

## Instructions to Authors

All material submitted for publication is assumed to be submitted exclusively to the Singapore Medical Journal (SMJ) unless the contrary is stated. Manuscript decisions are based on a double-blinded peer review process. Please note that the following instructions are in accord with the 'Uniform Requirements for Manuscripts Submitted to Biomedical Journals' ([www.icmje.org/index.html](http://www.icmje.org/index.html)).

The Editor retains the right to determine the style and if necessary, edit and shorten any material accepted for publication.

All manuscripts submitted must be original and must be sent electronically to our online submission and review system, *SMJ Editorial Manager*, at the following URL:

<http://SingaporeMedJ.edmgr.com>.

Instructions for registration and submission are found on the webpage. Authors will be able to monitor the progress of their manuscript at all times via the *SMJ Editorial Manager*. For authors and reviewers encountering problems with the system, an online Users' Guide and FAQs can be accessed via the "Help" option on the taskbar of the login screen.

All submissions must be accompanied by a completed Copyright Assignment Form, duly signed by **all** authors.

British English should be used. Submissions for Editorials are generally by invitation only.

Submissions received via hard copy will no longer be considered after December 31, 2006. Authors who submit via email, or a pc-formatted computer diskette or CD ROM, will be requested to re-submit their manuscripts through the online submission system.

Manuscript text submitted using Microsoft Word for Windows is preferred. Images should be submitted as JPEG files.

### ORGANISATION

For all submissions, begin each section on a new page and number the pages consecutively, beginning with the title page. Use ISO A4 paper (210 × 297 mm), 12-point font Times New Roman, double-spaced throughout. There should be a 2.5 cm wide margin on all sides.

The following documents are required for each submission:

- (1) Copyright Assignment Form
- (2) Title page
- (3) Manuscript – complete version
- (4) Manuscript – anonymised version
- (5) Tables
- (6) Illustrations (Figures)

To preserve the anonymity of patients and subjects, all potentially identifying information must be removed from images, charts and graphs, tables, and the text before the manuscript is submitted to the Editorial Office.

We strongly recommend that authors for whom English is not their native language seek assistance from a colleague familiar with medical terminology to ensure that the words used convey the intended meaning both accurately and clearly. Failure to do so may delay the review of the manuscript.

For the manuscript, each of the following manuscript components should begin on a new page:

- (a) Abstract and Keywords
- (b) Text
- (c) Acknowledgements (if any)
- (d) References
- (e) Legends for Illustrations

**Submitted manuscripts which do not follow the above guidelines will be returned to the corresponding author without being sent for review.**

### (1) COPYRIGHT ASSIGNMENT FORM

All submissions must be accompanied by a completed Copyright Assignment Form which should be signed by all authors. The form can be downloaded from the SMJ website at [www.sma.org.sg/smj/forms](http://www.sma.org.sg/smj/forms). The form must either be scanned and submitted together with the manuscript online, or mailed separately to:

The Editor  
Singapore Medical Journal  
Alumni Medical Centre  
2 College Road  
Singapore 169850

### (2) TITLE PAGE

The Title page should be uploaded separately and carry:

- (a) the title of the article, which should be both concise and informative;
- (b) family name and initials of each author, with a maximum of three academic degrees, and up to two designations or appointments;
- (c) name and postal address of department and institution of each author;
- (d) name, telephone number (with country code), fax number, email address and postal address of the corresponding author.

All persons designated as authors should qualify for authorship. Each author should have participated sufficiently in the work to justify authorship (please consult the section on authorship in the Uniform Requirements for Manuscripts submitted to Biomedical Journals published in *Ann Int Med* 1997; 126:36-47. The updated version can be found at [www.icmje.org](http://www.icmje.org)).

The Editor may require authors to justify the assignment of authorship.

