To,

Covering Letter

The Editor

**Sub: Submission of Manuscript for publication**

Dear Sir,

We intend to publish an article entitled **“ ”** in your esteemed journal as an Original Article/Brief Report.

Provide the below information:

1. Why should the manuscript be published in the journal?
2. Provide an explanation of any issues relating to journal policies.
3. Provide a declaration of any potential competing interests / support/ permission.
4. Provide a confirmation that all authors have approved the manuscript for submission.
5. Provide a confirmation that the content of the manuscript has not been published, or submitted for publication elsewhere (see our Duplicate publication policy)
6. If you are submitting a manuscript to a particular special issue, please refer to its specific name in your covering letter.

On behalf of all the contributors, I will act as a guarantor and will correspond with the journal from this point onward.

We hereby transfer, assign, or otherwise convey all copyright ownership, including any and all rights incidental thereto, exclusively to the journal, in the event that such work is published by the journal.

We would like to suggest following referees for the article.

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| **Name** | **Address** | **E-mail** |
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Thanking you,

Yours’ sincerely,

**Signature**

**Corresponding contributor:**

E-mail -

Encl: Contributor’s form signed by all the contributors

Checklist

**Note:**

* Please remove or blind any author / institute information found in Methods – e.g. Govt. Dental College / institute as this information may compromise double-blind peer review.
* Please do not include Abstract in the Title page file. Please make sure the Abstract in the main manuscript file.
* **Future Scope / Clinical Significance:  This section must be attached after the conclusion section.**
* **Abbreviations:**  Please list all abbreviations used in your manuscript under the heading "Abbreviations" after the conclusions section. If no abbreviations are used in the manuscript, please state "Not applicable" in this section.

Please minimize the use of abbreviations and do not cite references in the abstract.

* **Abstract must have structured format (For research and review articles – 250-word limit) must include the following separate sections:**

\*\*Aim: the context and purpose of the study

\*\*Material and Methods:

\*\*Results: the main findings

\*\*Conclusions: a brief summary and potential implication

**Contributors’ form**

### Contributors' form *(to be modified as applicable and one singed copy attached with the manuscript)*

**Manuscript Title:** ­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I/we certify that I/we have participated sufficiently in the intellectual content, conception and design of this work or the analysis and interpretation of the data (when applicable), as well as the writing of the manuscript, to take public responsibility for it and have agreed to have my/our name listed as a contributor. I/we believe the manuscript represents valid work. Neither this manuscript nor one with substantially similar content under my/our authorship has been published or is being considered for publication elsewhere, except as described in the covering letter. I/we certify that all the data collected during the study is presented in this manuscript and no data from the study has been or will be published separately. I/we attest that, if requested by the editors, I/we will provide the data/information or will cooperate fully in obtaining and providing the data/information on which the manuscript is based, for examination by the editors or their assignees. Financial interests, direct or indirect, that exist or may be perceived to exist for individual contributors in connection with the content of this paper have been disclosed in the cover letter. Sources of outside support of the project are named in the cover letter.

I/We hereby transfer(s), assign(s), or otherwise convey(s) all copyright ownership, including any and all rights incidental thereto, exclusively to this journal, in the event that such work is published by the journal. The journal shall own the work, including 1) copyright; 2) the right to grant permission to republish the article in whole or in part, with or without fee; 3) the right to produce preprints or reprints and translate into languages other than English for sale or free distribution; and 4) the right to republish the work in a collection of articles in any other mechanical or electronic format.

We give the rights to the corresponding author to make necessary changes as per the request of the journal, do the rest of the correspondence on our behalf and he/she will act as the guarantor for the manuscript on our behalf.

All persons who have made substantial contributions to the work reported in the manuscript, but who are not contributors, are named in the Acknowledgment and have given me/us their written permission to be named. If I/we do not include an Acknowledgment that means I/we have not received substantial contributions from non-contributors and no contributor has been omitted.

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| **Name** | **Signature** | **Date signed** |
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### Checklist *(to be tick marked, as applicable and one copy attached with the manuscript)*

**Manuscript Title** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­\_

Checklist

**Covering letter**

* Signed by all contributors
* Previous publication / presentations mentioned
* Source of funding mentioned
* Conflicts of interest disclosed

**Authors**

* Middle name initials provided
* Author for correspondence, with e-mail address provided
* Number of contributors restricted as per the instructions
* Identity not revealed in paper except title page (e.g. name of the institute in material and methods, citing previous study as ‘our study’, names on figure labels, name of institute in photographs, etc.)

