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The Indian Journal of Dermatology, Venereology, and Leprology is a bimonthly peer-reviewed open access journal that publishes articles in the field of dermatology, leprosy and sexually transmitted diseases. It is the official publication of the Indian Association of Dermatologists, Venereologists and Leprologists but accepts articles from around the world. The journal is published in print as well as an electronic version and is indexed with PubMed and Science Citation Index Expanded (SCIE). The journal charges no fees for submission, publication and processing. All articles must be submitted online. Articles are accepted in the following sections (all word limits exclude abstract and references):

- **Reviews:** Systematic critical assessments of literature and data sources of about 3000 words should be submitted only after consulting the Editor regarding the subject. Add an unstructured abstract of 290 words, with key words.
- **Award Articles :** Any article by Indian authors, meeting the following criteria, that is submitted in the original article category in IJDVL and published/accepted for publication as such, will be eligible for publication in this category -- The article has to be based upon the dissertation undertaken by the first author; The article has to be accompanied by a declaration by the guide/supervisor that it is based upon the dissertation done by the first author; the article has to be submitted the same year or the calendar year immediately after the one in which the first author has appeared or is scheduled to appear in the MD/DNB examination; and, there must be an acknowledgment at the end of the article specifying the dissertation name, name of the Institute where the dissertation was done and names of the guide/supervisor and co-guides/co-supervisors under whom the study was undertaken. A covering letter, manually signed by all authors, must declare that all of them satisfy the following criteria: Substantial contributions to the conception or design of the work, or the acquisition, analysis, or interpretation of data for the work; and, drafting the work or revising it critically for important intellectual content; and, final approval of the version to be published; and, agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved. It must be declared that all those in connection with the study who have met these criteria have been identified as authors.
- **Original articles:** This includes reports of trials, studies of diagnostic tests or surveys that are up to 2500 words in length. Please include a structured abstract (including 6 headings: Background, Aims, Methods, Results, Limitations, Conclusion) of not more than 2000 characters with 3-5 key words. The article should include an introduction, methods, results, discussion, acknowledgement if any, and references. The discussion section should have a separate paragraph explicitly stating the limitations of the study. Randomized controlled trials must conform to the revised CONSORT statement available from <http://www.consort-statement.org>. Registration of clinical trials is mandatory. Permission from ethics committee/ Institutional Review Board (IRB), is mandatory for all studies as are statement of sources of support and conflict of interest. IRB approval must be mentioned in the "methods" section of all manuscripts. Please provide a running title of not more than 90 characters.

The type of study (e.g., cross-sectional study, case-control study, cohort study, randomized controlled trial, meta-analysis, ecologic study, qualitative study etc) must be mandatorily mentioned in the titles of Original Articles.

- **Brief Reports:** Short reports of preliminary studies may be submitted in the category of Brief Reports with maximum 1500 words. These manuscripts must be structured like Original Articles (see the immediately preceding section).
- **Case reports:** Reports of an unusual manifestation of a disease or a new disease (1000 words and up to 10 references) should be submitted with photographs. An unstructured abstract of not more than 190 words should be submitted along with 3-5 key words. The article should include introduction, case report(s), discussion and references.
- **Images in clinical practice:** This is being repositioned as a section dedicated to images of dermatological conditions with the primary emphasis on image quality. Good images of rare and not-so-rare conditions may be submitted. If more than one image is necessary to illustrate the condition, two separate

images may be submitted. Original, unpublished, high resolution JPEG or TIFF images, not less than 300 dpi at 5 inches are accepted. If the image has significant pixelation, it is likely to be rejected. The file size should not exceed 4MB. The text should consist only of a descriptive legend, complete in itself and not exceeding hundred words. Adequate evidence for the diagnosis from clinical, laboratory and other data should be enclosed with the submission, though it will not be published. No references are required. Manuscripts submitted in this section can have up to three authors.

