The file 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. Use rtf/doc files. Do not zip the files. **Limit the file size to 1 MB**. 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 colour images. **Each image should be less than 2 MB in size**. Size of the image can be reduced by decreasing the actual height and width of the images (keep up to 1600 x 1200 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.

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Types of Manuscripts

The authors are required to use the downloadable word document templates provided at the end of this page to prepare the manuscripts. The reporting guidelines checklist is provided in these templates which must be duly followed. 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.

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, Keywords, Introduction, Material and Methods, Results, Discussion, References, Tables and Figure legends.

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

Materials and 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 1975, as revised in 2000 (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 anaesthetics 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.

Study design:

Selection and Description of Participants: Describe your selection of the observational or experimental participants (patients or laboratory animals, including controls) clearly, including eligibility and exclusion criteria 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).

The authors are required to use the downloadable word document templates provided at the end of this page to prepare the manuscripts. The reporting guidelines checklist is provided in these templates which must be duly followed. 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. Manuscripts with the incomplete checklist will be sent back to the authors.

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
	Systematic	

PRISMA	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 analyse 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 analyse 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 labelled 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 4000 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.

The journal expects the contributors to give post-publication updates on the subject of review. The update should be brief, covering the advances in the field after the publication of the article and should be sent as a letter to editor, as and when major development occurs in the field.

The Journal prefers systematic reviews that have been registered in PROSPERO https://www.crd.york.ac.uk/prospero/. The PROSPERO registry number should be provided in the review article under the “methodology” section.

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), Keywords, 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.

Eminent Ophthalmologists Journey / Experience:

These are invited articles by the editorial board, to highlight the contribution and experience of individuals in the field of ophthalmology. This will serve as a tribute to the achievements of stalwarts and will t inspire the younger generation to aim higher. The word count should be up to 1500.

Remembering the past:

This section will include a brief history of the person credited for important inventions in ophthalmology, and how they stumbled upon their path breaking ideas with a limit of word count for text up to 1500.

Surgeons Corner:

This will include innovative or new surgical technique developed by the author along with the merits, with illustrations and video.

Experts Opinion:

This is case history with opinion from experts in the field regarding diagnosis and lines of management. The history should be complete along with relevant investigations done with word limit up to 1000.

Current Research:

It should summarize the latest developments in a particular field with a limit of word count for text up to 2500 and abstract up to 250 and maximum 30 references

Journal / Book Review:

Should briefly comment on the highlights of any current book / journal article with a word count of up to 800.

Residents Corner / Photo Quiz:

Any mind teasers for the residents will be welcome (quiz, MCQ etc) with word count to 500.

Industry Update / Opticians Corner:

A brief report from manufacturers about equipments, instruments, drugs, opticians about any product launched recently in the market for a page (up to 500 words), which can be followed by the relevant product advertisement.

Events Calendar:

Announcements of conferences, meetings, courses and any items should be submitted along with contact person’s details.

Other:

Editorial, Guest Editorial, Commentary and Opinion are solicited by the editorial board.

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 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 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.

1. 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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- 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.
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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.
- Final figures for print production: Send sharp, glossy, un-mounted, colour photographic prints, with height of 4 inches and width of 6 inches at the time of submitting the revised

manuscript. Print outs of digital photographs are not acceptable. If digital images are the only source of images, ensure that the image has minimum resolution of 300 dpi or 1800 x 1600 pixels in TIFF format. Send the images on a CD. Each figure should have a label pasted (avoid use of liquid gum for pasting) on its back indicating the number of the figure, the running title, top of the figure and the legends of the figure. Do not write the contributor/s' name/s. Do not write on the back of figures, scratch, or mark them by using paper clips.

- The Journal reserves the right to crop, rotate, reduce, or enlarge the photographs to an acceptable size.

List of Abbreviations: Include a list of abbreviations along with its description used in the manuscript.

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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.

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 coloured text in the article.

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- 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

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