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The PHILIPPINE JOURNAL OF OPHTHALMOLOGY adheres to the policies set forth in the "Uniform Requirements for Manuscripts Submitted to Biomedical Journals" written by the International Committee of Medical Journal Editors (*N Engl J Med* 1997; 336:309-314).

The journal publishes articles in the following categories:

- Original Articles, including clinical or laboratory investigations, clinical epidemiology, and evaluation of diagnostic and surgical techniques
- Evidence-Based Medicine (EBM), including systematic review and metaanalysis
- Lectures and Symposiums
- Case Reports and Case Series
- Brief Reports
- Special Matters

Letters, correspondence, and guest editorials may also be published.

Manuscripts submitted to the journal must be original material that has not been published or accepted for publication elsewhere. All papers are submitted to a panel of experts for peer review. Manuscripts may be sent to:

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MANUSCRIPT PREPARATION

Submitted manuscripts should not exceed 18 double-spaced typewritten pages (paper size 8.5 x 11 inches), including references, legends, tables, and figures (approximately 6-7 published pages). Use Times New Roman font size 12. Submit 3 hard copies of the manuscript and a digital copy in a compact disc (CD-ROM) or 3 .5 floppy diskette. Manuscripts should begin each component on a new page and be in the following order: (1) title page, (2) abstract, (3) text, (4) acknowledgments, (5) references, (6) legends for tables/figures, (7) tables, (8) figures (photographs, illustrations and graphs). A copyright transfer form with original signature and transmittal letter should accompany the manuscript.

TITLE PAGE

The title page should include:

1. Title of the article which should be informative, concise, meaningful, as brief as possible, and no longer than 135 characters.
2. Name of each author with his or her highest academic degree(s) and complete address of institutional affiliation.
3. Financial support, if any. Provide the agency name and city, company name and city, fellowship name, and grant number.
4. Proprietary interest statement. Each author is expected to disclose any type of financial interest related to the manuscript, including stock or ownership of a business entity connected to a product described in the paper, paid consulting for the company or competing companies, travel support or patent rights to a drug or piece of equipment.
5. List of any meeting(s) where the material is under consideration for presentation or has been previously presented. Indicate name, place, month, and year of the meeting.
6. Corresponding author's name, mailing address, telephone, fax, and e-mail address. The corresponding author will be responsible for all questions about the manuscript and for reprint requests. Only one author is to be designated corresponding author and he/she does not need to be the first author on the manuscript.
7. Appropriate footnotes.
8. Five keywords.

ABSTRACT

Provide a structured abstract of 300 words or less with the following four headings:

Objective: State the purpose or objective of the study.

Methods: The following must be included:

- Study Design: Identify the study design using a phrase such as randomized or nonrandomized clinical trial, case-control study, cross-sectional study, cohort study, case series, case report, systematic review, meta-analysis, review, experimental study, or historical manuscript. Additional modifiers can be included (consecutive, retrospective, prospective, observational, interventional, nonconsecutive, etc).
- Setting: Such as multicenter, institutional, clinical practice, etc.
- Participants, Patients or Study Population: Number of patients/eyes, selection procedures, inclusion/

exclusion criteria, randomization procedure, and masking.

- Intervention or Observation Procedure(s)
- Main Outcome Measure(s)
- Data and Statistical Analyses

Results: Briefly summarize the principal outcome measurements/data obtained. Results should be accompanied by data with confidence intervals and the exact level of statistical significance.

Conclusions: Provide brief and concise conclusion(s) directly supported by the data.

TEXT

Number the pages of the manuscript consecutively, beginning with the title page as page one. The text should, in general, not exceed 18 double-spaced typewritten pages.

Organize and prepare the manuscript to include the following sections:

Introduction: The Introduction, without a heading, should refer only to the most pertinent past publications and should not be an extensive review of the literature. Include a brief background, the research question and/or rationale, objectives/purposes of the study, and major hypothesis to be tested, if any.

