

## Instructions to the Authors

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### About the Journal

**Journal of Research in Pharmacy Practice (JRPP)** is an international peer-reviewed quarterly research journal published by Wolters Kluwer Health | Medknow. This journal provides a forum for exchange of knowledge and ideas between pharmacists in all fields and sub specialties of Health-System Pharmacy Practice (including: Clinical, Hospital and Community Practice) and other healthcare professionals.

### Scope of the Journal

JRPP invites submissions on all aspects of drug-related human (non-animal and non-laboratory work) studies. The main focus of the journal will be on evidence-based medication-related medical researches (with clinical pharmacists' intervention or documentation), particularly in the Eastern Mediterranean region. However, a wide range of closely related issues will be also covered. These will include clinical studies in the field of pharmaceutical care, reporting adverse drug reactions and pharmaco-epidemiology, social aspects of pharmacy practice, pharmacy education and economic evaluations of treatment protocols (e.g. cost-effectiveness studies). Local reports of medication utilization studies at hospital or pharmacy levels will only be considered for peer-review process only if they have a new and useful message for the international pharmacy practice professionals and readers.

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### The Editorial Process

A manuscript will be reviewed for possible publication with the understanding that it is being submitted to JRPP 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 that are found suitable for publication in JRPP 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. 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. All articles undergo an external peer-review process which normally lasts at least between 4-6 months. 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.

The pre-accepted manuscripts will be treated on a first-come, first served basis for the issue assignment. The uniform requirements and specific requirement of JRPP only accept the manuscripts written in American English. 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.

## Publication Fee



The journal does not charge for submission of an article.

The journal processing charges for publication fee on acceptance; for further information, please check journal's policies on: <http://www.journalonweb.com/jrpp/charges.asp>.

## Ethics Considerations



The Journal will adhere to the principles and recommendations of the Committee on Publication Ethics (COPE), the World Association of Medical Editors (WAME) and the European Association of Science Editors (EASE). It will also follow research reporting statements of the Enhancing the Quality and Transparency of Health Research (EQUATOR) Network. Submissions should conform to the Uniform Requirements for Manuscripts Submitted to Biomedical Journals, developed by the International Committee of Medical Journal Editors (ICMJE).

## Protection of Patients' Rights



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.

## Clinical Trial Registry



JRPP favors registration of clinical trials and is a signatory to the Statement on publishing clinical trials in the International biomedical journals. From January 2013 issue, JRPP would publish clinical trials that have been registered with a clinical trial registry that allows free online access to public. Registration in the following trial registries is acceptable: <http://www.trialregister.nl/trialreg/index.asp>; <http://isrctn.org/>; <http://www.irct.ir/>; <http://www.clinicaltrials.gov/>; and <http://www.umin.ac.jp/ctr/>. Please note that providing a valid registration number and ethical clearance for the RCTs are a must for the submission and peer review process.

## Authorship Criteria



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

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(s) should take responsibility for the integrity of the work as a whole from inception to the published article and should be designated as 'Guarantor'.

#### Conflicts of Interest / Competing Interests

All authors of articles must disclose any and all conflicts of interest they may have with publication of the manuscript or any 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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#### Submission of Manuscripts

All manuscripts must be submitted online through the website <http://www.journalonweb.com/jrpp>. 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 username and password. If you experience any problems, please contact the editorial office by e-mail at: [editor@jrpp.net](mailto:editor@jrpp.net).

The submitted manuscripts that are not as per the "Instructions to Authors" would be returned to the authors for "Technical Modification", before they undergo editorial/peer-review. Generally, the manuscript should be submitted in the form of two separate files:

#### [1] Title Page / First Page / Covering Letter

This file should provide:

1. The type of manuscript (review article, original article, brief communication, case report, letter to the editor, etc.), title of the manuscript, running title, names of all authors / contributors (with their highest academic degrees, designation and affiliations) and name(s) of department(s) and/or institution(s) to which the work should be credited (without the name of schools/ faculties and postal details like buildings, etc.). All information which can reveal your identity should be here. Use text / doc files. Do not zip the files;
2. Source(s) of support in the form of grants, equipment, drugs, or all of these;
3. Acknowledgment(s), if any. One or more statements should specify 1) contributions that need acknowledging but do not justify authorship, such as general support by a departmental chair; 2) acknowledgments of technical help; and 3) acknowledgments of financial and material support, which should specify the nature of the support. This should be included in the title page of the manuscript and not in the main article file;
4. A full statement to the editor about all submissions and previous reports that might be regarded as redundant publication of the same or very similar work. Any such work should be referred to specifically, and referenced in the new paper. Copies of such material should be included with the submitted paper, to help the editor decide how to handle the matter;
5. Registration number in case of a clinical trial and where it is registered (name of the registry and its URL);
6. "Conflicts of Interest" of each author / contributor. A statement of financial or other relationships that might lead to a conflict of interest, if that information is not included in the manuscript itself or in an authors' form;
7. A statement that the manuscript has been read and approved by all the authors, that the requirements for authorship as stated earlier in this document have been met, and that each author believes that the manuscript represents honest work, if that information is not provided in another form (see below); and
8. The name, address, **academic** e-mail, and telephone number of the corresponding author, who is responsible for communicating with the other authors about revisions and final approval of the proofs.

