



GUIDELINES FOR AUTHOR

Our journal welcomes manuscripts on all aspects of medicine/health/biomedical science from any part of the world, especially developing countries.

Please read and follow the Guidelines for Author carefully. The Editorial Office reserves the right to return manuscript for revision if preparation is not in accordance with the Guidelines for Author or to reject manuscripts without peer-review if significant plagiarism (more than 30%) is detected via Turnitin plagiarism check.

Upon verification that a submitted manuscript has not been published elswhere or has not been under consideration for publication elsewhere or is not simultaneously submitted to other journal and is not unrefereed pre-printed, it is considered to undergo double-blinded peer-review process.

These guidelines are in accordance with the Uniform Requirement for Manuscripts Submitted to Biomedical Journals of the <u>International Committee of Medical Journal Editors</u>.

Authors are also advised to adhere to the statistical standards as exemplified here:

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5101968/ https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6422534/ https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3561892/

Types of Manuscripts

MJMS publishes the following types of original manuscripts. Each type of manuscript has its own formats, outlined below:

Editorial:

These manuscripts are solicited by the Editor. However, proposals for the manuscripts may be submitted as an outline for initial consideration.

Specifications: Unstructured abstract, maximum 250 words with at least 5 keywords; main body of text (excluding tables/figures and references) not to exceed 1,000 words; maximum 2 tables or figures; maximum 25 references.

Review Article:

These manuscripts are comprehensive analyses of specific topics.

Specifications: Unstructured abstract maximum 250 words with at least 5 keywords; main body of text (excluding tables/figures and references) not to exceed 8,000 words; maximum 100 references.

Original Article:

These manuscripts cover current hybrid transbiomedical, transarts articles or fundamental applied biomedical and/or clinical or laboratory research (human or animal or modelling) with clinical relevance and with human/animal ethical approval. Case Series of adequate numbers with combined advanced radiological, genomic, proteomic (and other omics) with statistical analyses may also be submitted for consideration. Artificial intelligence or computational biomedical papers with big data sciences relevant to medicine are welcome. Please note that the journal no longer accepts Case Reports.

Specifications: Structured abstract which segmented into: **Background**, **Methods**, **Results** and **Conclusion**; maximum 250 words with at least 5 keywords; main body of text (excluding tables/figures and references) not to exceed 3,500 words; maximum 5 tables or figures; maximum 50 references.



Special Communication:

Reports of current issues, subject to peer review and editorial policy. History of Medicine or Medical Sciences in Malaysia/developing countries are also of interest to MJMS.

Specifications: Unstructured abstract maximum 250 words with at least 5 keywords; main body of text (excluding tables/figures and references) not to exceed 1,500 words; maximum 2 tables or figures; maximum 25 references.

Permission should be sought for articles that require more content, figures, tables or references.

Brief Communication:

Reports of concise studies, subject to peer review and editorial policy.

Specifications: Unstructured abstract max. 150 words with at least five keywords; main body of text (excluding tables/figures and references) not to exceed 500 words; max. 2 tables or figures; max. 5 references.

Letter to the Editor:

Letters addressed to the Editor responding to a specific article published in MJMS.

Specifications: No abstract; main body of text (excluding tables/figures and references) not to exceed 350 words; maximum 2 tables or figures; maximum 5 references.

Letters:

Original scientific research/clinical case series with statistical analyses.

Specifications: Structured abstract maximum 250 words with at least 5 keywords; main body of text (excluding tables/figures and references) not to exceed 1,000 words; maximum 2 tables or figures; maximum 25 references.

Video Manuscripts:

MJMS welcomes submission of video manuscripts. Videos may be useful for demonstrating complex laboratory, surgical or medical or clinical examination procedures.

The demonstration of the experiment or surgical or clinical procedure must be shown in orderly fashion, including a demonstration of equipment and reagent. Researchers should be properly attired when handling animals, reagents, and chemicals. The video should make a specific point; particularly, it should demonstrate the features described in the text of the manuscript. Special effects or texts are not permitted to be inserted in the video. Authors who intend to submit videos must have the necessary expertise in video post-production.

*The journal **does not accept** case report and non-medical submissions, and research from other fields e.g. dentistry or veterinary.

Preparation of Manuscript

General

- i) Text: Include subheadings for long articles, write in English (UK) and save in Microsoft Word document as (.doc) file type.
- ii) Font: Times New Roman, size 12pt, double spaced, single column. Authors should number all of the pages of the manuscript consecutively to facilitate the editorial process.

Manuscripts should be organised in the following order:

1. Title page

This page should be submitted as a **separate document** from the main text. This document will not be available for reviewers as we employ a double-blind review process. The title page should have the following information:

- i) Title of manuscript without abbreviations
- ii) Names of authors and institutions of origin: Full and accurate names, indicate last name with SMALL CAPS. For example: Mohammed Ali JAMALUDDIN, TAN Pei Pei and affiliations of institutions where the research was done, reflecting the order of authorship by using superscripted numbers.