Methods: Methods should be written with sufficient detail to permit others to duplicate the work. The following should be included:

- Study Design: Identifies the study design using a phrase such as randomized or nonrandomized clinical trial, case-control study, cross-sectional study, cohort study, case series, case report, systematic review, metaanalysis, review, experimental study, or historical manuscript. Additional modifiers may be included (e.g. consecutive, nonconsecutive, retrospective, prospective, observational, interventional).
- Setting: (e.g. multicenter, institutional, clinical practice)
- Participants, Patients, or Study Population: Number of patients/eyes, selection procedures, inclusion/exclusion criteria, randomization procedure, and masking.
- Intervention or observation procedure(s)
- Main and secondary outcome measure(s)
- Data and statistical analyses.

For clinical studies, statements regarding adherence to the Declaration of Helsinki, approval by Institutional Review Board (IRB)/Ethics Committee, and description of the informed consent process should be included. For

animal research, the Association for Research in Vision and Ophthalmology (ARVO) guidelines for animal research should be followed and adherence to the said guidelines should be stated. Previously published procedures should be identified by reference only.

Results: Results must be concise. Provide demographic data of the study population. Describe outcomes and measurements in an objective sequence with minimum discussion. Data should be accompanied by confidence intervals (usually at the 95% interval) and exact p values or other indications of statistical significance.

Discussion: The Discussion should be restricted to the significant findings presented. Avoid excessive generalization and undue speculation. Digressions and theorizing are not appropriate. Elucidate on (but do not reiterate) the results, provide responses to other and contradictory literature, identify limitations or qualifications of the study, and state the conclusions that are directly supported by the data. Give equal emphasis to positive and negative findings, whether and what additional study is required, and conclude with the clinical applications or implications supported by the study. The conclusion(s) is (are) incorporated into the end of the discussion and should be directly supported by the results. Authors should avoid making statements on economic benefits and costs unless their manuscript includes economic data and analyses. Avoid claiming priority of the content unless you provide the literature search protocol used.

BRIEF REPORTS

A brief report is an original contribution (generally an interesting case, a case series, surgical technique, or experimental study) with a concise message. Manuscript must adhere to the PJO format guidelines, except that the abstract should contain no more than 150 words and the body no more than 1,000 words. References should be limited to 5.

ACKNOWLEDGMENTS

Acknowledge statistical consultation and assistance (when provided by someone other than an author) in an acknowledgment at the end of the article, before the references. Include the name, degree, and affiliation of the individual. Consultants (other than statistical consultants), editorial assistants, photographers, artists, laboratory associates, and others who assist in preparation of a manuscript are not to be acknowledged, however valuable their service.

Because readers may infer their endorsement of the data and conclusions, all persons acknowledged must have given permission to be acknowledged and this must be confirmed in the cover letter.

APPENDIX

An appendix should be used very sparingly. However, it is appropriate to provide survey forms, to list the members of a study group, or explain complex formulas or information.

In studies involving a study group, the writing group authors should be listed along with the group name (e.g. Smith TT, Jones JJ on behalf of the Pediatric Amblyopia Study Group) on the title page. Other group members should be listed in an appendix. When the study group name alone is listed on the title page, the Copyright Transfer Agreement requires only the original signature of the Corresponding Author. When a series of authors is listed on the title page in conjunction with the study group name, the Copyright Transfer Agreement must include the original signatures of these authors.

REFERENCES

List only references that are pertinent to the manuscript. Cite only published studies as references. Cite/Quote from the entire study, not the abstract. You may acknowledge “unpublished data” or submitted articles within parentheses in the text. Reference to a “personal communication” within parentheses in the text must be accompanied by a signed permission letter from the individual being cited.

References should be numbered consecutively in the text and in the reference list. In the text, reference numbers are entered as superscripts. The references must be verified by the author(s) against the original documents. PubMed (<http://www.ncbi.nlm.nih.gov>) offers a useful reference checker. References to journal articles should include: the author or authors (for more than four authors, list only the first three followed by “et al.”), title, journal name (as abbreviated in Index Medicus), year, volume number, and inclusive page numbers.

