**Peer Review Policy**

All peer reviewers are expected to disclose their conflict of interest before the process of review. It is obligatory to follow the ethical guidelines in reviewing the manuscripts. It is mandatory to maintain the confidentiality and comply with the timeline. In case of their inability to complete the review in time prompt e mail must be sent to the editor. Harsh comments must be avoided. Editors have the right to edit the comments of the reviewers before sending them to authors.

**Instructions for Reviewers**

**For Assessing A Case Report**

**The Title:** Brief and describes contents of Case.

**General Format**: Complete sentences, active verbs, and the third person language used. Manuscript written in the past tense. Standard nomenclature and abbreviations used. Each abbreviation spelled out and introduced in parentheses the first time it is used in the text.

  Word count should not exceed **700 words**(excluding references and abstract)

Short report of cases, clinical experience, drug trails or adverse effects may be submitted. Case report must be of academic and educational value and provide relevance of the disease being reported as usual.

10 bibliographic references and either two concise table or one figure. The report must contain genuinely new information.

**Case Report Format**

1. Abstract
2. Introduction
3. Case Report
4. Discussion
5. References

**Abstract:** A non-structured abstract should be written as case statement for case report with minimum three key words.

**Introduction** provided a clear statement of the problem, the relevant literature on the subject,

**Case Report:** This section should provide the details of the case in the following order: Patient description, Case history,

Physical examination results, Results of pathological tests and other investigations, Treatment plan, Expected outcome of the treatment plan, Actual outcome.

**The author should ensure that all the relevant details are included and unnecessary ones excluded.**

**Discussion: D**escribes detailed interpretation of data. Pertinent literature support provided for any statement and no assumption is made.

**Table/Figures:** Either two concise table or one figure. Legends typed in numerical order

**References:** References listed at the end of the paper in numerical order. Journal names are abbreviated according to Vancouver style. The number of references for Case Report should be 10. Fifty percent of these must be from last five years.

**SECTION II: Comments per Section of Manuscript:**

|  |
| --- |
| **Title** |
| General comments on:Importance of the subject, write up style, spellings and grammar. |  |
| Abstract & Key words: Un-structured as per guidelines, with 3-5 (Medical Subject Headings – MeSH) in alphabetical order |  |
| **Introduction:** Well introduced, importance of topic highlighted, brief reference to literature  |  |
| **Case Report:** Details of the case provided, Patient description, Case history, Physical examination results, Results of pathological tests and other investigations, Treatment plan, Expected outcome of the treatment plan, Actual outcome. |  |
| **Discussion:** Key findings discussed and comparison made with the already reported literature  |  |

|  |  |
| --- | --- |
| **References:** Vancouver style, upto 12 and Fifty Percent References from last five years |  |
| **Word count:** Not exceeding 700 words |  |
| **Tab**l**es and Figures :**  |  |

**SECTION III - Please rate the following: *(1 = Excellent) (2 = Good) (3 = Fair) (4 = poor)***

|  |  |
| --- | --- |
| Originality: |  |
| Contribution To The Field: |  |
| Technical Quality: |  |
| Clarity of Presentation : |  |
| Depth of Research: |  |

**SECTION IV - Recommendation: (*Kindly Mark With An X*)**

|  |  |
| --- | --- |
| Accept As Is: |  |
| Requires Minor Corrections: |  |
| Requires Moderate Revision: |  |
| Requires Major Revision: |  |
| Reject On Grounds Of (Please Be Specific): |  |

#### SECTION V: Additional Comments

#### Please add any additional comments for authors (Including comments/ suggestions, if any):