

GUIDELINES TO CONTRIBUTORS

A.) The Philippine Journal of Reproductive Endocrinology and Infertility encourages the submission for publication of papers related to the field of Reproductive Endocrinology and Infertility from the medical community in general and from infertility experts in particular.

B.) Manuscripts of researches and reports may be submitted to:

MA. ANTONIA E. HABANA, MD

Editor - in - Chief

Philippine Journal of Reproductive Endocrinology and Infertility
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C.) All manuscripts, whether in print or digital format, submitted for publication, shall become the sole property of the PSREI. It is understood that these manuscripts have never been published and that all the authors will, upon submission, present a signed certification attesting to the above. Any subsequent publication in any other journal, magazine, book or periodical will need the permission of the PSREI.

D.) All manuscripts that would be submitted for publication will have to conform to the "Uniform Requirements for Manuscripts Submitted to Biomedical Journals" of the International Committee of Medical Journal Editors, updated version October 2001. (www.icmje.org).

SUMMARY OF TECHNICAL REQUIREMENTS

1. Double space all parts of manuscripts.
2. Begin each section or component on a new page.
3. Review the sequence: title page, abstract and key words, text, acknowledgments, references, tables (each on a separate page), legends.
4. Illustrations, unmounted prints, should be no larger than 8 × 10 inches.
5. Include permission to reproduce previously published material or to use illustrations that may identify human subjects.
6. Enclose signed authors' certification attesting to non-publication of the paper elsewhere, the transfer of copyright to the PSREI or other attestations concerning the authorship or publication of the paper.
7. Manuscripts, once submitted, shall undergo peer review and editing by the Editorial Board and shall be published in its final form.

REQUIREMENTS FOR SUBMISSION OF MANUSCRIPTS

Preparation of Manuscript

The manuscript should be printed on a white bond paper, 8 1/2" x 11", with a 1.0" margin left, right, top and bottom. Print on only one side of the paper using double spacing throughout, including for the title page, abstract, text, acknowledgments, references, individual tables and legends. Number pages consecutively, beginning with the title page. Put the page number in the upper or lower right-hand corner of each page.

Manuscripts on Disks

When submitting disks if required, authors should put the latest version of the manuscript on the disk and include a print out version. Name and label the file and disk clearly and provide information on the hardware and software used.

Title Page

The title page should carry 1) the title of the article; 2) the name of each author, with his or her highest academic degree(s) and institutional affiliation; 3) the name of the department(s) and institution(s) to which the work should be attributed; 4) disclaimers, if any; 5) the name and address of the author responsible for correspondence about the manuscript; 6) the name and address of the author to whom requests for reprints should be addressed or a statement that reprints will not be available from the authors; 7) source(s) of support (grants, equipment, drugs, etc.).

Authorship

All authors should have participated sufficiently in the work to take public responsibility for appropriate portions of the content with one responsible for the integrity of the work as a whole, from inception to published article.

Authorship credit is based on 1) substantial contributions to conception and design, 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. Conditions 1, 2, and 3 must all be met. Acquisition of funding, the collection of data, or general supervision of the research group, by themselves, do not justify authorship.

Authors should provide a description of what each contributed, and editors should publish that information. All others who contributed to the work who are not authors, or group members who do not meet these criteria, should be named in the Acknowledgments, and what they did should be described. Increasingly, authorship of multicenter trials is attributed to a group. All members of the group who are named as authors should fully meet the above criteria for authorship.

The order of authorship on the byline should be a joint decision of the co-authors. Authors should be prepared to explain the order in which authors are listed.

Abstract and Key Words

The second page should carry an abstract of no more than 150 words and should contain the objectives of the paper, the study procedures (selection of study subjects or laboratory animals; observational and analytical methods), the results, (giving specific data and their statistical significance, if possible), and the principal conclusions.

Accompanying the abstract, the authors should provide 3 to 10 key words that will assist indexers in cross-indexing the article and may be published with the abstract. Terms from the Medical Subject Headings (MeSH) list of Index Medicus should be used; if suitable MeSH terms are not yet available for recently introduced terms, present terms may be used.

TEXT

Introduction

State the purpose of the study or research and summarize the rationale for the study or observation. Give only strictly pertinent references and do not include data or conclusions from the work being reported.