- iii) Details of corresponding author: Full and accurate name, academic qualification(s), full office address along with telephone and fax numbers, and valid e-mail address.
- iv) Acknowledgements: This section acknowledge any support given which is not covered by the author's contribution or funding sections. This may include administrative and technical support or donations in kind (e.g. materials used for experiments). Please note that personal pronouns such as 'I, my or me' are not allowed to be written in this section unless the study involved only one author.

In addition, a **running title/running head** (a brief title) which has **less than 50 characters** is required to be included in this page. Authors would also be asked to include the same during submission of manuscript to MJMS via Manuscript Central.

2. Main document

a. Abstract

The length of abstract depends on the type of manuscript submitted. The abstract should state the purpose of the study, a brief description of the procedures employed, main findings and principal conclusions. Footnotes, references and subheadings should be avoided. For **Original Article** manuscripts, the abstract format is structured as **Background**, **Methods**, **Results** and **Conclusion**. For other type of articles, the abstract format is unstructured.

b. Keywords

Authors must provide between three and six keywords that characterise the main topics of the article. Use recognised vocabularies related to the discipline discussed, such as the MeSH thesaurus <u>http://www.nlm.nih.gov/mesh/MBrowser.html</u>. Use of abbreviations should be avoided, only standard abbreviations, well known in the established area may be used, if appropriate. We encourage the use of synonyms for terms provided in the manuscript title, this is to aid database searches.

c. Text

Long articles may need **subheadings** within some sections (especially Results and Discussion) to clarify their content. Subheadings representing different hierarchical levels must be readily distinguished by readers, for example:

Heading 1	Methods
Heading 2	Chemical Analyses
Heading 3	Brain Removal and Harvesting
Heading 4	Amplification refractory mutation system
Normal text	XXXX XXX XXX XXX XXX

List may be run into the text if the items are short, simple, and form a complete grammatical sentence, for example:

The lecturer will expound on: i) glyceraldehydes; ii) erythrose; iii) arabinose and iv) allose.

Lists that contain several levels should be set vertically:

The animals were divided mainly into the following groups:

- i) **Group 1:** Control (0.5 mL/kg saline, by mouth, p.o)
- ii) Group 2: Untreated diabetic (230 mg/kg NA and 65 mg/kg STZ)
- iii) **Group 3:** Diabetic + Combination-1 (1 mg/kg Pio + 50 mg/kg Met, p.o)
- iv) Group 4: Diabetic + Combination-2 (1 mg/kg Pio + 0.2 mg/kg Gmp, p.o)
- v) **Group 5:** Diabetic + α -tocopherol (20 mg/kg, p.o)
- vi) Group 6: Diabetic + insulin (1 IU/kg, s.c)



Non-standard abbreviations have to be defined at first use in the text and in the abstract with each abbreviations in parentheses.

Statistical methods: For normally distributed data, mean (SD) is the preferred summary statistic. Relative risks should be expressed as odds ratios with 95% confidence interval. To compare two methods for measuring a variable, the method of Bland and Altman (*Lancet.* 1986;1:307–310) should be used; for this, calculation of *P* only is not appropriate.

d. Tables

Tables must be submitted **separately** from the main document. Tables must be numbered sequentially and in the order in which they are mentioned in the text. Tables must have brief descriptive title. Preferably, tables must be prepared according to the guides in *The Chicago Manual of Style* (15th edition), and are constructed in MS Word or in editable version.

We **do not accept** tables that are embedded in the text as an image.

Examples of table format suitable for MJMS are as depicted below.

Table 1. Comparison of biochemical parameters among cases and control

Variables	Mean (SD) for cases	Mean (SD) for controls	Mean difference (95% CI)	<i>t-</i> statistic (df)	<i>P</i> -value
Serum urea (mg/dL)	49.31 (43.78)	33.67 (13.28)	-15.64 (-24.66, -6.61)	-3.41 (198)	0.001
Serum creatinine (mg/dL)	1.16 (1.03)	0.74 (0.29)	-0.42 (-0.64, -0.21)	-4.00 (198)	< 0.001
Total serum bilirubin (mg/dL)	0.673 (0.53)	0.71 (0.34)	0.03 (-0.09, 0.15)	0.50 (198)	0.612
Serum AST (IU/L)	52.13 (91.89)	46.80 (30.70)	-5.33 (-24.43, 13.77)	-0.55(198)	0.583
Serum ALT (IU/L)	42.37 (97.31)	55.28 (61.02)	12.91 (-9.74, 35.56)	1.12(198)	0.262
Serum ALP (IU/L)	142.84 (134.11)	55.71 (61.10)	-87.13 (-116.19, -58.06)	-5.91(198)	< 0.001
Serum TG (mg/dL)	130.67 (38.1)	142.68 (25.54)	12.01 (2.96, 21.05)	2.61(198)	0.010
Serum total cholesterol (mg/dL)	143.25 (67.29)	116.69 (29.97)	-26.56 (-41.08, -12.03)	-3.60(198)	< 0.001
Serum HDL (mg/dL)	35.34 (14.24)	39.20 (7.95)	3.86 (0.64, 7.07)	2.36(198)	0.019
Serum LDL (mg/dL)	96.40 (17.88)	84.39 (33.25)	-12.01 (-19.46, -4.56)	-3.18(198)	0.002

