Instructions to authors

Editorial policies

The Indian Heart Journal commits to high ethical and scientific standards. Submitted manuscripts are considered with the understanding that they have not been published previously in print or electronic format (except in abstract or poster form) and are not under consideration by another publication or electronic medium.

Statements and opinions expressed in the articles published in the Journal are those of the authors and not necessarily of the Editor. Neither the Editor nor the Publisher guarantees, warrants, or endorses any product or service advertised in the Journal.

Submitted manuscripts are reviewed by two or more referees, who determine which articles will be considered for publication based on their scientific merit, originality, validity of the material presented and readability. Accepted articles are edited, without altering the meaning, to improve clarity and understanding. Decision about provisional or final acceptance is communicated within 8–12 weeks.

Manuscript submission

The Indian Heart Journal accepts online submissions in electronic format. All new manuscripts must be submitted through Indian Heart Journal online and review Website (http://ees.elsevier.com/ihj). Please follow the following steps to submit your manuscript:

1. Open the homepage of the Journal’s Website http://ees.elsevier.com/ihj
2. Register yourself for free by clicking on register on the top and create a user profile with a desired username and mandatory details. On submission of the information, you will receive an e-mail confirming your registration along with the “Password”.
3. Click “Log In” on the main navigation menu at the top of the journal screen to open the login page.
4. Enter your username and password in the appropriate fields (e-mailed to you at the time of registration).
5. Click “Author Log in”, this takes you to the “Author Main Menu”.

Types of manuscripts

The following categories of articles are accepted by the Indian Heart Journal:

1. Original Research Article: Original, in-depth clinical research that represents new and significant contributions to medical science. The entire manuscript should not exceed 5000 words and should have maximum 50 references.

2. Review Article: These are comprehensive review articles on topics of current clinical interest in Cardiology targeting specialists. The entire manuscript should not exceed 10,000 words with not more than 50 references. Following types of articles can be submitted under this category:
   • Newer drugs
   • New technologies
   • Review of a current concept
   Please note that generally review articles are by invitation only. But unsolicited review articles will be considered for publication on merit basis.

3. Case Report: Brief patient reports of special interest with a teaching angle. Manuscript should be limited to 1200 words with maximum 2 illustrations and a maximum of 15 references.

4. Arrhythmia Graphics: This will include any ECG and/or EP tracing which is interesting and makes a teaching point. The graphics need to be limited to 4 and should be followed by a brief commentary to describe the illustration. The commentary should focus on the graphic/s rather than on the clinical presentation/management/outcome.

5. Cardiovascular Images: A short summary of the case followed by good quality illustrations (ECG, homodynamic tracings, chest X-ray, angiograms, etc.).

6. Letter to the Editor: The letters related to an article published in the journal within the preceding 20 weeks. A letter must not exceed 500 words, not have more than 3 authors and 5 references. There should be no tables or figures. Authors of the original article cited in the letter are invited to reply.

7. Interesting Photograph: These are unsolicited photographs, not necessarily related to the mandate of the Journal, published as space fillers. There are no restrictions on subject matter, but photographs of familiar people are generally not published. A digital picture of 300 dpi or higher resolution in eps, tif, or jpg format needs to be submitted.

Besides these, following may be submitted with the editors for publication in the journal:

1. Book Review: A critical appraisal of selected books on cardiovascular medicine and surgery. Potential authors or publishers may submit books, as well as a list of suggested reviewers, to the editorial office.

2. Calendar of Conferences: Information regarding future important meetings and courses are published in each issue. Course directors/organizers are advised to send full information about educational events to the Editor.

Covering letter

The covering letter should explain any deviation from the standard IMRAD (Introduction, Methods, Results, and
Instructions to authors

Discussion) format and should outline the importance and uniqueness of the work. It should include the signed declaration from all authors on:

1. The category of manuscript (original research, review articles, case reports etc.)
2. Statement that the material has not been previously published or submitted elsewhere for publication (This restriction does not apply to abstracts published in connection with scientific meetings.)
3. Transfer of copyright to the Indian Heart Journal upon the acceptance of the manuscript for publication
4. All authors have reviewed the article and agreed with its contents
5. Information about any conflicts of interest of any of the authors
6. Sources of research support, if any, including funding, equipment, and drugs

The covering letter should also include the mailing address, telephone and fax numbers, and e-mail address of the corresponding author.