Methods

Describe your selection of the observational or experimental subjects, patients or laboratory animals, including controls clearly. Identify the age, sex and other important characteristics of the subjects. Because the relevance of such variables as age, sex and ethnicity to the object of

research is not always clear, authors should explicitly justify them when they are included in a study report.

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; 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 (study population, interventions or exposures, outcomes, and the rationale for statistical analysis), assignment of interventions (methods of randomization, concealment of allocation to treatment groups), and the method of masking (blinding).

Authors submitting review manuscripts should include a section describing the methods used for locating, selecting, extracting, and synthesizing data. These methods should also be summarized in the abstract.

Ethics

When reporting experiments on human subjects, 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 1983. Do not use patients' names, initials, or hospital numbers, especially in illustrative material.

Statistics

Describe statistical methods with enough detail to enable a knowledgeable reader with access to the original data to verify the reported results. When possible, quantify findings and present them with appropriate indicators of measurement error or uncertainty (such as confidence intervals). Avoid relying solely on statistical hypothesis testing, such as the use of P values, which fails to convey important quantitative information. Discuss the eligibility of experimental subjects. Give details about randomization. Describe the methods for and success of any blinding of observations. Report complications of treatment. Give numbers of observations. Report losses to observation (such as dropouts from a clinical trial). References for the design of the study and statistical methods should be to standard works when possible (with pages stated) rather than to papers in which the designs or methods were originally reported. Specify any general-use computer programs used.

Put a general description of methods in the Methods section. When data are summarized in the Results section, specify the statistical methods used to analyze 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. 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.

Results

Present your results in logical sequence in the text, tables and illustrations. Do not repeat in the text all the data in the tables or illustrations; emphasize or summarize only important observations.

Discussion

Emphasize the new and important aspects of the study and the conclusions that follow from them. Do not repeat in detail data or other material given in the Introduction or the Results section. Include in the Discussion section the implications of the findings and their limitations,

including implications for future research. Relate the observations to other relevant studies.

Link the conclusions with the goals of the study but avoid unqualified statements and conclusions not completely supported by the data. In particular, authors 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. State new hypotheses when warranted, but clearly label them as such. Recommendations, when appropriate, may be included.

Acknowledgments

All contributors who did not meet the criteria for authorship shall be acknowledged (i.e., a person who provided purely technical help, writing assistance, or a department chair who provided only general support. Financial and material support should also be acknowledged.) Because readers may infer their endorsement of the data and conclusions, the authors must make sure all persons must have given written permission to be acknowledged.

References

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 parentheses. 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 Medicus. The titles of journals should be abbreviated according to the style used in Index Medicus.

Avoid using abstracts as references. References to papers accepted but not yet published should be designated as "in press" or "forthcoming"; authors should obtain written permission to cite such papers as well as verification that they have been accepted for publication.

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. For scientific articles, authors should obtain written permission and confirmation of accuracy from the source of a personal communication.

The references must be verified by the author(s) against the original documents.

Examples of Journal References

1. Standard journal article
List the first six authors followed by et al.

(Note: NLM now lists up through 25 authors; if there are more than 25 authors, NLM lists the first 24, then the last author, then et al.)
 - Vega KJ, Pina I, Krevsky B. Heart transplantation is associated with an increased risk for pancreaticobiliary disease. *Ann Intern Med J* 1996; 124 (11):980-3.
2. Organization as author
The Cardiac Society of Australia and New Zealand. Clinical exercise stress testing. Safety and performance guidelines. *Med J Aust* 1996; 164: 282-4.
3. No author given
Cancer in South Africa [editorial]. *S Afr Med J* 1994;84:15.
4. Volume with supplement
Shen HM, Zhang QF. Risk assessment of nickel carcinogenicity and occupational lung cancer. *Environ Health Perspect* 1994;102 Suppl 1:275-82.