### (3) MANUSCRIPT

For both complete and anonymised versions, the following applies:

#### (a) ABSTRACT AND KEYWORDS

This page should carry an abstract (of no more than 150 words for unstructured abstracts, and no more than 250 words for structured abstracts). All Original articles must be accompanied by a structured abstract while all other categories of manuscripts should have unstructured abstracts. Structured abstracts are divided into the following headings: Introduction (state the purposes of the study or investigation), Methods (selection of study subjects or experimental animals, observational and analytical methods), Results (give specific data and

their statistical significance, if possible), and Conclusion (succinct emphasis of new and important aspects of the study or observations). Do not use symbols in the abstract; rather, spell out what they stand for in full.

Below the abstract, provide and identify five keywords or short phrases that will assist in cross-indexing the article. These will be published with the abstract. Use the most relevant terms found in the title and abstract.

## **(b) TEXT**

This should consist of Introduction, Methods, Results, and Discussion. Cite every Reference and Figure mentioned in the text in Arabic numerals (e.g. 1,2,3), and every Table in Roman numerals (e.g. I, II, III).

### Introduction

State the purpose of the article. Summarise the rationale for the study or observation. Give only strictly pertinent information and references, and do not review the subject extensively. Do not include data or conclusions from the work being reported.

### Methods

Describe precisely your selection of the observational or experimental subjects (patients or laboratory animals, including controls). Identify the methods, apparatus (including manufacturer's name and address in parenthesis), and procedures in sufficient detail to allow others to reproduce the method.

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. For new or substantially-modified methods, describe and give reasons for using them and evaluate their limitations.

Identify precisely all drugs and chemicals used, including their generic names, their manufacturer's name, city and country in parenthesis, doses, and routes of administration.

### Statistics

Describe statistical methods used with enough details to enable a knowledgeable reader to verify the reported results. Where possible, quantify findings and present them with appropriate indicators of measurement error or uncertainty (such as confidence intervals). Avoid sole reliance on statistical hypothesis testing, such as the use of p-values, which fail to convey important quantitative information.

Discuss eligibility of experimental subjects. Give details about randomisation. Describe the methods for and success by any blinding of observations. Report treatment complications. Give number of observations. Report losses to observation (such as dropouts from a clinical trial). References for study design and statistical methods should be to standard works (with page numbers stated) when possible, rather than to papers in which the designs or methods were originally reported. Specify any general-use computer programmes used.

Avoid non-technical uses of technical terms in statistics, such as "random" (which implies a randomising device), "normal", "significant", "correlations", and

"sample". Define statistical terms, abbreviations, and symbols.

### Results

Present your results in a logical sequence in the text, Tables, and Illustrations. Do not repeat in the text all the data in the Tables or Illustrations. Emphasise or summarise only important observations.

Specify the statistical methods used to analyse the data. Restrict Tables and Illustrations to those needed to explain the argument of the paper and to assess its support. Where possible, use Graphs as an alternative to Tables with many entries. Do not duplicate data in Graphs and Tables.

### Discussion

Emphasise the new and important aspects of the study and the conclusions that follow from them. Do not repeat in detail data or other material given in the Introduction or the Results section. Include in the Discussion section the implications of the findings and their limitations, including the implications for future research. Relate the observations to other relevant studies. Link the conclusions with the goals of the study but avoid statements and conclusions not completely supported by your data. Avoid claiming priority and alluding to work that has not been completed.

State new hypotheses when warranted, but clearly label them as such. Recommendations, when appropriate, may be included.

## **(c) ACKNOWLEDGEMENTS**

State contributions that need to be acknowledged but do not justify authorship, e.g. general support by a Department Head or Chairman, technical help and financial and/or material support (including grants).

## **(d) REFERENCES**

It is the authors' responsibility to check all references very carefully for accuracy and completeness.

Number references consecutively in the order in which they are first mentioned in the text. Identify references in the text, Tables and Legends by Arabic numerals in superscript and parenthesis. Use the style as in Index Medicus. Authors should avoid using abstracts as references.