**Presentation and format**

* Double spacing
* Margins 2.5 cm from all four sides
* Title page contains all the desired information (vide supra)
* Running title provided (not more than 50 characters)
* Abstract page contains the full title of the manuscript
* Abstract provided (not more than 250 words for case reports and 250 words for original articles)
* Structured abstract provided for an original article
* Key words provided (three or more)
* Introduction of 200-250 words
* Headings in title case (not ALL CAPITALS, not underlined)
* References cited in superscript in the text without brackets
* References according to the journal’s instructions.

**Language and grammar**

* Uniformly British English
* Abbreviations spelt out in full for the first time
* Numerals from 1 to 10 spelt out
* Numerals at the beginning of the sentence spelt out

**Tables and figures**

* No repetition of data in tables/graphs and in text
* Actual numbers from which graphs drawn, provided
* Figures necessary and of good quality (colour)
* Table and figure numbers in Arabic letters (not Roman)
* Labels pasted on back of the photographs (no names written)
* Figure legends provided (not more than 40 words)
* Patients’ privacy maintained (if not, written permission enclosed)
* Credit note for borrowed figures/tables provided

**Type of article**: Original / Brief

**Title Page**

**Title of the article:**

**Running title**

**Contributors**

Department(s) and institution(s)

**Corresponding Author:**

Name:

Address:

Phone numbers:

Facsimile numbers:

E-mail address:

Total number of pages:

Total number of photographs:

Word counts

for abstract:

for the text:

Presentation at a meeting:

Organisation:

Place:

Date:

**Mandatory Sections for Title Page**

1. **Acknowledgements:**
2. **Conflicting Interest**
3. **Source(s) of support:**
4. **Ethical policy and Institutional Review board statement:**
5. **Patient declaration of consent statement:**
6. **Authors’ Contribution:** Enter the role of contributors in the first column and names of the contributors in the columns 2, 3, and so on.

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| --- | --- | --- | --- | --- | --- | --- |
| Role (Concepts, Design, Definition of intellectual content, investigation, manuscript writing, etc.) | Contributor 1 | Contributor 2 | Contributor 3 | Contributor 4 | Contributor 5 | Contributor 6 |
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1. **Data Availability statement:**

**Title of the article:**

**Abstract Page**

**Running title**

**Abstract:**

Aims:

Methods and Material:

Results:

Conclusions:

**Keywords:**

**Introduction**:

**Materials and Methods:**

**Statistical Analysis:**

**Results:**

**Discussion**:

**Conclusion**:

**Future Scope / Clinical Significance**

**List of Abbreviations:**

**References:**

**Legends of Tables:**

**Legends of Figures Reporting guidelines:**

 Fill the checklist given below :

Reporting guidelines for Original Research Articles (Case control, Cohort and Cross-sectional studies): STROBE (2007).

