Instructions to the Authors

About the Journal

Journal of Basic and Clinical Pharmacy, a publication of Global Scientific Research Forum, is a peer-reviewed online journal with Quarterly print on demand compilation of issues published. The journal’s full text is available online at http://www.jbclinpharm.org. The journal allows free access (Open Access) to its contents and permits authors to self-archive final accepted version of the articles on any OAI-compliant institutional / subject-based repository.

Article Processing Indicators

30 days - Submission to first editorial decision (including peer-review)

75 days - Editorial acceptance to publication

Scope of the journal

The journal will cover technical and clinical studies related to health, ethical and social issues in field of Researchers in Pharmacy, Basic and Clinical Research. Articles with clinical interest and implications will be given preference. Below are the research fields can be submitted:

Pharmaceutics,

Industrial pharmacy,

Medicinal chemistry,

Pharmacognosy,

Pharmacology,

Ethnopharmacology,

Medicinal plants,

Toxicology,

Clinical investigation,

Novel analytical methods for drug characterization,

Computational and modeling approaches to drug design,

Rational drug prescribing,

Biotechnology,
Pharmacoeconomics,
Nanotechnology,
Targeted delivery,
Pharmacokinetics and Biopharmaceutics.

Call for Review articles:

The Editorial Process

A manuscript will be reviewed for possible publication with the understanding that it is being submitted to Journal of Basic and Clinical Pharmacy alone at that point in time and has not been published anywhere, simultaneously submitted, or already accepted for publication elsewhere. The journal expects that authors would authorize one of them to correspond with the Journal for all matters related to the manuscript. All manuscripts received are duly acknowledged. On submission, editors review all submitted manuscripts initially for suitability for formal review. Manuscripts with insufficient originality, serious scientific or technical flaws, or lack of a significant message are rejected before proceeding for formal peer-review. Manuscripts that are unlikely to be of interest to the Journal of Basic and Clinical Pharmacy readers are also liable to be rejected at this stage itself.

Manuscripts that are found suitable for publication in Journal of Basic and Clinical Pharmacy are sent to two or more expert reviewers. During submission, the contributor is requested to provide names of two or three qualified reviewers who have had experience in the subject of the submitted manuscript, but this is not mandatory. The reviewers should not be affiliated with the same institutes as the contributor/s. However, the selection of these reviewers is at the sole discretion of the editor. The journal follows a double-blind review process, wherein the reviewers and authors are unaware of each other’s identity. Every manuscript is also assigned to a member of the editorial team, who based on the comments from the reviewers takes a final decision on the manuscript. The comments and suggestions (acceptance/ rejection/ amendments in manuscript) received from reviewers are conveyed to the corresponding author. If required, the author is requested to provide a point by point response to reviewers’ comments and submit a revised version of the manuscript. This process is repeated till reviewers and editors are satisfied with the manuscript.

Manuscripts accepted for publication are copy edited for grammar, punctuation, print style, and format. Page proofs are sent to the corresponding author. The corresponding author is expected to return the corrected proofs within three days. It may not be possible to incorporate corrections received after that period. The whole process of submission of the manuscript to final decision and sending and receiving proofs is completed online. To achieve faster and greater dissemination of knowledge and information, the journal publishes articles online as ‘Ahead of Print’ immediately on acceptance.

Clinical trial registry

Authors of manuscripts involving clinical trials must provide full registration of their clinical trial(s). A clinical trial is defined as any research project that prospectively assigns human subjects to intervention and comparison groups to study the cause-and-effect relationship between a medical intervention and a health outcome. The trial must have at least one prospectively assigned concurrent control or comparison group in order to trigger the requirement for registration.

