

Instructions to the Authors

✓ Editorial Policy

The Indian Journal of Nuclear Medicine (IJNM) publishes material of interest to the professionals engaged in the field of nuclear medicine, radiopharmaceutical chemistry, radiation biology, instrumentation physics and related fields including thyroidology. Proffered articles describing original laboratory or clinical work, case reports, technical notes, letters to the editors and review articles will be considered for publication. Residents may submit articles pertaining to their thesis, dissertations and work experience, which shall be considered under Residents' Column category. Manuscripts submitted must be original and not under consideration by any other publication.

✓ Manuscript Submission

Manuscript need to be submitted online only on www.journalonweb.com/ijnm . You need to register yourself as author first on the website before submitting online. If you are already registered, you can directly log in with your username and password and submit your script. For the purpose of postal communications, please correspond with editorial office at following address -

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✓ 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Identifying information should not be published in written descriptions, photographs, sonograms, CT scans, etc., and pedigrees unless the information is essential for scientific purposes and the patient (or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.

✓ Original Manuscripts

Papers submitted for publication should be typewritten double-spaced. The manuscript should consist of the following: (1) Title Page, (2) Abstract & Keywords, (3) Full text, (4) References, (5) Legends for illustrations, (6) Tables. The pages should be numbered consecutively, starting with the title page as page number one. The manuscript should be accompanied by a signed, completed Copyright Transfer Agreement, to be uploaded separately. The images / illustrations also need to be uploaded separately.

a. **Title page**

Include title, authors and their affiliations to institution/s along with name, address, telephone & fax numbers, and electronic mail address of the corresponding author. It needs to be uploaded separately and should not form part of the main manuscript.

b. **Abstract**

There should be a structured abstract of no more than 250 words. The abstract should include the Purpose of the Study; Materials and Methods;

Results; and Conclusions, divided into four separate paragraphs. Abbreviations of isotopes and radiopharmaceuticals should be used. Three to six Key Words for indexing purposes should appear after the abstract.

c. **Text**

References should be cited with parentheses in numerical order as they appear. Only those references that are considered essential should be included. **Isotopes:** When abbreviating isotopes, designate them in the following manner instead of using superscripts: I-125, In-113m, Tc-99m. **Radiopharmaceuticals:** Radiopharmaceuticals should be listed with the isotope first followed by the chemical form. Abbreviations of isotopes are preferred but not required (Tc-99m sodium pertechnetate or technetium-99m sodium pertechnetate; I-131 human serum albumin or iodine-131 human serum albumin). **Abbreviating radiopharmaceuticals:** In using abbreviations to shorten the lengthy name of a radiopharmaceutical, the full name should be spelled out completely the first time, it is mentioned, followed by the abbreviation in parentheses (Tc-99m diethylenetriaminepentaacetic acid (DTPA); thereafter Tc-99m DTPA). Thereafter abbreviations may be used. **Tables, if any, should be placed at the end of manuscript text.**

- d. **Radiopharmaceutical doses:** When becquerels are used, the quantity of radioactivity should be given in both curie (Ci) and becquerel (Bq) designations.
- e. **Images:** Submit good quality color images. Each image should be less than 1024 kb (1 MB) in size. Size of the image can be reduced by decreasing the actual height and width of the images keep up to 1240 x 800 pixels or 5-6 inches). **Images must be submitted as .jpg files.** Do not zip the files. Legends for the Figures / images should be included at the end of the article file.
- f. **References**

These should be double spaced in numerical order (not alphabetically by author), and should conform to the following style:

1. Stewart AF. Clinical practice. Hypercalcemia associated with cancer. *N Engl J Med* 2005;352:373-9.
2. Otter MI, Marks CG, Cook MG. An unusual presentation of intestinal duplication with a literature review. *Dig Dis Sci* 1996;41: 627-9.
3. Jemal A, Siegel R, Xu J, Ward E. Cancer statistics, 2010. *CA cancer J Clin* 2010;60:277-300.□
4. Purandare NC, Rangarajan V, Rajnish A, Shah S, Arora A, Pathak S. Focal fat spared area in the liver masquerading as hepatic metastasis on F-18 FDG PET imaging. *Clin Nucl Med* 2008; 33: 802-5.
5. Yao JC, Hassan M, Phan A, Dagohoy C, Leary C, Mares JE, *et al.* One hundred years after "carcinoid": Epidemiology of and prognostic factors for neuroendocrine tumors in 35,825 cases in the United States. *J Clin Oncol* 2008;26:3063-72.
6. Naswa N, Sharma P, Kumar A, Nazar AH, Kumar R, Chumber S, *et al.* Gallium-68-DOTA-NOC PET/CT of patients with gastroenteropancreatic neuroendocrine tumors: A prospective single-center study. *AJR Am J Roentgenol* 2011; 197:1221-8.
7. Pacini F, Schlumberger M, Dralle H, Elisei R, Smit JW, Wiersinga W, *et al.* European consensus for the management of patients with differentiated thyroid carcinoma of the follicular epithelium. *Eur J Endocrinol* 2006;154:787-803.
8. Jensen RT. Endocrine tumors of the gastrointestinal tract and pancreas. In: Kasper DL, Braunwald E, Fauci AS, Hauser SL, Longo DL, Jameson JL, editors. *Harrison's Principles of Internal Medicine*. 16th ed. New York: McGraw-Hill; 2005. p. 2220-31.
9. Seeram E. Image quality. In: *Computed Tomography: Physical Principles, Clinical Applications and Quality Control*. 2nd ed. Philadelphia, PA: Saunders; 2001. p. 174-99.
10. Jain Amit: [Association of gastroesophageal reflux in young children with persistent respiratory symptoms] MD. Thesis, University of Delhi, 2000..

g. **Interesting Images**

One of the regular feature of Indian Journal of Nuclear Medicine is a section devoted to interesting images. No manuscript text is required. Simply send an unstructured abstract, of not more than 100 words, and appropriate images and accompanying text of explanation along with a title page and **references (at least six)**. Three to six Keywords for indexing purposes should appear after the abstract. The number of images is left to the discretion of the author. Instructions for the (1) title page, (2) illustrations, (3) references, and (4) Copyright Transfer Agreement are the same as for Original Manuscripts.

h. **Pictorial Essay**

Pictorial Essay will be one of the frequently appearing features in Indian Journal of Nuclear Medicine. The Pictorial Essay will carry an introductory paragraph, learning points, clinical significance and series of images or imaging pattern (8-10 images atleast) of a particular disease/entity/lesion or subject. Images should be characteristic and should be well described using arrows and markers.

i. **Review Articles/Critical Opinion**

It is expected that these articles would be written by individuals who have done substantial work on the subject or are considered experts in the field. A short summary of the work done by the contributor(s) in the field of review is desirable in the manuscript. The prescribed word count is up to 3000 words excluding tables, references and abstract. The journal expects the contributors to give post-publication updates on the subject of review. The update should be brief, covering the advances in the field after the publication of the article and should be sent as a letter to editor, as and when major development occurs in the field.

j. **Case reports:**

New, interesting and rare cases can be reported. They should be unique, describing a great diagnostic or therapeutic challenge and providing a learning point for the readers. Cases with clinical significance or implications will be given priority. These communications could be of up to 1000 words (excluding Abstract and references) and should have the following headings: Abstract (unstructured), Key-words, Introduction, Case report, Discussion, Reference, Tables and Legends in that order. Case Reports could be authored by **up to four authors**.

k. **Letter to the Editor:**

They should preferably be related to articles previously published in the Journal or views expressed in the journal. The letter can also be written on socio-economic issues, about administrative and education policies of government pertaining to nuclear medicine. These views published under the 'Letter' purely reflecting the viewpoint of the author and not editorial board or publisher. The letter could have up to 500 words and 4 references. It could be generally authored by **not more than four authors**.

l. Other: Editorial, Guest Editorial, Invited Commentary and Point-Counter Point, are solicited by the editorial board.

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