

## Instructions to the Authors



### The Editorial Process



A manuscript will be reviewed for possible publication with the understanding that it is being submitted to Journal of Interdisciplinary Dentistry 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 Interdisciplinary Dentistry readers are also liable to be rejected at this stage itself.

Manuscripts received from Editorial Board members will be screened by the Editor in Chief and sent to external peer reviewers. The editorial board members who are authors will be excluded from publication decisions.

Manuscripts that are found suitable for publication in Journal of Interdisciplinary Dentistry 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.

Processes for appeals

The authors do have the right to appeal if they have a genuine cause to believe that the editorial board has wrongly rejected the paper. If the authors wish to appeal the decision, they should email the editorial office (email: [\[email protected\]](#)) explaining in detail the reason for the appeal. The appeals will be acknowledged by the editorial office and will be investigated in an unbiased manner. The processing of appeals will be done within 6 – 8 weeks. While under appeal, the said manuscript should not be submitted to other journals. The final decision rests with the Editor in Chief of the journal. Second appeals are not considered.

### Anti-Plagiarism policy



Plagiarism includes duplicate publication of the author's own work, in whole or in part without proper citation or misrepresenting other's ideas, words, and other creative expression as one's own. The Journal follows strict anti-plagiarism policy. All manuscripts submitted to Journal of Interdisciplinary Dentistry undergoes plagiarism check with commercially available software. Based on the extent of plagiarism, authors may be asked to address any minor duplication, or similarity with the previous published work. If plagiarism is detected after publication, the Journal will investigate. If plagiarism is established, the journal will notify the authors' institution and funding bodies and will retract the plagiarised article. To report plagiarism, contact the journal office (email: [\[email protected\]](#))

### Clinical trial Registry



Journal of Interdisciplinary Dentistry 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 registers is acceptable: <http://www.ctri.nic.in/>; <http://www.anzctr.org.au/>; <http://www.clinicaltrials.gov/>; <http://isrctn.org/>; <http://www.trialregister.nl/trialreg/index.asp>; and <http://www.umin.ac.jp/ctr>. This is applicable to clinical trials that have begun enrollment of subjects in or after June 2018. Clinical trials that have commenced enrollment of subjects prior to June 2018 would be considered for publication in Journal of Interdisciplinary Dentistry only if they have been registered retrospectively with clinical trial registry that allows unhindered online access to public without charging any fees.

### Preparation of Manuscripts



Manuscripts must be prepared in accordance with "Uniform requirements for Manuscripts submitted to Biomedical Journals" developed by the International Committee of Medical Journal Editors (October 2006). The uniform requirements and specific requirement of journal of interdisciplinary are summarized below. Before submitting a manuscript, contributors are requested to check for the latest instructions available. Instructions are also available from the website of the journal (<http://www.jidonline.com>) and from the manuscript submission site (<http://www.journalonweb.com/jid>). Journal of Interdisciplinary dentistry accepts manuscripts written in American English.



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It is the responsibility of authors/ contributors to obtain permissions for reproducing any copyrighted material. A copy of the permission obtained must accompany the manuscript. Copies of any and all published articles or other manuscripts in preparation or submitted elsewhere that are related to the manuscript must also accompany the manuscript. The material should be sent to the address given above.

## Clinical Relevance to Interdisciplinary Dentistry

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Authors must highlight unambiguously and explicitly the clinical relevance of the submitted manuscript (research-work/case-study/literature-review) to the interdisciplinary/multidisciplinary treatment approach (maximum 75 words) under the heading "**Clinical relevance to Interdisciplinary Dentistry**". It should be in the form of a short collection of 3 to 5 bullet points (approx. 15-25words, per bullet point) that clearly convey the applications and/or implications of the core findings/results/recommendations/suggestions/conclusion of the article to interdisciplinary/multidisciplinary dentistry.

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The bullet points should be mentioned on a separate page after the abstract and the keywords. This is mandatory for any type of manuscript (Original research/Review/Case Report/Short Communication) submitted to the journal.

## Types of Manuscripts

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### 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 2003 (available at <https://www.wma.net/policies-post/wma-declaration-of-helsinki-ethical-principles-for-medical-research-involving-human-subjects/>). 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 parentheses), 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

Guideline	Type of Study	Source
<b>STROBE</b>	Observational studies including cohort, case-control, and cross-sectional studies	<a href="https://www.strobe-statement.org/index.php?id=available-checklists">https://www.strobe-statement.org/index.php?id=available-checklists</a>
<b>CONSORT</b>	Randomized controlled trials	<a href="http://www.consort-statement.org">http://www.consort-statement.org</a>
<b>SQUIRE</b>	Quality improvement projects	<a href="http://squire-statement.org/index.cfm?fuseaction=Page.ViewPage&amp;PageID=471">http://squire-statement.org/index.cfm?fuseaction=Page.ViewPage&amp;PageID=471</a>
<b>PRISMA</b>	Systematic reviews and meta-analyses	<a href="http://prisma-statement.org/PRISMAStatement/Checklist.aspx">http://prisma-statement.org/PRISMAStatement/Checklist.aspx</a>
<b>STARD</b>	Studies of diagnostic accuracy	<a href="https://pubs.rsna.org/doi/full/10.1148/radiol.2015151516">https://pubs.rsna.org/doi/full/10.1148/radiol.2015151516</a>
<b>CARE</b>	Case Reports	<a href="https://www.care-statement.org/checklist">https://www.care-statement.org/checklist</a>
<b>AGREE</b>	Clinical Practice Guidelines	<a href="https://www.agreetrust.org/wp-content/uploads/2016/02/AGREE-Reporting-Checklist-2016.pdf">https://www.agreetrust.org/wp-content/uploads/2016/02/AGREE-Reporting-Checklist-2016.pdf</a>