|  |  |  |  |
| --- | --- | --- | --- |
|  | Item No | Recommendation | Yes/ No |
| **Title and abstract** | 1 | (*a*) Indicate the study’s design with a commonly used term in the title or the abstract |  |
| (*b*) Provide in the abstract an informative and balanced summary of what was done and what was found. Structured abstract: Aims & Objectives, Materials & Methods, Results, ConclusionFormat to be consistent |  |
| Introduction |  |
| Background/rationale | 2 | Explain the scientific background and rationale for the investigation being reported |  |
| Objectives | 3a | State specific objectives, including any prespecified hypotheses. The research objective should not be biased. |  |
| 3b | Statements to be appropriately cited |  |
| Methods – Structured methods section (with subheadings) is preferred |  |
| Study design | 4a | Present key elements of study design early in the paper (cross sectional/ cohort/ case-control) |  |
| 4b | Is the study design robust and well-justified? |  |
| Setting | 5a | Describe the setting, locations, and relevant dates, including periods of recruitment, exposure, follow-up, and data collection |  |
| 5b # | Mention the details of the Supplier/manufacturer of the equipment/ materials (E.g. Chemicals) used in the study |  |
| 5c # | Mention the details of the drugs (manufacturer, dosage, dilution, frequency and route of administration, monitoring equipment) used in the study |  |
| 5d # | Mention the details about the cell lines (names and where it was obtained from) |  |
| 5e # | Mention the details of plant sample collection (Location, time period, validation of the specimen, Institution where the specimen is submitted and the voucher specimen number) |  |
| Participants | 6 | (*a*) *Cohort study*—Give the eligibility criteria (Inclusion/ exclusion), and the sources and methods of selection of participants. Describe methods of follow-up |  |
| *Case-control study*—Give the eligibility criteria (Inclusion/ exclusion), and the sources and methods of case ascertainment and control selection. Give the rationale for the choice of cases and controls |  |
| *Cross-sectional study*—Give the eligibility criteria (Inclusion/ exclusion), and the sources and methods of selection of participants |  |
| (*b*)*Cohort study*—For matched studies, give matching criteria and number of exposed and unexposed |  |
| *Case-control study*—For matched studies, give matching criteria and the number of controls per case |  |
| Variables | 7a | Clearly define all outcomes (primary and secondary), exposures, predictors, potential confounders, and effect modifiers.  |  |
| 7b | Give diagnostic criteria, if applicable |  |
| Data sources/ measurement | 8\* | For each variable of interest, give sources of data and details of methods of assessment (measurement). Describe comparability of assessment methods if there is more than one group |  |
| Bias | 9 | Describe any efforts to address potential sources of bias |  |
| Study size | 10 | Explain how the study size (sample size) was arrived at |  |
| Quantitative variables | 11 | Explain how quantitative variables were handled in the analyses. If applicable, describe which groupings were chosen and why |  |
| **Statistical** **methods****(a separate heading needed)** | 12 | (*a*) Describe all statistical methods, including those used to control for confounding |  |
| (*b*) Describe any methods used to examine subgroups and interactions |  |
| (*c*) Explain how missing data were addressed |  |
| (*d*) *Cohort study*—If applicable, explain how loss to follow-up was addressed*Case-control study*—If applicable, explain how matching of cases and controls was addressed*Cross-sectional study*—If applicable, describe analytical methods taking account of sampling strategy |  |
| (*e*) Describe any sensitivity analyses |  |
| **Results** |
| Participants | 13\* | (a) Report numbers of individuals at each stage of study—eg numbers potentially eligible, examined for eligibility, confirmed eligible, included in the study, completing follow-up, and analysed |  |
| (b) Give reasons for non-participation at each stage |  |
| (c) Consider use of a flow diagram |  |
| Descriptive data | 14\* | (a) Give characteristics of study participants (eg demographic, clinical, social) and information on exposures and potential confounders |  |
| (b) Indicate number of participants with missing data for each variable of interest |  |
| (c) *Cohort study*—Summarise follow-up time (eg, average and total amount) |  |
| Outcome data | 15\* | *Cohort study*—Report numbers of outcome events or summary measures over time |  |
| *Case-control study—*Report numbers in each exposure category, or summary measures of exposure |  |
| *Cross-sectional study—*Report numbers of outcome events or summary measures |  |
| Main results | 16 | (*a*) Give unadjusted estimates and, if applicable, confounder-adjusted estimates and their precision (eg, 95% confidence interval). Make clear which confounders were adjusted for and why they were included |  |
| (*b*) Report category boundaries when continuous variables were categorized |  |
| (*c*) If relevant, consider translating estimates of relative risk into absolute risk for a meaningful time period |  |
| Other analyses | 17 | Report other analyses done—eg analyses of subgroups and interactions, and sensitivity analyses |  |
| Presentation | 18a | Tables and graphs properly depicted with no repetition of the data in the text |  |
| 18b | Annotation/ footnotes to be mentioned appropriately |  |
| 18c | Abbreviations to be defined in the footnotes |  |
| **Discussion** |
| Key results | 19 | Summarise key results with reference to study objectives |  |
| Limitations | 20 | Discuss limitations of the study, taking into account sources of potential bias or imprecision. Discuss both direction and magnitude of any potential bias |  |
| Interpretation | 21 | Give a cautious overall interpretation of results considering objectives, limitations, multiplicity of analyses, results from similar studies, and other relevant evidence |  |
| Generalisability | 22 | Discuss the generalisability (external validity) of the study results |  |
| Citations | 23a | The statements should be adequately cited |  |
| 23b | Recent citations (last 5 years) to be cited in a greater proportion |  |
| **Other information** |
| Funding | 24a | Give the source of funding and the role of the funders for the present study and, if applicable, for the original study on which the present article is based |  |
| 24b | Mention the Grant Number |  |
| Ethical approval and Patient Consent  | 25a | Mention the IRB approval and the approval number (For animal and human subjects) |  |
| 25b | Mention if the study has been conducted in accordance with the ethical principles mentioned in the Declaration of Helsinski (2013) |  |
| 25c | Mention if the patients have consented to participate in the study. To mention if consent has been waived/ exempted by IRB |  |
| Conflict of Interest | 26 | Mention the financial, commercial, legal, or professional relationship of the author (or the author’s employer) with sponsors/ organizations that could potentially influence the research.  |  |
| Language | 27 | The language should be understandable without grammatical errors that hinders the readability |  |

\*Give information separately for cases and controls in case-control studies and, if applicable, for exposed and unexposed groups in cohort and cross-sectional studies.