References to books should include: the author or authors, chapter title (if any), editor or editors (if any), book title, edition (other than the first), city of publication, publisher, copyright year, and inclusive pages of the chapter or section cited.

Web site references must include author (or web site owner), title of article, date article was posted, publication (if applicable), complete web site address, and date accessed.

Examples

Journal Article (If four or fewer authors, list all)

Fishman GA, Alexander KR, Milam AH, Derlacki DJ. Acquired unilateral night blindness associated with a negative electroretinogram waveform. *Ophthalmology* 1996; 103: 96-104.

Journal Article (If five or more authors, list only the first three and add et al.)

Vail A, Gore SM, Bradley BA, et al. Clinical and surgical factors influencing corneal graft survival, visual acuity, and astigmatism. *Br J Ophthalmol* 1996; 103: 41-49.

Chapter in a Book

Parks MM, Mitchell PR. Cranial nerve palsies. In: Tasman W, Jaeger EA, eds. *Duane's Clinical Ophthalmology*, revised ed. Philadelphia: JB Lippincott, 1993; v. 1, chap. 19: 550-551.

Book

Miller NR. *Walsh and Hoyt's Clinical Neuro-Ophthalmology*, 4th ed. Vol. 4. Baltimore: Williams & Wilkins, 1991; 2102-2114

Web site

World Health Organization. Hospital infection control guidelines for severe acute respiratory syndrome. April 16, 2003: <http://www.who.int/csr/sars/infectioncontrol/en> (accessed April 24, 2003).

TABLES

Tables should follow references. Each table must be titled and numbered consecutively using Arabic numbers as mentioned in text. The title should be brief and fully understandable without reference to the text. Each table column and row must have a heading. Tables that indicate the mean should have the corresponding standard deviation. Legends must identify all symbols that appear on the tables and graphs.

FIGURES (PHOTOGRAPHS, ILLUSTRATIONS, AND GRAPHS)

Submit three (3) identical complete sets of prints and a digital copy if available. Each print must be separately labeled with the author's name, figure number and an indication (arrow) as to orientation (up). Put all information on a separate label on the back of the illustration to avoid writing on or damage to the prints.

Prints of figures (clinical photographs, fluorescein angiograms, CT, MRI, X-ray, photomicrographs, TEM, SEM, graphs, etc.) must be large enough to be easily read, preferably 4 x 6 inches. The digital copy of each photograph or illustration should be saved in individual files in either TIF or JPEG format with a resolution of at least 300 dpi. Photographs and illustrations saved in “Power point” or “Word” format are not acceptable. Graphs may be submitted in “Power Point” or “Excel” format. Text in figures must not be smaller than 10 points when finally reproduced in the Journal.

Each figure must be numbered consecutively in Arabic numerals by order of citation in the text. Each should

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Clinical photographs should be masked when possible to prevent identification of the patient. Clinical photographs that permit identification of an individual must be accompanied by a signed statement by the patient or guardian granting permission for publication of the pictures for educational purposes.

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ABBREVIATIONS

Restrict abbreviations to those that are widely used and understood. Avoid abbreviations that have meaning only in the context of your specific manuscript. If an abbreviation is to be used, it should appear in parentheses immediately after the term or phrase to which it refers when it is stated for the first time in the text.

INSTRUMENT, DRUG, AND MANUFACTURER NAMES

Use generic names only in the text body. State the trade name of a particular drug cited in parentheses including

manufacturer's name, city, state and/or country when first mentioned in the text. With regard to instruments utilized in the study, enclose in parentheses the specific model, manufacturer's name, city, state and/or country.

TRANSMITTAL LETTER

Each submission must be accompanied with a letter to the editor in chief. It must identify the corresponding author, list any meetings where the material is under consideration for presentation or has been previously presented and disclose any conflict of interest. The transmittal letter must include a copyright transfer. The editorial office must be supplied with phone and fax numbers for the corresponding and first author(s), and e-mail addresses, if available.

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