"Unpublished observations" and "personal communications" may not be used as references; if cited, a letter (from the person quoted) granting permission must be submitted. Subject to editorial approval, the person quoted will be cited in parentheses in the text. Examples of correct references are given at the end of these instructions.

## **(e) LEGENDS FOR ILLUSTRATIONS**

Present the legends for illustrations using double-spacing, with Arabic numerals corresponding to the Illustrations. When symbols, arrows, numbers or letters are used to identify parts of the Illustrations, explain each one clearly in the legend. Explain the internal scale and identify the method of staining and original magnification for photomicrographs. For drawings and graphs, state the important, salient points leading to the desired conclusion.

**(4) MANUSCRIPT – ANONYMISED VERSION**

As all peer reviews are double-blinded, all forms of identification (names, institutions) must be removed from this version, which will be sent to the reviewers.

**(5) TABLES**

Print each Table double-spaced on a separate sheet. Do not submit Tables as photographs. Number Tables consecutively in Roman numerals (e.g. I, II, III) in the order of their first citation in the text and supply a brief title, which should be shown at the top of each table. Give each column a short or abbreviated heading. Place Table explanations in the footnotes, not in the heading. Explain in footnotes all non-standard abbreviations that are used in each Table. Do not use internal horizontal and vertical rules. Ensure that all names of authors or the institution do not appear in the Tables.

Identify statistical measures of variations such as standard deviation and standard error of the mean. If data from another published source are used, the author should obtain permission for publication prior to submission of the manuscripts and acknowledge fully. Avoid the use of too many Tables in relation to the length of the text.

**(6) ILLUSTRATIONS**

All Illustrations must be submitted in a finished form that is ready for reproduction. They should be limited to those required to show the essential features described in the text. Please use JPEG format and ensure that the files are created and saved at a resolution of 300 dots/inch (DPI) or higher for half tone images and 1,200 DPI for line art. A separate file should be submitted for each Figure or Figure part. Authors should retain backup files of all digital graphic files.

Line figures should be professionally drawn and submitted electronically, or scanned using a 600 DPI (or better) printer; freehand and type-written lettering are unacceptable. A separate image is required for each figure part. Authors will be asked to replace poor quality illustrations. The Editorial Board reserves the right to trim illustrations to a size compatible with the description in the text.

Letters, numbers and symbols should be clear and even throughout and of sufficient size so that when they are reduced in size for publication, each item will be legible.

Figures should be numbered consecutively in Arabic numerals (e.g. Fig. 1, 2, 3) according to the order in which they have been first cited in the text. If a Figure has been previously published, acknowledge the original source and submit written permission from the copyright holder to reproduce the material. Permission is required irrespective of authorship or publisher, except for documents in the public domain.

Authors' names and affiliations should not appear on the images. All Figure parts relating to one patient should have the same Figure number. Symbols, arrows, or letters used in photomicrographs should contrast with the background. Symbols, arrows, numbers or letters used to identify areas of interest on photographic prints should be removable.

If photographs of persons are used, the subjects or patients must not be identifiable. If this is unavoidable, their pictures must be accompanied by written permission from the patient or legal guardian to use the photograph.

Do not send images or other material (including charts, photographs and tables) that have identifying information such as patient's names or initials, birth dates, national

registration identity card numbers, hospital numbers, or other identifying data. These must be removed before submitting the material to the journal.

Illustrations must not be excessive and should be limited to those referred to in the text. All illustrations will be reproduced in black-and-white, unless the Editor decides that colour is essential to convey the message of the illustration.

**ABBREVIATIONS AND SYMBOLS**

Use only standard abbreviations. Avoid abbreviations and use of symbols in the title and abstract. The full term for which an abbreviation stands should precede its first use unless it is a standard unit of measurement. In general, symbols and abbreviations should be those used by British Chemical and Physiological Abstracts. Weights, volumes, etc. should be in metric units. The use of S.I. Units (International System of Units) is encouraged.