- **Letters to the Editor:** These should normally be no more than 750 words in length, may have up to 5 references and a maximum of three photographs. There are no sub-headings within the letter. No abstract is required. A letter in response to a published article must be submitted within six months of the online publication of the letter.
- **History:** An article (up to 2500 words in length) on the history of dermatology, skin diseases, sexually transmitted infections or leprosy, also a biographic account of a historic or noteworthy figure in dermatology, venereology and leprosy. No abstract is required.
- **Residents' page:** Short articles (up to 1000 words) that are educational for postgraduates or help improve their learning skills or ability to perform in examinations would be considered. No abstract is required.
- **Focus:** Short reviews (up to 1500 words) on instruments, equipment, drugs or procedures of current interest may be submitted after consulting the Editor on the selection of subject. No abstract is required.
- **Viewpoint:** A perspective of 500-1000 words length with 0- 5 references on matters of interest to readers may be submitted. The author may express his or her opinion without complete documentation. No abstract is required.
- **Quiz:** Classical cases with one to three good photographs will be considered. A short history, examination and investigation findings (up to 150 words) should be followed by the answer in the form of the diagnosis and a short review of the condition (up to 500 words and up to 5 references), with additional photographs if necessary.
- **Net section:** Articles may be submitted for online publication only. Submissions should be formatted as for the corresponding sections in the print version (see above). Only the title, credits and an abstract (where applicable) of the article will appear in the print version of the journal while the entire article will be available online at the journal site [www.ijdv.com](http://www.ijdv.com) Online only articles are indexed in PubMed.
- **Announcements:** Announcements (up to 100 words) of conferences, meetings, courses, awards, and other items that are likely to be of interest to readers should be submitted with the name and address of the person from whom additional information can be obtained. Paid half page insertions are allowed from IADVL members only.
- **Book Review:** Please send two copies of the book you wish us to review, along with a print or high resolution digital photograph of the front cover, to the Book Review Editor (postal address available from the editorial office).
- **Supplements:** Supplements undergo peer review and are processed in the same fashion as regular submissions to the journal. Enquiries about proposed supplements should be directed to the editor before submitting material.
- **Pearls:** This is a new section dedicated to provide an opportunity to our innovators to showcase small modifications/ innovations/ simplifications which can prove to be handy and useful to practicing dermatologists. The innovation could be in the field of clinical dermatology, diagnostics, therapeutics, surgical technique, dermatoscopic technique or dermatopathology (Please indicate the type within the cover letter). It should be a small little doable/ reproducible step which results in/ can result in improved clinical outcomes. The Pearl need not be exemplified with a specific case. The permissible word limit is 500 words, may have upto 4 references and a maximum of 3 photographs exhibiting the nuances of the innovation step by step, the aim being that the reader can immediately take it up in her clinical practice. The journal encourages the submission of a streaming video online as an adjunct to the printed version, particularly for this section, wherever necessary. Please take a look at the instructions for video file submission. The text should be divided into two subsections: Problem faced and solution proposed. No abstract is required.

For formatting your articles, have a look at the recent issue of IJDVL.

#### # MANUSCRIPT SUBMISSION AND TRACKING



Type the manuscript following the instructions mentioned below under 'Preparation of manuscript' and submit it online through the web-site

<http://www.journalonweb.com> . All manuscripts received online are automatically acknowledged by e-mail which mentions tracking article number for future reference. In case you do not receive acknowledging e-mail, please resubmit the article. Do not send articles by e-mail or post. The progress of a manuscript through the editorial process can be subsequently tracked by authors on the web-site. The copyright form, covering letter and other documents mentioned in Appendix I below should be uploaded as supplemental files at the time of submission or thereafter when requested. Do not send any material to the Editorial office. We have a policy of accepting submissions of articles, the pre-reviewed versions of which have been archived on pre-print servers, provided these have not been cited prior to submission.

Manuscripts are sent to peer reviewers without revealing the identity of the contributors. Some papers are rejected after the editorial review when editors deem that the paper is not appropriate for this journal. Authors may suggest the names and e-mail addresses of one or two reviewers who have experience in the subject of the submitted manuscript but who are not affiliated to the same institute as the authors. Authors will be informed about the reviewers' comments and acceptance or rejection of their manuscript once these are received, usually within eight to ten weeks. Galley proofs will be e-mailed to the corresponding author and need to be returned within three days. Corrections received after that period may not be included. The editors reserve the customary right to style, to abridge the article to ensure clarity and conciseness and to decide the time of publication. There are no charges for submission and publication of manuscripts, including colour images. Reprints are not free and should be requested in a reprint request form that will be sent with the acceptance letter.