Table 2. CPT of newly-diagnosed	d HPT on BMI and age group
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Newly-diagnosed	BMI WHO	Age group						
HPT		0	1	2	3	4	5	6
Yes	Underweight	0.0181	0.0303	0.0804	0.1613	0.1429	0.2143	0.4000
Yes	Normal	0.0492	0.0845	0.1451	0.2394	0.2741	0.2780	0.2927
Yes	Overweight	0.1236	0.1500	0.2419	0.2989	0.3262	0.2599	0.3529
Yes	Obese	0.2344	0.2836	0.3403	0.3302	0.3075	0.3016	0.5000

Notes: Age group indicator: 0 = 18-27 years old; 1 = 28-37 years old; 2 = 38-47 years old; 3 = 48-57 years old; 4 = 58-67 years old; 5 = 68-77 years old; 6 = 78 years old and above

Tips on constructing tables:

• Ensure that the table, including titles and footnotes, is explanatory enough to be understandable without any text reference.

- Make the table orderly, logical and simple as possible.
- For footnotes, use superscript lowercase letters, e.g. ^amean (SD); ^banalysis of variance. Assign footnote letters in alphabetical order from left to right and from top to bottom.
- Expanded abbreviations are typically presented below the footnotes. Abbreviations defined in the text must be redefined if used in a table, as this practice allows the table to stand alone.



e. Figures/Artwork

All figures must be submitted **separately**, from the main document **one file for each**. Figures must be numbered sequentially and in the order in which they are mentioned in the text. Figure legends are needed for all figures.

Regardless of the application used, when your electronic artwork is finalised, please "save as" or convert the images to **one of the following formats** (note the resolution and size requirements for line drawings, halftones, and combinations given below):



For graphs and charts, in addition to TIFF/EPS files, please submit their original, editable files (e.g., the Excel/PowerPoint).

For text in graphics, please use minimum 8 point font. Save text in illustrations as "graphics" or enclose the font. This will avoid missing fonts problem. As precaution, use "create outlines" features for fonts in vector illustration created using Adobe Illustrator/Freehand/Corel Draw. Or, only use the following fonts in your illustrations: Arial, Courier, Times, Symbol.



f. Videos

Preferred settings of videos:

- Audio codec: AAC
- Sample audio bit rate: 128 kbit/s
- Video codec: H.264
- Video resolution: 480 vertical lines or better
- Maximum file size: 30 MB
- Format: mov, avi, mpg, mpeg, mp4, mkv, flv, wmv

The video should make a specific point; particularly, it should demonstrate the features described in the text of the manuscript. Special effects or text are not permitted to be inserted in the video. Authors who intend to submit videos must have the necessary expertise in video post-production.

g. Reference Writing Style

Citation in text

References should be numbered consecutively in the order in which they are first mentioned in the text **(citation-sequence)** —the Vancouver style. Identify references in text, tables and legends by Arabic numerals in parentheses, for example: (2), (3–4), (8, 13–16). Every reference referred in the text must also present in the reference list and vice versa.

List of references

For formatting end references, we recommend following the guidelines of the **Council of Science Editors (CSE)** which can be accessed through <u>https://library.duke.edu/research/citing</u>

Journal article

The titles of journal should be abbreviated according to the style used in <u>http://www.ncbi.</u>nlm.nih.gov/sites/entrez?Db=journals&Cmd=DetailsSearch&Term=currentlyindexed[All] or <u>http://www.efm.leeds.ac.uk/~mark/ISIabbr/A_abrvjt.html</u>

Piconi L, Quagliaro, Ceriello A. Oxidative stress in diabetes. *Clin Chem Lab Med.* 2003;**41(9)**:1144–1149.

If there are more than **six** authors, list the first six authors followed by 'et al.' for the subsequent authors.

Bedir A, Aliyazicioglu Y, Bilici B, Yurdakul Z, Uysal M, Suvaci DE, et al. Assessment of genotoxicity in rats treated with the antidiabetic agent, Pioglitazone. *Environ Mol Mutag.* 2008;**49(3)**:185–191.