**SUBMISSION OF REVISED MANUSCRIPTS**

For preparation of revised manuscripts, it is essential that authors carefully read the Editor's email outlining the reviewers' and editorial comments, and revise their manuscript according to these comments.

Besides submitting the revised manuscript – clean, complete version and annotated, anonymised version, the authors are required to prepare a point-by-point reply to each of the comments raised in the Editor's email. Authors are to ensure that the reply must exclude any identification of the authors or institutions, as this letter may be sent to the reviewers for consideration during the second round of peer review.

Failure to abide by the above-mentioned requirements may cause a delay in the review of the revision or may result in the return of the un-reviewed revision to the author for proper preparation.

**PROOFS**

After the manuscript has been accepted for publication, the Editorial team will copyedit the manuscript prior to publication and make changes to conform to the Journal style and format. This editing may be substantive. It is the responsibility of the corresponding author to carefully read the copyedited proof of the manuscript and to answer all queries fully. Confirmation or comments from the authors must be answered within 48 hours after receipt of the proof, in order to avoid delays in publication of the manuscript or for the journal to proceed with publication without waiting for the corresponding author's comments. He/she is therefore required to check his/her email regularly and update his/her personal records in *SMJ Editorial Manager* as well as inform the Editorial Office when there are any changes to his/her personal particulars, particularly the email address.

Authors should note that major alterations to the text will not be entertained. Authors are responsible for all statements made in their work, including changes made by the Editorial team and authorised by the corresponding author.

**REPRINTS**

The corresponding author of manuscripts published in the SMJ will receive ten complimentary reprints. Additional reprints at authors' rates are available, only if these are ordered at the time the proofs are returned. The reprint order form can be downloaded from the SMJ website at [www.sma.org.sg/smj/forms](http://www.sma.org.sg/smj/forms).

**CASE REPORT**

Brief discussion of a single case with unique features not previously described. May be augmented by a second illustrative case. Length should not exceed 2,000 words, up to four figures or six figure parts, no more than 15 references and four authors (one of whom should have been in clinical charge of the patient).

**Editor's Note:** With effect from January 1, 2007, the full text of all case reports will only be published electronically in the SMJ online (<http://sma.org.sg/smj>). Only the Abstracts of the Case Reports will appear in the print version of the SMJ. All electronic-only publications in the SMJ will be indexed in PubMed and the full text will continue to be freely accessible from the USA National Library of Medicine's PubMed system, via its LinkOut feature.

**PICTORIAL ESSAY**

Teaching exercise with the message in the figures and their legends. Emphasis on quality of imaging features and utility of message. The article should contain an unstructured Abstract with up to five keywords, Introduction, section headers of the author's choosing and References. Length should not exceed 2,000 words, up to 20 figures or 30 figure parts and no more than 15 references.

**LETTER TO THE EDITOR**

Letters to the editor and replies should offer objective and constructive criticism of published articles. Letters may also discuss matters of general scientific or medical interest to readers of SMJ and the medical community. Material being submitted or published elsewhere should not be duplicated in letters, and authors must disclose financial associations or other possible conflicts of interest.

**MEDICAL EDUCATION****- CLINICS IN DIAGNOSTIC IMAGING**

These are short case studies reporting relatively rare but well-recognised radiological abnormalities or having radiological images of teaching value. The illustrative material should be of interest to general clinicians and trainees in various specialties. The first page should contain no more than 1,000 words, deducting 250 words for each figure included. The Clinical Presentation, comprising the relevant history, physical findings and/or laboratory data, together with one to three figures and questions relating to the clinical problem, will appear on the right-hand page. The initial figures should be radiological images, although a clinical photograph may be substituted for a radiological image, where relevant.