## # Preparation of Manuscript



Manuscript in incorrect format may result in rejection. Manuscript text should be submitted in word (.doc), rich text format (.rtf) or PDF (.pdf) format.

1. Please be consistent. The same elements should be keyed in exactly the same way throughout the manuscript
2. Prepare the manuscript using MS Word, Times New Roman 12 font, with double line spacing for A4 size paper with a 1 inch margin on all sides.
3. To change paragraph in text, press ENTER. Do not indent the paragraph by pressing TAB.
4. The space bar should only be used as a word separator. Use TAB when indenting paragraphs or separating columns in tables.
5. Enter only one space after the full-stop at the end of a sentence.
6. Do not use the lowercase l for 1 (one) or the uppercase O for 0 (zero)..
7. Do not type headings or any other text in ALL CAPITALS.
8. Do not use the software's facility for a header, footer or footnotes.

A manuscript should be divided into the following two files:

1. **First page file:** This document should carry 1. Title of the article; 2. Short running title of not more than 90 characters; 3. Names of all contributors (first name, middle name initial, and surname in that sequence), highest academic degrees, and their professional affiliations; 4. Word count (text only, exclusive of title, abstract, references, tables, and figure legends); 5. Number of figures; 6. Number of tables; 7. Statement of conflict of interest; 8. Sources of support if any; 9. Address for correspondence - the name, address, phone numbers and email address of the corresponding contributor and 10. Acknowledgment if any. The corresponding author should promptly inform the editor of any change in e-mail id or mailing address. You may include covering letter here after the title page or upload it as supplementary file. It is mandatory that you should mention Authorship Credit in first page file as available in template file. Authorship credit should be 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.
2. **Article file:** This should have the main article manuscript without any identifying information about authors or their affiliations. The article file should have sections of Abstract, Key words, Introduction, Methods, Results, Discussion, References, Tables, Illustrations (drawings only; do not embed the images in the text file as these have to be submitted separately online) and Legends for illustrations in that order. For detailed information, please refer to the website [www.ijdv.com](http://www.ijdv.com) or the issue of January 2011.

**Tables:** Authors should exercise particular care in the preparation, notation and description of tables and figures. Tables should be included in the

article file document. Make self-explanatory tables that do not duplicate the text. Number tables in Arabic numerals consecutively in the order of their first citation in the text and supply a brief title for each. Place explanatory matter in footnotes, not in the heading. Explain in footnotes all non-standard abbreviations. Obtain permission for all fully borrowed, adapted, and modified tables and provide a credit line in the footnote. For footnotes use the following symbols, in this sequence: \*, †, ‡, §, ||, \*\*, ††, ‡‡

### **Images / Illustrations:**

Sketches/charts/flow diagrams should be included in the article file document or as separate images. Clinical and histopathology photographs should be uploaded at the time of manuscript submission as individual high quality JPEG or TIFF files. The size of the files must not exceed 4MB each. If you believe the images would be better as a composite/collage, please submit the images as single images as well as the suggested composite/collage. Do not add borders to the image.

Type concise legends (maximum 20 words) for the illustrations/figures using double line spacing. They should also be incorporated in the article file after the references. The figures must be cited in the text and numbered in the order of mention. Use Arabic numerals for numbering illustrations, which should be referred as "Figure..." in the text.

### **For clinical images:**

- The subjects must not be identifiable, or their pictures must be accompanied by signed declaration by all the authors of having obtained informed consent from them to use the photographs.
- The images must be submitted as individual high quality images in either high quality JPEG or TIFF format.
- Kindly ensure that the image is clicked with a good quality camera.
- The size of the individual image should not exceed 4 MB.
- The image resolution should not be lesser than 300 DPI at 5 inches, with no significant pixelation.
- Please do not crop the original image unless absolutely necessary, most standard image dimensions are in a 3:2 ratio.
- The image should be centered, clear and sharply focussed. Blurry images may be rejected.
- The background of the image should be clean, with no distracting elements.
- If the image depicts a site of involvement, it must include an anatomical landmark as reference.
- If two images of the same patient are being compared side by side, ensure that the colour balance is similar and the skin tones match.
- If a figure or table has been published before, acknowledge the original source and submit written permission from the copyright holder to reproduce the material. A credit line should appear in the legend for such figures.