If a journal article is forthcoming, conclude the references with the estimated date of publication.

Hassan R, Aziz AA. Computed tomography imaging of injuries from blunt abdominal trauma: a pictorial essay. *Malaysian J Med Sci*. Forthcoming 2010 Jun.

Sometimes, instead of a particular volume or issue, a supplement or other part to a year instead e.g. special issue may be published. Place such supplements and parts after the date.

Kaufert JM, O'Neil JD, Koolage WW. The cultural and political context of informed consent for Native Canadians. *Arctic Med Res.* 1991;**2(Suppl 1)**:181–184.



Books

Author surname Initials. Title of book. Edition. Place of publication: publisher; Year of publication.

Carlson BM. *Human embryology and developmental biology*. 3rd ed. St Louis: Mosby; 2004.

At times, authors may want to cite a separately identified portion of a book i.e. contribution, rather than a book as a whole. In this case, begin a reference to a contribution with information on the contribution, followed by the word "In:" and information about the book itself.

Anderson RJ, Schrier RW. Acute renal failure. In: Braunwald E, Isselbacher KJ, Petersdorf RD, editors. *Harrison's principles of internal medicine*. 15th ed. New York: McGraw-Hill; 2001. pp. 1149-1155.

Dissertations and Theses

Author. Title of dissertation or thesis [content designator]. Place of publication: publisher; date.

Oviedo S. Adolescent pregnancy: voices heard in the everyday lives of pregnant teenagers [PhD's/Master's thesis]. [Denton (TX)]: University of North Texas; 1995.

Electronic Manuscript

Journal manuscript:

Author(s). Titleofarticle. *Abbreviated titleofjournal*. Year of publication; **Vol(Issue)**: pagination. DOI

Vlak MH, Algra A, Brandenburg R, Rinkel GJ. Prevalence of unruptured intracranial aneurysms, with emphasis on sex, age, comorbidity, country and time period: a systematic review and meta- analysis. *Lancet Neurol*. 2011:10(7):626–636. https://doi.org/10.1016/S1474-4422(11)70109-0

Article in a website:

Author(s). Title of article. [Internet]. Place of publication: Publisher; Year of publication. [cited YYYY MMM DD]. Available at: URL.

Peterson CL, Burton R. U.S. Healthcare spending: comparison with other OECD countries [Internet]. Washington DC (USA): Congressional Research Service; 2007 [Retrieved 2007 Sep 17]. Available at: http://assets.opncrs.com/rpts/RL34175_20070917.pdf

For other forms of reference, please refer to the National Library of Medicine <u>http://www.nlm.</u> <u>nih.gov/pubs/formats/recommendedformats.html</u>



Editing

A manuscript may be corrected for length, grammatical correctness, sentence structure and journal style. Accepted manuscripts are edited in accordance with the *CSE Manual of Style*, 7th edition.

A corresponding author will be updated with the progress of manuscript production twice in every prepublication process. At copy-editing stage, a Word file copy-edited version of the manuscript will be sent to the corresponding author as an e-mail attachment. Author will be asked to check any typographical or minor clerical errors and respond to the copy-editor queries. The author is not allowed to make any changes to the contents of the manuscript at this stage, unless instructed. At the final stage, a PDF file of the final proof of the manuscript will be sent to the corresponding author for final checking.

Any exclusive request for post-publication correction will not be entertained.

Style and Language

For reviewers to accurately assess the work presented in your manuscript, you need to ensure the English language is of sufficient quality to be understood. Please use British English.

If you need help with writing in English, you should consider getting a professional proofreading. If our reviewers recommended professional editing, we will **only accept** work from the following: Scribendi, Journal Experts, Enago, Bioscience Editing Solutions, Manuscriptedit, Sciencemanager and Editage. All costs incurred are at the author's own expense.

Please note that the use of a language editing service is not a requirement for publication in the journal and does not imply that the article will be selected for peer review or accepted. However, manuscripts which fail to meet a satisfactory standard of English will be rejected.

References

- 1. Council of Science Editors, Scientific Style and Format. The CSE Manual for Authors, Editors and Publishers. 7th ed. Reston (VA): The Council; 2006.
- 2. The Chicago Manual of Style: The essential guide for writers, editors and publishers. 15th ed. Chicago : University of Chicago Press; 2003.
- 3. ICMJE Uniform Requirements for Manuscripts Submitted to Biomedical Journals: Writing and Editing for Biomedical Publication [Internet] Available at: <u>http://www.icmje.org/</u>
- 4. Assembling a List of Works Cited in Your Paper [Internet]. Durham (NC):Duke University Library. [updated 2009 Dec 17; cited 2010 May 7]. Available at: <u>http://library.duke.edu/research/citing/workscited/</u>