The consecutive pages will contain the description and interpretation of the initial figures under the headings of Imaging Interpretation, Diagnosis and Clinical Course. The patient's Clinical Course and final outcome should be described briefly and, where appropriate, illustrated with supplementary radiological images, surgical photographs or histological photomicrographs. The Discussion should be concise and provide an up-to-date review of the subject, with emphasis placed on the role of imaging, with additional radiological illustrations. There should not be more than 15 references and a maximum of four authors. Authors should provide a short unstructured Abstract of approximately 150 words and up to five Keywords.

**- ELECTROCARDIOGRAPHICAL CASE**

These are short, instructive case studies reporting on the ECGs of patients presenting with symptoms relating to the heart. The illustrative material should help general clinicians and trainees in various specialties to interpret the ECG diagrams and to know what to look out for in order to make a correct diagnosis.

The articles should be structured with the following headings: Clinical Presentation, ECG Interpretation, Diagnosis, Clinical Course, Discussion, Abstract and Keywords, and References. High quality ECG strips should be provided. There should be only one diagnosis for the case described. The Discussion should be concise and provide an up-to-date review of the subject, with emphasis placed on the interpretation of the ECG. There should be a maximum of four authors and a maximum of 15 references. The Abstract should be unstructured with a length of approximately 150 words and up to five Keywords should be provided.

**TIPS FROM THE EXPERTS**

This series aims to provide stimulating and concise advice on various specialties to encourage readers to upgrade their medical knowledge in these areas.

Although articles are generally invited, unsolicited manuscripts will also be considered for publication. The main message will be conveyed through illustrations, either in colour or in black and white, and description/legends accompanying the illustrations. The article should have a short introduction, headings relating to each illustration, any points aiding diagnosis, an optional brief summary in point form and up to 15 references.

**REVIEW ARTICLES**

These are usually solicited articles written by experts providing a critical analysis and recent information on a given specialty. It should include an unstructured Abstract, up to five keywords, Introduction, relevant section headings, Conclusion and References (up to 50).

**CME ARTICLES**

Upon acceptance of selected articles, the authors will be requested to provide five four-stem multiple-choice questions with true/false answers based on the article.

**All communications with the Editor/Editorial staff regarding manuscripts MUST BE IN WRITTEN FORM, preferably via email to: [smj@sma.org.sg](mailto:smj@sma.org.sg). The decision on the priority of publication would be strictly determined by the Editorial Board. Any appeals would be considered if these are indicated in writing to the Editor.**

## Examples of Correct Forms of References

### ARTICLES IN JOURNALS

(1) *Standard journal article (Omit month and issue number. List all authors, but if the number is six or more, list first three followed by et al)*

You CH, Lee KY, Chey RY, et al. Electrogastrographic study of patients with unexplained nausea, bloating, and vomiting. *Gastroenterology* 1980; 79:311-4.

(2) *No author given*

21st century heart solution may have a sting in the tail. *BMJ* 2002; 325:184.

(3) *Article in foreign language*

Massone L, Borghi S, Pestarino A, et al. [Purpuric palmar sites of dermatitis herpetiformis]. *Ann Dermatol Venereol* 1987; 114:1545-7. French.

(4) *Volume with supplement*

Magni F, Rossoni G, Berti F. BN-52021 protects guinea-pig from heart anaphylaxis. *Pharmacol Res Commun* 1988; 20 suppl 5:75-8.

(5) *Issue with supplement*

Gardos G, Cole JO, Haskell D, et al. The natural history of tardive dyskinesia. *J Clin Psychopharmacol* 1988; 8(4 suppl):31S-37S.

(6) *Volume with part*

Hanly C. Metaphysics and innateness: a psychoanalytic perspective. *Int J Psychoanal* 1988; 69 (pt 3):389-99.

(7) *Pagination in Roman numerals*

Chadwick R, Schukleuk U. The politics of ethical consensus finding. *Bioethics* 2002; 16:iii-v.

(8) *Type of an article indicated as needed*

Spargo PM, Manners JM. DDAVP and open heart surgery (letter). *Anaesthesia* 1989; 44:363-4.