# Give information depending on the study sample

Reporting guidelines for Original Research Articles (Clinical trial studies): CONSORT.

|  |
| --- |
| **Checklist Yes/No** |
| **Title and abstract**  |
|  | 1a | Identification as a randomised trial in the title |  |
| 1b | Structured summary of trial design, methods, results, and conclusions (for specific guidance see CONSORT for abstracts) |  |
| **Introduction** |
| Background and objectives | 2a | Scientific background and explanation of rationale |  |
| 2b | Specific objectives or hypotheses |  |
| **Methods** |
| Trial design | 3a | Description of trial design (such as parallel, factorial) including allocation ratio |  |
| 3b | Important changes to methods after trial commencement (such as eligibility criteria), with reasons |  |
| Participants | 4a | Eligibility criteria for participants |  |
| 4b | Settings and locations where the data were collected |  |
| Interventions | 5 | The interventions for each group with sufficient details to allow replication, including how and when they were actually administered |  |
| Outcomes | 6a | Completely defined pre-specified primary and secondary outcome measures, including how and when they were assessed |  |
| 6b | Any changes to trial outcomes after the trial commenced, with reasons |  |
| Sample size | 7a | How sample size was determined |  |
| 7b | When applicable, explanation of any interim analyses and stopping guidelines |  |
| Randomisation: |  |  |  |
|  Sequence generation | 8a | Method used to generate the random allocation sequence |  |
| 8b | Type of randomisation; details of any restriction (such as blocking and block size) |  |
|  Allocation concealment mechanism | 9 | Mechanism used to implement the random allocation sequence (such as sequentially numbered containers), describing any steps taken to conceal the sequence until interventions were assigned |  |
|  Implementation | 10 | Who generated the random allocation sequence, who enrolled participants, and who assigned participants to interventions |  |
| Blinding | 11a | If done, who was blinded after assignment to interventions (for example, participants, care providers, those assessing outcomes) and how |  |
| 11b | If relevant, description of the similarity of interventions |  |
| Statistical methods | 12a | Statistical methods used to compare groups for primary and secondary outcomes |  |
| 12b | Methods for additional analyses, such as subgroup analyses and adjusted analyses |  |
| **Results** |
| Participant flow (a diagram is strongly recommended) | 13a | For each group, the numbers of participants who were randomly assigned, received intended treatment, and were analysed for the primary outcome |  |
| 13b | For each group, losses and exclusions after randomisation, together with reasons |  |
| Recruitment | 14a | Dates defining the periods of recruitment and follow-up |  |
| 14b | Why the trial ended or was stopped |  |
| Baseline data | 15 | A table showing baseline demographic and clinical characteristics for each group |  |
| Numbers analysed | 16 | For each group, number of participants (denominator) included in each analysis and whether the analysis was by original assigned groups |  |
| Outcomes and estimation | 17a | For each primary and secondary outcome, results for each group, and the estimated effect size and its precision (such as 95% confidence interval) |  |
| 17b | For binary outcomes, presentation of both absolute and relative effect sizes is recommended |  |
| Ancillary analyses | 18 | Results of any other analyses performed, including subgroup analyses and adjusted analyses, distinguishing pre-specified from exploratory |  |
| Harms | 19 | All important harms or unintended effects in each group (for specific guidance see CONSORT for harms) |  |
| **Discussion** |
| Limitations | 20 | Trial limitations, addressing sources of potential bias, imprecision, and, if relevant, multiplicity of analyses |  |
| Generalisability | 21 | Generalisability (external validity, applicability) of the trial findings |  |
| Interpretation | 22 | Interpretation consistent with results, balancing benefits and harms, and considering other relevant evidence |  |
| **Other information** |  |
| Registration | 23 | Registration number and name of trial registry |  |
| Protocol | 24 | Where the full trial protocol can be accessed, if available |  |
| Funding | 25 | Sources of funding and other support (such as supply of drugs), role of funders |  |