## [2] Blinded Article File

The main text of the article, beginning from “Abstract” till “References” (including tables) should be in this file. The file must not contain any mention of the authors' names or initials or the institution at which the study was done or acknowledgments. Use doc files. Do not zip the files. **Limit the file size to 1 MB.** To reduce the size of the file (if file size is large), graphs can be submitted as images separately without incorporating them in the article file. The pages should be numbered consecutively, beginning with the first page of the blinded article file.

## [3] Images

Submit good quality color images of size 4” × 6” and not more than 400KB size. Images should be uploaded in JPEG, TIFF, BMP, or GIF format. JPEG is most preferred format. Size of the image can be reduced by decreasing the actual height and width of the images. Do not zip the files. Legends for the figures / images should be included at the end of the article file.

## [4] The contributors' / Copyright Transfer Form (template provided below)

This form has to be submitted in original with the signatures of all the contributors at the time of submission from the authors' area on <http://www.journalonweb.com/jrpp>, as a scanned image.

### Sending a Revised Manuscript

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. In addition, they are expected to mark the changes as underlined or colored text in the article.

### Type of Manuscripts

Type of Manuscript *	Review article	Original article	Brief communication	Case report †	Letter to the Editor ‡
Including ...	-	Randomized controlled trials, intervention studies, pharmacy practice, outcome studies, case-control series, medication utilization studies, cost-effectiveness studies, and surveys with high response rate	Like as “Original articles”	New, interesting and really rare cases with a clear rationale of its report	These should be short and including decisive observations
Scope	-	All aspects of drug-related human (non-animal and non-laboratory work) studies	Like as “Original articles”	Drug-related human reports	Preferably be related to articles previously published in the Journal or views expressed in the journal
Word count limitation (including Abstract, and References)	5000	3000 - 3500	2000	1500	500
		Abstract, Keywords,			

Headings	Abstract (un-structured), Keywords, Introduction, Methods, Results, Conclusion, References, Table and Figure legends	Introduction, Methods, Results, Discussion, References, Table and Figure legends (Do not divide the Introduction, Methods, Results and Discussion into various sub-headings)	Like as “Original articles”	Abstract (un-structured), Keywords, Introduction, Case report, Discussion, Reference, Tables and Legends	To the Editor
Abstract	Up to 250 words; un-structured	Up to 250 words; structured as: Objective, Methods, Findings, Conclusion	Up to 200 words; structured as: Objective, Methods, Findings, Conclusion	Up to 200 words; un-structured	-
References	Unlimited	Up to 30	Up to 12	Up to 10	Up to 5
Tables and Figures	Unlimited	Up to 4	Up to 2	Up to 3	-
Authors §	Up to 6	Up to 8	Up to 5	Up to 4	Up to 2

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

† JRPP rarely publishes case reports but new, interesting and really rare cases with a clear rationale of its report may be taken to consideration. 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.

‡ Letters must not duplicate other material published or submitted for publication. Letters considered for publication undergo external peer review.

§ Other persons who have contributed to the study may be indicated in an “Acknowledgment”, with their permission, including their academic degrees, affiliation, contribution to the study, and an indication if compensation was received for their role.

**Introduction:** State the purpose and summarize the rationale for the study or observation. Please provide a clear research question at the end of Introduction section.

**Methods:** This part should not be structured or have any sub-headings. In the "Methods" section, please start with the type of study, time period and place which it is carried out. It should include and describe the following aspects (without sub-headings):

**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 2013 (available at: <http://jamanetwork.com/journals/jama/fullarticle/1760318>). 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 parent(s)' 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.

**Evidence for approval by a local Ethics Committee** (for both human studies) must be supplied by the authors on demand. The ethical standards of experiments must be in accordance with the guidelines provided by the “World Medical Association Declaration of Helsinki on Ethical Principles for Medical Research Involving Human Subjects” (<http://jamanetwork.com/journals/jama/fullarticle/1760318>) for studies involving human beings. 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 “Methods” section.