Manuscript preparation

The manuscripts should comply with the following guidelines. Title page (Page 1) should contain:

- Title and key words for the article
- Brief abstract of the article (For Original articles, review articles and case reports)
- Name(s) of author(s), their academic qualifications and current affiliations
- Name, mailing and e-mail addresses of the corresponding author
- Acknowledgement of financial support, if any.

The title represents the subject matter of the manuscript. A subtitle can be added if necessary. The title should be brief and comprehensive. A structured abstract not more than 250 words long, should be provided with 3–5 key words. Key words should be the listed terms in the medical subject's headings (MeSH) of the Index Medicus, to help in easy indexing.

The manuscript should be well organized and written in simple and correct English under appropriate headings. Preferably, no statement should be supported by more than three references. The abbreviations and acronyms should be spelled out when they occur first time.

The Introduction should address the subject of the paper. The Methods section should describe in adequate detail the laboratory or study methods followed and state the statistical procedures employed in the research. This section should also identify the ethical guidelines followed by the investigators with regard to the population, patient samples or animal specimens used. The Results section should be concise and include pertinent findings and necessary tables and figures. The Discussion should contain conclusions based on the major findings of the study, a review of the relevant literature, clinical application of the conclusions and future research implications. Following the Discussion, Acknowledgements of important contributors and funding agencies may be given. The editorial office must receive written, signed consent from each contributor recognized in the Acknowledgements because the statement can imply endorsement of data and conclusions.

References

At the end of the article, a list of references should be included. In general, the number of references should not exceed 50 for original and review articles and 15 for case reports. The authors are responsible for the accuracy and completeness of the references and their citations in the text.

1. References should be numbered consecutively in the order in which they are first mentioned in the text.
2. References in text, tables and legends should be identified by superscript Arabic numerals at the end of the sentence outside any punctuation. If several different studies or papers are cited within one sentence, the number should be placed where it will accurately identify the correct study.
3. The names of authors in the text should concur with the reference list.
4. References cited only in tables or in legends to figures should be numbered in accordance with a sequence established by the first identification in the text of the particular table or illustration.
5. Abstracts as references may be used; “unpublished observations” and “personal communications” may not be used as references, although references to written, not oral, communications may be inserted (in parentheses) in the text.
6. Papers accepted but not yet published may be included as references by adding “In press” after the journal name. Information from manuscripts submitted but not yet accepted should be cited in the text as “unpublished observations” (in parentheses).
7. In general:
   - All authors/editors should be listed unless the number exceeds three, when you should give three followed by “et al.”
   - Full page number for first page and as many digits as are changed for final page need to be mentioned.

For more details and examples of correct forms of references, please refer to ICMJE guidelines sheet at http://www.nlm.nih.gov/bsd/uniform_requirements.html.

Tables

1. Number tables in the order of their find it citation in the text. Each table should be cited in the text.
2. Titles should be brief and a short or abbreviated heading for each column should be given. Explanatory matter should be placed in footnotes and not in the heading.
3. Abbreviations in each table should be explained in footnotes.
Instructions to authors

4. The data presented in a table should not be repeated in the text or figure.

**Figures and graphics**

1. For graphics, a digital picture of 300 dpi or higher resolution in eps, tif, or jpg format should be submitted.
2. Figures should be numbered consecutively according to the order in which they have been first cited in the text, if there is more than 1 figure. Each figure should be cited in the text.
3. Each figure/illustration should be provided with a suitable legend, that includes enough information to permit its interpretation without reference to the text.
4. All photomicrographs should indicate the magnification of the prints.
5. When symbols, arrows, numbers or letters are used to identify parts of the illustrations, each one should be explained clearly in the legend.

**Units**

Units of measurement should be given in metric units. All bioclinical measurements should be given in conventional units, with Systeme International d'unites (SI) units given in parenthesis. Generic rather than trade names of drugs should be used.

**Checklist**

- Covering letter mentioning.
- Manuscript category.
- Single-journal submission affirmation.
- Conflict of interest statement (if appropriate).
- Sources of funding, equipment, drugs.
- Copyright transfer/author declaration statement.
- Informed patient consent statement.
- Funding agency's role in data interpretation.