(9) *Article containing retraction*

Shishido A. Retraction notice: Effect of platinum compounds on murine lymphocyte mitogenesis [Retraction of Alsabti EA, Ghalib ON, Salem MH. In: *Jpn J Med Sci Biol* 1979; 32: 53-65]. *Jpn J Med Sci Biol* 1980; 33:235-7.

(10) *Article retracted*

Alsabti EA, Ghalib ON, Salem MH. Effect of platinum compounds on murine lymphocyte mitogenesis. *Jpn J Med Sci Biol* 1979; 32:53-65. Retraction in: Shishido A. *Jpn J Med Sci Biol* 1980; 33:235-7.

(11) *Article containing comment*

Piccoli A, Bossatti A. Early steroid therapy in IgA nephropathy: still an open question (comment). *Nephron* 1989; 51: 289-91. Comment on: *Nephron* 1988; 48:12-7.

(12) *Article commented on*

Kobayashi Y, Fujii K, Hiki Y, et al. Steroid therapy in IgA nephropathy: a retrospective study in heavy proteinuric cases. *Nephron* 1988; 48:12-7. Comment in: *Nephron* 1989; 51:289-91.

(13) *Article with published erratum*

Schofield A. The CAGE questionnaire and psychological health. *Br J Addict* 1988; 83:761-4. Erratum in: *Br J Addict* 1989; 84:701.

### BOOKS AND OTHER MONOGRAPHS

(14) *Personal author(s)*

Colson JH, Armour WJ. *Sports Injuries and Their Treatment*. 2nd ed. London: S Paul, 1986.

(15) *Editor(s), compiler as author*

Diener HC, Wilkinson M, eds. *Drug-Induced Headache*. New York: Springer-Verlag, 1988.

(16) *Organisation as author and publisher*

Virginia Law Foundation. *The Medical and Legal Implications of AIDS*. Charlottesville: The Foundation, 1987.

(17) *Chapter in a book*

Weinstein L, Swartz MN. Pathogenic properties of invading microorganisms. In: Sodeman WA Jr, Sodeman WA, eds. *Pathologic Physiology: Mechanisms of Disease*. Philadelphia: Saunders, 1974: 457-72.

(18) *Scientific or technical report*

Akutsu T. Total heart replacement device. Bethesda, MD: National Institute of Health, National Heart and Lung Institute; 1974 Apr. Report no: NIH-NHLI-69-2185-4.

(19) *Dissertation*

Youssef NM. School adjustment of children with congenital heart disease (dissertation). Pittsburgh, PA: University of Pittsburgh, 1988.

### ONLINE SOURCES

(20) *Online book or website*

Garrow A, Weinhouse GL. Anoxic brain injury: assessment and prognosis. In: *UpToDate Cardiovascular Medicine* [online]. Available at: [www.UpToDateInc.com/card](http://www.UpToDateInc.com/card). Accessed February 22, 2000.

(21) *Online journal article*

Miyamoto O, Auer RN. Hypoxia, hyperoxia, ischemia and brain necrosis. *Neurology* [serial online] 2000; 54:362-71. Available at: [www.neurology.org](http://www.neurology.org). Accessed February 23, 2000.

(22) *Post-publication peer review (online only)*

Henderson VW, Drachman DA. Dementia and voter competence [electronic response to Swerdlhoff, Post-election anecdote]. *Neurology* 2002. Available at: [www.neurology.org/cgi/eletters/58/7/995](http://www.neurology.org/cgi/eletters/58/7/995). Accessed May 21, 2002.

### OTHER PUBLISHED MATERIAL

(23) *Newspaper article*

Rensberger B, Specter B. CFCs may be destroyed by natural process. *The Washington Post* 1989 Aug 7; Sect A: 2 (col 5).

### UNPUBLISHED MATERIAL

(24) *In press*

Lillywhite HB, Donald JA. Pulmonary blood flow regulation in an aquatic snake. *Science*. In press.