Authorship Criteria

Authorship credit should be based only on substantial contributions to each of the three components mentioned below:

1. Concept and design of study 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.

Participation solely in the acquisition of funding or the collection of data does not justify authorship. General supervision of the research group is not sufficient for authorship. Each contributor should have participated sufficiently in the work to take public responsibility for appropriate portions of the content of the manuscript. The order of naming the contributors should be based on the relative contribution of the contributor towards the study and writing the manuscript. Once submitted the order cannot be changed without written consent of all the contributors. The journal prescribes a maximum number of authors for manuscripts depending upon the type of manuscript, its scope and number of institutions involved (vide infra). The
authors should provide a justification, if the number of authors exceeds these limits.

**Contribution Details**

Contributors should provide a description of contributions made by each of them towards the manuscript. Description should be divided in following categories, as applicable: concept, design, definition of intellectual content, literature search, clinical studies, experimental studies, data acquisition, data analysis, statistical analysis, manuscript preparation, manuscript editing and manuscript review. Authors' contributions will be printed along with the article. One or more author should take responsibility for the integrity of the work as a whole from inception to published article and should be designated as 'guarantor'.

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All authors of must disclose any and all conflicts of interest they may have with publication of the manuscript or an institution or product that is mentioned in the manuscript and/or is important to the outcome of the study presented. Authors should also disclose conflict of interest with products that compete with those mentioned in their manuscript.

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All manuscripts must be submitted on-line through the website [http://www.journalonweb.com/jbcp](http://www.journalonweb.com/jbcp). First time users will have to register at this site. Registration is free but mandatory. Registered authors can keep track of their articles after logging into the site using their user name and password. If you experience any problems, please contact the editorial office by e-mail at editor [AT] jbclinpharm . org

**Manuscript Preparation and Format**

Manuscripts must be supplied in a single WORD FILE and should include all information related to the submission like the complete manuscript text, all figures, all tables, and information for reviewers. Each figure including all the panels and its corresponding legend must be presented together on its own page within the manuscript. Each table must be presented completely on its own page within the manuscript. All manuscripts should be double-spaced and should contain the following sections in the order given below:

**Cover Letter**

JBCP strongly encourages authors to suggest two to five referees (include their email IDs, phone numbers, and fax numbers) and an associate editor they believe are best qualified to review their paper. Authors may also include a list of non-preferred associate editors and non-preferred referees, but the ultimate selection of the associate editor and referees is at the sole discretion of the Editor-in-chief and Associate Editor, respectively.

**Title Page**

Title- Use no abbreviations. Limit: 150 characters with spaces. Short Title-Limit: 50 characters without spaces. Authors-Include full names of all authors and name and full location of department and institution where work was performed. Correspondence-Provide full name, complete address, e-mail address, telephone number, and fax number of corresponding author. Disclosures-All authors must disclose any potential conflicts (financial, professional, or personal) that are relevant to the manuscript. If the author(s) has nothing to disclose, this must be stated. Grant Support-List grant support and other assistance. Abbreviations-List alphabetically abbreviations used in the manuscript.

**Abstract**

The abstract may not exceed 250 words and should state the rationale, objectives, findings, and conclusions of the manuscript. The abstract, like the title, should be written for the journal's general readership. Nonstandard abbreviations, references, and primary data should not be presented in abstracts. For publication, JBCP reserves the right to re-word the abstract, with the final approval of the authors.

**Body of Paper**

Manuscripts should be double-spaced (including references, tables. Figure legends may be single-spaced if needed to keep image and legend on same page). Number all pages. Manuscripts average 6,500 words, including all legends and references; however, JBCP does not enforce a strict word limit.

**Introduction**

Manuscript should provide complete background for the present study and should provide a brief summary of the work at the end of the introduction.

**Materials and Methods**

Manuscript should provide detailed description of all the experimental methods including the source of the chemicals and drugs. Identify drugs and chemicals by generic name (wherever
Results
The results should be presented concisely. Tables and figures should be designed to maximize the presentation and comprehension of the experimental data. Attention should be paid to the matter of significant figures (usually, no more than six including tables). The same data should not be presented in more than one figure or in both a figure and a table. As a rule, interpretation of the results should be reserved for the discussion section of a Research Article, but under some circumstances it may be desirable to combine results and discussion in a single section.