The reporting guidelines for other type of studies can be found at <https://www.equator-network.org/reporting-guidelines/>.

*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 3500 words excluding Abstract, Clinical relevance to Interdisciplinary Dentistry, Tables and References. The manuscript may have about 90 references. The manuscript should have an unstructured Abstract (250 words) representing an accurate summary of the article, 3-5 Key-words and highlight points on "Clinical relevance to Interdisciplinary Dentistry". 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. The Journal prefers systematic reviews that have been registered in PROSPERO <https://www.crd.york.ac.uk/prospéro/>. The PROSPERO registry number should be provided in the review article under the "methodology" section.

#### **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 1500 words (excluding Abstract and references) and should have the following headings: Abstract (unstructured), Key-words, Clinical relevance to Interdisciplinary Dentistry, Introduction, Case report, Discussion, Reference, Tables and Legends in that order.

The manuscript could be of up to 1500 words (excluding references and abstract) and could be supported by 10-20 references. Case Reports could be authored by up to four authors.

#### **Short Communications:**

Short communications are suitable for the presentation of interesting, well-documented, practice-based clinical cases aimed at providing the diagnostic or therapeutic knowledge and/or imparting the requisite clinical skills to the general practitioners and other specialists. New, and rare cases with clinical significance or implications will be given priority. These communications should be of up to 800 words (excluding Abstract and references) and should have the following headings: Abstract (unstructured), Key-words, Clinical relevance to Interdisciplinary Dentistry, Introduction, Communication Report (may or may-not have Discussion Section), Reference, Tables and Legends in that order.

The manuscript should be strictly restricted to 800 words (excluding references and abstract) and should be supported by less than 10 references. Strictly should have two tables and/or figures. Short Communications could be authored by up to three 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.

#### **Clinical relevance to Interdisciplinary Dentistry:**

Authors must highlight unambiguously and explicitly the clinical relevance of the submitted manuscript (research-work/case-study/literature-review) to the interdisciplinary/multidisciplinary treatment approach (maximum 75 words) under the heading "Clinical relevance to Interdisciplinary Dentistry". It should be in the form of a short collection of 3 to 5 bullet points (approx. 15-25words, per bullet point) that clearly convey the application and/or implications of the core findings/results/recommendations/suggestions/conclusion of the article to interdisciplinary/multidisciplinary dentistry.

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The bullet points should be mentioned on a separate page after the abstract and the keywords. This is mandatory for any type of manuscript (Original research/Review/Case Report/Short Communication) submitted to the journal.

### **Other:**

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

### **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 of the particular table or figure. Use the style of the examples below, which are based on the formats used by the 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.

The commonly cited types of references are shown here, for other types of references such as newspaper items 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)).

### **Articles in Journals**

- Standard journal article (for up to six authors): Shukla N, Husain N, Agarwal GG, Husain M. Utility of cysticercus fasciolaris antigen in Dot ELISA for the diagnosis of neurocysticercosis. *Indian J Med Sci* 2008;62:222-7.
- Standard journal article (for more than six authors): List the first six contributors followed by et al. Nozari Y, Hashemlu A, Hatmi ZN, Sheikvatan M, Iravani A, Bazdar A, et al. Outcome of coronary artery bypass grafting in patients without major risk factors and patients with at least one major risk factor for coronary artery disease. *Indian J Med Sci* 2007;61:547-54
- Volume with supplement: Shen HM, Zhang QF. Risk assessment of nickel carcinogenicity and occupational lung cancer. *Environ Health Perspect* 1994; 102 Suppl 1:275-82.
- Issue with supplement: Payne DK, Sullivan MD, Massie MJ. Women's psychological reactions to breast cancer. *Semin Oncol* 1996; 23(1, Suppl 2):89-97.

### **Books and Other Monographs**

- Personal author(s): Ringsven MK, Bond D. Gerontology and leadership skills for nurses. 2nd ed. Albany (NY): Delmar Publishers; 1996.
- Editor(s), compiler(s) as author: Norman IJ, Redfern SJ, editors. Mental health care for elderly people. New York: Churchill Livingstone; 1996.
- Chapter in a book: Phillips SJ, Whisnant JP. Hypertension and stroke. In: Laragh JH, Brenner BM, editors. Hypertension: pathophysiology, diagnosis, and management. 2nd ed. New York: Raven Press; 1995. pp. 465-78.