**Selection and Description of Participants:** Describe your selection of the observational or experimental participants (patients, and controls) clearly, including eligibility and exclusion criteria

and a description of the source population. 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:

Initiative	Type of Study	Source
CONSORT	Randomised trials	<a href="http://www.equator-network.org/reporting-guidelines/consort/">http://www.equator-network.org/reporting-guidelines/consort/</a>
STROBE	Observational studies	<a href="http://www.equator-network.org/reporting-guidelines/strobe/">http://www.equator-network.org/reporting-guidelines/strobe/</a>
PRISMA	Systematic reviews and meta-analyses	<a href="http://www.equator-network.org/reporting-guidelines/prisma/">http://www.equator-network.org/reporting-guidelines/prisma/</a>
CARE	Case reports	<a href="http://www.equator-network.org/reporting-guidelines/care/">http://www.equator-network.org/reporting-guidelines/care/</a>

**Statistics:** Whenever possible, quantify findings and present them with appropriate indicators of measurement error or uncertainty (such as confidence intervals). Exact methods should be used as extensively as possible in the analysis of categorical data. For analysis of measurements, non-parametric methods should be used to compare groups when the distribution of the dependent variable is not normal. Results should be presented with only as much precision as is of scientific value. For example, measures of association, such as odds ratios, should ordinarily be reported to two significant digits. Measures of uncertainty, such as confidence intervals, should be used consistently, including in figures that present aggregated results. Except when one-sided tests are required by study design, such as in non-inferiority trials, all reported P values should be two-sided. In general, P values larger than 0.01 should be reported to two decimal places, those between 0.01 and 0.001 to three decimal places; P values smaller than 0.001 should be reported as  $P < 0.001$ . Notable exceptions to this policy include P values arising in the application of stopping rules to the analysis of clinical trials and genetic-screening studies. 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 and each analytical tests used.

**Results:** This part should not be structured or have any sub-headings. Results should start with baseline parameters and comparison of groups. 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, analysis of data by variables such as age and sex should be included.

**Discussion:** This part must 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 analysis. 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 40 references can be included. These articles generally should not have more than **six** authors.

**References:** References should be numbered consecutively in the order in which they are first mentioned in the text (not in alphabetic order). Identify references in text, tables, and legends by Arabic numerals in superscript with square bracket after the punctuation marks. References cited only in tables or figure legends should be numbered in accordance with the sequence established by the first identification in the text at the point where the table or figure is first mentioned. Use the style of the examples below, which are based on the formats used by the National Library of Medicine (NLM) in Index Medicus. The titles of journals should be abbreviated according to the style used in Index Medicus. Use complete name of the journal for non-indexed journals. Avoid using abstracts as references. Information from manuscripts submitted but not accepted should be cited in the text as "unpublished observations" with written permission from the source. Avoid citing a "personal communication" unless it provides essential information not available from a public source, in which case the name of the person and date of communication should be cited in parentheses in the text.

For presenting different types of references, please refer to ICMJE Guidelines: <http://www.icmje.org>, or [http://www.nlm.nih.gov/bsd/uniform\\_requirements.html](http://www.nlm.nih.gov/bsd/uniform_requirements.html).

**Tables:**

- Tables should be self-explanatory and should not duplicate textual material.
- Tables with more than 10 columns and 25 rows are not acceptable.
- 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 abbreviations that are used in each table.
- 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: \*, †, ‡, §, ||, ¶, \*\*, ††, ‡‡
- Tables with their legends should be provided at the end of the text after the references. The tables along with their number should be cited at the relevant place in the text.

**Illustrations (Figures):**

- Figures should be numbered consecutively according to the order in which they have been first cited in the text.
- Labels, numbers, and symbols should be clear and of uniform size. The lettering for figures should be large enough to be legible after reduction to fit the width of a printed column.
- The photographs and figures should be trimmed to remove all the unwanted areas.
- If photographs of individuals are used, their pictures must be accompanied by written permission to use the photograph.
- If a figure has been published elsewhere, 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.
- The Journal reserves the right to crop, rotate, reduce, or enlarge the photographs to an acceptable size.

**Checklist**



It is strongly recommended to consider the following checklist while preparing the manuscript.

√	Items
<b>Covering Letter</b>	
	Signed by all contributors
	Previous publication / presentations mentioned
	Source of funding mentioned
	Conflicts of interest disclosed
<b>Authors/Names</b>	
	Author for correspondence, with academic 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 "Methods", citing previous study as 'our study', names on figure labels, name of institute in photographs, etc.)

## Presentation and Format

Title page contains all the desired information

Running title provided (not more than 50 characters)

Abstract page contains the full title of the manuscript

Abstract provided (with the maximum allowed number of words)

Keywords provided (three or more)

Headings in title case (not ALL CAPITALS)

The references cited in the text should be after punctuation marks, in superscript with square bracket

References according to the journal's instructions, punctuation marks checked

Send the article file without 'Track Changes'

## Language and Grammar

Uniformly American English

Write the full term for each abbreviation at its first use in the abstract, keywords and text separately, unless it is a standard unit of measure. Numerals from 1 to 10 spelt out

Numerals at the beginning of the sentence spelt out

Check the manuscript for spelling, grammar and punctuation errors

If a brand name is cited, supply the manufacturer's name and address (city and state/country).

Species names should be in italics

## Tables and Figures

No repetition of data in tables and 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)

Figure legends provided (not more than 40 words)

Patients' privacy maintained (if not permission taken)

Credit note for borrowed figures / tables provided

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