Discussion Purpose of the discussion is to interpret the results and relate them to the existing knowledge in the field in as clear and brief fashion as possible. Information given elsewhere in the manuscript should not be repeated in the discussion. Extensive reviews of the literature should be avoided.

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Types of Manuscripts

Original articles:
These include randomized controlled trials, intervention studies, studies of screening and diagnostic test, outcome studies, cost effectiveness analyses, case-control series, and surveys with high response rate. The text of original articles amounting to up to 3000 words (excluding Abstract, references and Tables) should be divided into sections with the headings Abstract, Key-words, Introduction, Material and Methods, Results, Discussion, References, Tables and Figure legends.

Introduction: State the purpose and summarize the rationale for the study or observation.

Materials and Methods: It should include and describe the following aspects:

Ethics: When reporting studies on human beings, 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 2000 (available at http://www.wma.net/e/policy/17-c_e.html). For prospective studies involving human participants, authors are expected to mention about approval of (regional/ national/ institutional or independent Ethics Committee or Review Board, obtaining informed consent from adult research participants and obtaining assent for children aged over 7 years participating in the trial. The age beyond which assent would be required could vary as per regional and/ or national guidelines. Ensure confidentiality of subjects by desisting from mentioning participants’ names, initials or hospital numbers, especially in illustrative material. When reporting experiments on animals, indicate whether the institution’s or a national research council’s guide for, or any national law on the care and use of laboratory animals was followed. Evidence for approval by a local Ethics Committee (for both human as well as animal studies) must be supplied by the authors on demand. Animal experimental procedures should be as humane as possible and the details of anesthetics and analgesics used should be clearly stated. The ethical standards of experiments must be in accordance with the guidelines provided by the CPCSEA and World Medical Association Declaration of Helsinki on Ethical Principles for Medical Research Involving Humans for studies involving experimental animals and human beings, respectively). The journal will not consider any paper which is ethically unacceptable. A statement on ethics committee permission and ethical practices must be included in all research articles under the ‘Materials and Methods’ section.

Study design:

Selection and Description of Participants: Describe your selection of the observational or experimental participants (patients or laboratory animals, including controls) clearly, including eligibility and exclusion criteria and a description of the source population. Technical information: Identify the methods, apparatus (give the manufacturer’s name and address in parenthenses), and procedures in sufficient detail to allow other workers to reproduce the results. Give references to established methods, including statistical methods (see below); 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, assignment of interventions (methods of randomization, concealment of
allocation to treatment groups), and the method of masking (blinding), based on the CONSORT Statement (http://www.consort-statement.org).

**Reporting Guidelines for Specific Study Designs**

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<td>STARD</td>
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<td>STROBE</td>
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**Statistics:** Whenever possible quantify findings and present them with appropriate indicators of measurement error or uncertainty (such as confidence intervals). Authors should report losses to observation (such as, dropouts from a clinical trial). When data are summarized in the Results section, specify the statistical methods used to analyze them. 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. Specify the computer software used. Use upper italics (P 0.048). For all P values include the exact value and not less than 0.05 or 0.001. Mean differences in continuous variables, proportions in categorical variables and relative risks including odds ratios and hazard ratios should be accompanied by their confidence intervals.

**Results:** Present your results in a logical sequence in the text, tables, and illustrations, giving the main or most important findings first. Do not repeat in the text all the data in the tables or illustrations; emphasize or summarize only important observations. Extra- or supplementary materials and technical detail can be placed in an appendix where it will be accessible but will not interrupt the flow of the text; alternatively, it can be published only in the electronic version of the journal.

When data are summarized in the Results section, give numeric results not only as derivatives (for example, percentages) but also as the absolute numbers from which the derivatives were calculated, and 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. Where scientifically appropriate, analyses of the data by variables such as age and sex should be included.