### **Electronic Sources as reference**

#### **Journal article on the Internet**

Abood S. Quality improvement initiative in nursing homes: the ANA acts in an advisory role. *Am J Nurs* [serial on the Internet]. 2002 Jun [cited 2002 Aug 12];102(6):[about 3 p.]. Available from: <http://www.nursingworld.org/AJN/2002/june/Wawatch.htm>

#### **Monograph on the Internet**

Foley KM, Gelband H, editors. Improving palliative care for cancer [monograph on the Internet]. Washington: National Academy Press; 2001 [cited 2002 Jul 9]. Available from: <http://www.nap.edu/books/0309074029/html/>.

#### **Homepage/Web site**

Cancer-Pain.org [homepage on the Internet]. New York: Association of Cancer Online Resources, Inc.; c2000-01 [updated 2002 May 16; cited 2002 Jul 9]. Available from: <http://www.cancer-pain.org/>.

#### **Part of a homepage/Web site**

American Medical Association [homepage on the Internet]. Chicago: The Association; c1995-2002 [updated 2001 Aug 23; cited 2002 Aug 12]. AMA Office of Group Practice Liaison; [about 2 screens]. Available from: <http://www.ama-assn.org/ama/pub/category/1736.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 non-standard 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)

- Upload the images in JPEG format. The file size should be within 4 MB in size while uploading.
- 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.
- Symbols, arrows, or letters used in photomicrographs should contrast with the background and should be marked neatly with transfer type or by tissue overlay and not by pen. Titles and detailed explanations belong in the legends for illustrations not on the illustrations themselves.
- When graphs, scatter-grams or histograms are submitted the numerical data on which they are based should also be supplied.
- 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.
- Legends for illustrations: Type or print out legends (maximum 40 words, excluding the credit line) 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, identify and explain each one in the legend. Explain the internal scale (magnification) and identify the method of staining in photomicrographs.
- Final figures for print production: If the uploaded images are not printable quality, the publisher office may request for higher resolution images which can be sent at the time of acceptance of the manuscript. Send sharp, glossy, un-mounted, color photographic prints, with height of 4 inches and width of 6 inches at the time of submitting the revised manuscript. Print outs of digital photographs are not acceptable. If digital images are the only source of images, ensure that the image has minimum resolution of 300 dpi or 1800 x 1600 pixels in TIFF format. Send the images on a CD. Each figure should have a label pasted (avoid use of liquid gum for pasting) on its back indicating the number of the figure, the running title, top of the figure and the legends of the figure. Do not write the contributor/s' name/s. Do not write on the back of figures, scratch, or mark them by using paper clips.
- The Journal reserves the right to crop, rotate, reduce, or enlarge the photographs to an acceptable size.

List of Abbreviations: Include a list of abbreviations along with its description used in the manuscript.

Acknowledgements: For non-author contributions, 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. Details of the non-author contributors can be cited individually or collectively, and their precise contributions should be specified. The corresponding author is required to obtain written permission to be acknowledged from all acknowledged individuals.

Financial disclosure: Manuscripts should include details about the funding agency/ sponsors, grant number and the role of funders. If the funders have no role to play or the study did not receive funding, a statement declaring the same should be mentioned.

Conflict of interest: All manuscripts for articles, original research reports, editorials, comments, reviews, book reviews, and letters submitted to the journal must include a conflict of interest disclosure statement or a declaration by the authors that they do not have any conflicts of interest to declare. If the articles are authored by the editorial board, the conflict of interest must be clearly stated.

Data Availability statement: All manuscripts should include a statement about where data supporting the results reported in a published article can be found or the authors' willingness to share the data on request.

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.
3. In order to protect the patient's identity, the recognizable facial features not related to the study should be digitally blurred
4. Written informed consent is the preferred method for obtaining consent. If verbal consent is obtained, the authors must ensure that the verbal consent is recorded in the medical case record of the patient and duly signed by witness.

## ▣ **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 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.

## ▣ **Reprints and proofs**

Journal provides no free printed reprints. Authors can purchase reprints, payment for which should be done at the time of submitting the proofs. Proofs will be sent to the corresponding authors by email approximately 2 weeks before the publication date. The issues are published in last week of the previous month.

## ▣ **Manuscript submission, processing and publication charges**

Journal does not charge the authors or authors' institutions for the submission, processing and/or publications of manuscripts.

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## ▣ **Checklist**

### **Covering letter**

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

### **Authors**

- Last name and given name provided along with Middle name initials (where applicable)
- Provide the full postal address and a **valid e-mail address of each author**.
- Clearly indicate Author of Correspondence. Provide the complete **postal address, telephone and fax numbers (with country and area code) and a valid e-mail address of the corresponding author**.
- 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**

- Double spacing
- Margins 2.5 cm from all four sides

- Page numbers included at bottom
- 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 (structured abstract of 250 words for original articles, unstructured abstracts of about 150 words for all other manuscripts excluding letters to the Editor)
- Key words provided (three or more)
- Clinical relevance to Interdisciplinary Dentistry
- Introduction of 75-100 words
- 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 title, 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)
- 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**



[Click here to download copyright form](#)