### **For histopathology images:**

- Please mention the magnification scale and the method of staining.
- Images with vignetting (circular black borders) are not acceptable.
- Please make sure that images are uploaded with the epidermis oriented towards the top.
- Please upload both low-power magnification (showing the scanner view or silhouette) and high-power magnified images. If deemed unnecessary, they can be removed after the peer-review stage.
- Where immunohistochemistry or special stains are relevant to the diagnosis, histopathological images of the same should be uploaded.

### **For dermoscopy images:**

- Mention the magnification, mode (polarized /non-polarized) and the make of the dermoscope.
- Label relevant dermoscopic structures using appropriately colored arrows, circles or stars.

Please refer to the following article for common errors and suggested tips for improving the quality of images submitted for publication.

**Kaliyadan F. Image quality for publication. Indian J Dermatol Venereol Leprol 2016;82:367-70**

Digital adjustments to the image, if any, need to be clearly mentioned while submitting the manuscript for review. Partial adjustment of brightness, contrast, sharpening or colour can be done, as long as it does not highlight, misrepresent or obscure specific elements in the original figure. Cropping can be done for efficient image display or de-identifying patients, but must not misrepresent the image by selectively removing relevant information. The cropping applied to the image must ideally maintain a 3:2 aspect ratio, either vertically or horizontally. The IJDVL reserves the right to crop, rotate, reduce, or enlarge images to an acceptable size.

**Policy on declaration of consent for use of images:**

If the manuscript contains patient images that preclude anonymity, or a description that has obvious indication to the identity of the patient, a statement about obtaining informed patient consent MUST be indicated in the manuscript. Informed consent for this purpose requires that an identifiable patient be shown the manuscript to be published. Authors should disclose to these patients whether any potential identifiable material might be available via the Internet as well as in print after publication. This means that when the consent was obtained, the patient was made aware of the details of the usage, including how the images would appear, and to what extent the images would be distributed. Nonessential identifying details should be omitted. Informed consent should be obtained if there is any doubt that anonymity can be maintained. For example, masking the eye region in photographs of patients is inadequate protection of anonymity.

**Multimedia:**

- Video format should be MPEG, QuickTime (MOV), Windows Media Video (WMV) or MP4.
- Play on both Windows and Macintosh platforms. The review process will be delayed if the Editorial Office cannot play your video clip.
- Individual size should not exceed 30 MB (for Peer Review), if your paper is accepted you may submit high resolution video not more than 100mb. Use video-compression software to reduce video size if necessary.
- Optimal video frame dimensions of 480 x 360 pixels and 640 x 480 pixels. Videos of 320 x 240 pixels have inadequate resolution for teaching.
- Duration of individual video clip should be less than 1-2 min.
- Combinations of clips: If you combine several video clips, please provide adequate time for each segment, and leave a suitable gap between the videos. Use appropriate labelling to ensure that the viewer can understand the timing of separate events. Labelling can be added with video editing programs such as Adobe Premiere or iMovie.

**References:**

In citing other work, only references consulted in the original should be included. Use the sequential numbering system. Personal communications should not be cited in the reference list but may appear parenthetically in the text. Arrange the reference list in the sequence in which the references are first cited. In the text, references cited should be superscripted and should appear on top of the line after the punctuation. Check all references for accuracy and completeness.

The journal follows the Vancouver system of references.

Format for references:

List the first six authors followed by et al. List the Surname, followed by the initials, for each author; the title of the paper; journal title (abbreviated

according to the style of Index Medicus [ [www.nlm.nih.gov](http://www.nlm.nih.gov) ]; in case the journal is not listed in the Index Medicus, the full journal title should be given); year of publication; volume number; first and last page numbers. Please observe the interpunctuation most carefully.

Examples of references:

For journal articles:

Sehgal VN, Srivastava G, Dogra S. Adult onset pityriasis rubra pilaris. Indian J Dermatol Venereol Leprol 2008;74:311-21.