5. Issue with supplement
Payne DK, Sullivan MD, Massie MJ. Women's psychological reactions to breast cancer. *Semin Oncol* 1996;23(1 Suppl 2):89-97.
6. Volume with part
Ozben T, Nacitarhan S, Tuncer N. Plasma and urine sialic acid in non-insulin dependent diabetes mellitus. *Ann Clin Biochem* 1995;32(Pt 3):303-6.
7. Issue with part
Poole GH, Mills SM. One hundred consecutive cases of flap lacerations of the leg in ageing patients. *N Z Med J* 1994;107(986 Pt 1):377-8.
8. Issue with no volume
Turan I, Wredmark T, Fellander-Tsai L. Arthroscopic ankle arthrodesis in rheumatoid arthritis. *Clin Orthop* 1995;(320):110-4.
9. No issue or volume
Browell DA, Lennard TW. Immunologic status of the cancer patient and the effects of blood transfusion on antitumor responses. *Curr Opin Gen Surg* 1993:325-33.
10. Pagination in Roman numerals
Fisher GA, Sikic BI. Drug resistance in clinical oncology and hematology. Introduction. *Hematol Oncol Clin North Am* 1995;9(2):xi-xi.
11. Type of article indicated as needed
Enzensberger W, Fischer PA. Metronome in Parkinson's disease [letter]. *Lancet* 1996;347:1337. Clement J, De Bock R. Hematological complications of hantavirus nephropathy (HVN) [abstract]. *Kidney Int* 1992;42:1285.
12. Article containing retraction
Garey CE, Schwarzman AL, Rise ML, Seyfried TN. Ceruloplasmin gene defect associated with epilepsy in EL mice [retraction of Garey CE, Schwarzman AL, Rise ML, Seyfried TN. In: *Nat Genet* 1994;6:426-31]. *Nat Genet* 1995;11:104.
13. Article retracted
Liou GI, Wang M, Matragoon S. Precocious IRBP gene expression during mouse development [retracted in *Invest Ophthalmol Vis Sci* 1994;35:3127]. *Invest Ophthalmol Vis Sci* 1994;35:1083-8.
14. Article with published erratum
Hamlin JA, Kahn AM. Herniography in symptomatic patients following inguinal hernia repair [published erratum appears in *West J Med* 1995; 162: 278]. *West J Med* 1995; 162: 28-31.

Tables

Type or print out each table with double spacing on a separate sheet of paper. Do not submit tables as photographs. Number tables consecutively in the order of their first citation in the text and supply a brief title for each. Give each column a short or abbreviated heading. Place explanatory matter in footnotes, not in the heading. Explain in footnotes all nonstandard abbreviations that are used in each table.

Identify statistical measures of variations, such as standard deviation and standard error of the mean.

Do not use internal horizontal and vertical rules.

Be sure that each table is cited in the text.

Illustrations (Figures)

Submit the required number of complete sets of figures. Figures should be professionally drawn and photographed; freehand or typewritten lettering is unacceptable. Instead of original drawings, x-ray films, and other material, send sharp, glossy, black-and-white or colored photographic prints 5 × 7 inches but no larger than 8 × 10 inches. Titles and detailed explanations belong in the legends for illustrations not on the illustrations themselves.

Each figure should be numbered consecutively according to the order in which they have been first cited. The figures should have a pasted label in the back which would indicate the number of the figure, author's name, and top of the figure. Do not write on the back of figures or scratch or mar them by using paper clips. Do not bend figures or mount them on cardboard. Photomicrographs should have internal scale markers. Symbols, arrows, or letters used in photomicrographs should contrast with the background.

If photographs of people are used, either the subjects must not be identifiable or their pictures must be accompanied by written permission to use the photograph (see Protection of Patients' Rights to Privacy).

Figures should be numbered consecutively according to the order in which they have been first cited in the text.

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Units of Measurement

Measurements of length, height, weight, and volume should be reported in metric units (meter, kilogram, or liter) or their decimal multiples.

Temperatures should be given in degrees Celsius. Blood pressures should be given in millimeters of mercury.

All hematologic and clinical chemistry measurements should be reported in the metric system in terms of the International System of Units (SI). Editors may request that alternative or non-SI units be added by the authors before publication.

Abbreviations and Symbols

Use only standard abbreviations. Avoid abbreviations in the title and abstract. The full term for which an abbreviation stands should precede its first use in the text unless it is a standard unit of measurement.

A cover letter separate from the manuscript, signed by all co-authors must include 1) an attestation to the "no prior" publication of the paper 2) that the paper had been read and approved by all the authors 3) must disclose any funding or any conflicting financial relationships; and 4) the name, address, and telephone number of the corresponding author, who is responsible for communicating with the other authors about revisions and final approval of the proofs.