**Discussion:** Include summary of key findings (primary outcome measures, secondary outcome measures, results as they relate to a prior hypothesis); Strengths and limitations of the study (study question, study design, data collection, analysis and interpretation); Interpretation and implications in the context of the totality of evidence (is there a systematic review to refer to, if not, could one be reasonably done here and now?, what this study adds to the available evidence, effects on patient care and health policy, possible mechanisms); Controversies raised by this study; and Future research directions (for this particular research collaboration, underlying mechanisms, clinical research).

Do not repeat in detail data or other material given in the Introduction or the Results section. In particular, contributors 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. New hypotheses may be stated if needed, however they should be clearly labeled as such. About 30 references can be included. These articles generally should not have more than six authors.

**Review Articles:**

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 should accompany the manuscript.

The prescribed word count is up to 3000 words excluding tables, references and abstract. The manuscript may have about 90 references. The manuscript should have an unstructured Abstract (250 words) representing an accurate summary of the article. The section titles would depend upon the topic reviewed. Authors submitting review article should include a section describing the methods used for locating, selecting, extracting, and synthesizing data. These methods should also be summarized in the 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.

**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.

The manuscript could be of up to 1000 words (excluding references and abstract) and could be supported with up to 10 references. Case Reports could be authored by up to four authors.

**Letter to the Editor:**

These should be short and decisive observations. They should preferably be related to articles previously published in the Journal or views expressed in the journal. They should not be preliminary observations that need a later paper for validation. The letter could have up to 500 words and 5 references. It could be generally authored by not more than four authors.

**Other:**

Editorial, Guest Editorial, Commentary and Opinion are solicited by the editorial board.

**References**

List references in the text by sequential numbers in parentheses. In the Reference section, list references numbered in the order in which they appear in the text. Follow AMA style, and abbreviate names of journals according to the PubMed Journals list.

Article (list 3 authors followed by et al):

Entire books
Ellis RW, Brodeur BR, eds. Bacterial Vaccines. Austin, TX: Landes Bioscience; 2003.

Articles in books

**Endnote**


**EndNote Users:** download the J Basic Clin Pharm.ens references style file from the EndNote website at [http://endnote.com/downloads/style/journal-basic-and-clinical-pharmacy](http://endnote.com/downloads/style/journal-basic-and-clinical-pharmacy)

**Figures and Tables**

Font appearing within figures (axis labels, for example) should be produced must be of sufficient size and contrast to retain clarity if reduced in size. Figures must be cited sequentially in the text using Arabic numerals. Provide a short title in the legend and an explanation in brief but sufficient detail to make the figure intelligible without reference to the text. Provide a key to any
symbols used. Please include the figure and the figure legend in one page while submitting the WORD FILE of the manuscript.

All tables should be double-spaced on manuscript pages. Tables should be self-contained and self-explanatory. Each table must be presented complete on its own page.

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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 written informed consent for publication. Authors should remove patients’ names from figures unless they have obtained written informed consent from the patients. When informed consent has been obtained, it should be indicated in the article and copy of the consent should be attached with the covering letter.

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The revised version of the manuscript should be submitted online in a manner similar to that used for submission of the manuscript for the first time. However, there is no need to submit the “First Page” or “Covering Letter” file while submitting a revised version. When submitting a revised manuscript, contributors are requested to include, the ‘referees’ remarks along with point to point clarification at the beginning in the revised file itself. In addition, they are expected to mark the changes as underlined or colored text in the article.

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**Covering letter**

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

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Language and grammar

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• Numerals at the beginning of the sentence spelt out
• Check the manuscript for spelling, grammar and punctuation errors
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• 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 permission taken)
• Credit note for borrowed figures/tables provided
• Write the full term for each abbreviation used in the table as a footnote

Contributors’ form

(to be modified as applicable and one signed copy attached with the manuscript)

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I/we believe that 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 covering letter.
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