For books:

Hunt TK, editor. Wound healing and wound infection: theory and surgical practice. New York: Appleton-Century-Crofts; 1980.

For chapters in books:

Lever WF, Schaumberg Lever G. Pityriasis rubra pilaris. In: Lever WF, Schaumberg Lever G, editors. Histopathology of the skin. 7th ed. Philadelphia: JB Lippincott; 1996. p. 176-8.

For electronic media:

Bhatia A, Prakash S. Topical phenytoin for wound healing. Dermatology Online Journal. Available at: <http://dermatology.cdlib.org>. Accessed November 3, 2004.

**Abbreviations:** Abbreviations should be avoided in the title and abstract. A term or a disease must be spelt out at first mention, with the abbreviation following in parentheses in the text file.

N.B. In case of any doubt, please refer to 'Uniform requirement for manuscripts submitted to biomedical journals' at the web page [www.icmje.org](http://www.icmje.org) or in the Annals of Internal Medicine (Ann Intern Med 1997; 126:36-47) for more detailed guidelines.

## # Appendix I



**Covering letter and other documents:** A covering letter (signed by all authors), stating the title of the paper and the following points, and accompanied by the relevant documents, wherever applicable should be submitted as supplemental file at the time of submission.

### **Authorship:**

All the authors have contributed enough towards this publication to justify authorship criteria.

### **Copyright:**

We transfer all copyright ownership of the enclosed manuscript to the Indian Journal of Dermatology, Venereology, and Leprology if it is accepted for publication.

We warrant that this paper is original and has not been in part or in whole simultaneously submitted to or published in another journal. It may be downloaded from the website, printed, duly filled, scanned (reduced to a size less than 400 KB for uploading) and uploaded directly from the "Article cycle" in the author's manuscript submission area.

### **Declaration for pre-archived articles:**

At the time of submission of any article previously archived in any pre-print server, the authors must declare that the material has not been cited before.

### **Sources of support:**

For studies, add 'This study was supported (or not supported) financially or otherwise (specify) by .....

**Conflict of interest:**

There is no conflict of interest of any of the authors with the results of this study. In case conflict of interest exists, please elaborate.

**Ethics committee / Institutional review board's permission:**

We also declare that the study was assessed and approved by the institutional ethics committee / institutional review board and that the letter of approval is available with us for examination. Please attach a copy of the approval letter. A scanned copy of the same can be uploaded as supplemental file.

**Permission:**

Copy of permission(s), if any, to reproduce published material is enclosed. A scanned copy of the same can be uploaded as supplemental file at the time of submission.

**Patient's consent:**

A declaration to the effect that an informed consent of the patient(s) to use photographs revealing their identity has been obtained, satisfying all the parameters of such consent as has been described earlier, must be manually signed by all the authors. A scanned copy of the declaration has to be uploaded as supplemental file at the time of submission.

**# Checklist for submission of articles to IJDVL****For online submission:**

1. Prepare first page file as per instructions to authors
2. Prepare article file including legends to photographs. Do not include author names or affiliations or correspondence address in any part of the article file.
3. Label digital images or scanned photographs- as jpeg or tiff files of less than 4MB each.
4. Register as an author at the web-site [www.journalonweb.com/ijdv1](http://www.journalonweb.com/ijdv1) (not needed if you have registered earlier).
5. Follow instructions for submission in your work area.
6. Fill up the copyright form, and upload the same from your website area.

**# Protection of Patients' Right to Privacy**

Identifying information should not be published in written descriptions, photographs, sonograms, CT scans, etc., and pedigrees unless the information is essential for scientific purposes and the patient (or parent or guardian, wherever applicable) gives informed consent for publication. Authors should remove patients' names from figures unless they have obtained informed consent from the patients. The journal abides by ICMJE guidelines:

- 1) Authors, not the journals nor the publisher, need to obtain the patient consent form before the publication and have the form properly archived. The consent forms are not to be uploaded with the cover letter or sent through email to editorial or publisher offices.
- 2) If the manuscript contains patient images that preclude anonymity, or a description that has obvious indication to the identity of the patient, a statement about obtaining informed patient consent should be indicated in the manuscript.

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