

# Instructions to the Authors

[Getting Started](#) | [Types of Manuscripts](#) | [General Information](#) | [The Editorial Process](#) | [Preparation of the Manuscript](#) | [Submission of the Manuscript](#) | [Publication / processing fee](#) | [Specific Details for Each Manuscript Type](#) | [Download Instructions](#)

## ● Getting Started

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Authors need to submit articles through the journal's website [www.clinicalimagingscience.org](http://www.clinicalimagingscience.org) Articles submitted as hard copies are not accepted.

All first time users need to register themselves. Registration is free. Authors can use the link provided to upload their photograph. Once registered, authors can use their user name and password to submit and keep track of their articles. In case of any problems, the author can contact the editorial office at [editor@clinicalimagingscience.org](mailto:editor@clinicalimagingscience.org).

## ● Types of Manuscripts

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The Journal of Clinical Imaging Science publishes manuscripts in the following categories:

- Original research articles
- Technical innovations in imaging sciences
- Review articles
- Case reports
- Radiologic-Pathologic correlation
- Pictorial essay
- Case series
- Radiology business

## ● General Information

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The *Journal of Clinical Imaging Science* publishes original works and findings that contribute to the advancements in the field of Radiology and Medical Imaging Science.

### ***Author Responsibility***

The journal accepts only original work that has not been published elsewhere. All authors must confirm that neither the manuscript nor any part of it was written or published or is under consideration for publication elsewhere. Publication of the content as an abstract during the proceedings of meetings is not considered prior publication and can be submitted for publication. At the time of submission, authors should disclose details, if the study described in the manuscript had been previously presented in a meeting or published as an abstract. The details have to be mentioned in the Acknowledgments section. Any use of previously published material protected by copyright laws must be clearly acknowledged in the manuscript. Publishing of material on a website may be considered prior publication and should be mentioned at the time of submission. Authors should disclose details of related papers even those authored in a different language.

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

1. Concept and design of study, 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.

Each contributor should have participated sufficiently in the work to take public responsibility for appropriate content of the manuscript. The order of naming the contributors should be based on the relative contribution of the individual included for authorship credit toward the study itself and the writing of the manuscript. Once the article has been submitted, the order cannot be changed without written consent from all the contributors. *The journal prescribes a maximum number of eight authors for all categories of manuscripts except for Case Reports, Radiologic-Pathologic Correlation and Case Series that will have a maximum of four authors.*

The authors need to identify one author who will correspond with the Journal office in all matters related to the manuscript. If the designated author is unavailable to review, arrangements should be made for a coauthor or colleague to read and confirm the final proof. Statements made in the article, including changes made by the Editor or manuscript editor, are the responsibility of the author.

## ● Ethics

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Studies conducted must adhere to and be in accordance with The Code of Ethics of the World Medical Association (Declaration of Helsinki) for experiments involving humans <http://www.wma.net/en/30publications/10policies/b3/>.

Refer to Ethics in Publishing and Ethical guidelines for journal publication <http://www.elsevier.com/authorethics> and <http://www.elsevier.com/ethicalguidelines> for more information. According to (<http://ori.dhhs.gov/html/publications/studies.asp>) scientific misconduct include:

- Data falsification: Fabrication, deceptive and selective reporting of findings, suppression of data and/or distortion of data
- Plagiarism: Use without permission the language, ideas, or thoughts of another and representation of them as one's own original work

Direct copying of sentences, whether from their previously published paper or from someone else's paper, is considered as plagiarism. Authors need to check that they have not inadvertently 'cut and paste' verbatim from published works.

According to World Association of Medical Editors (<http://www.wame.org/resources/publication-ethics-policies-for-medical-journals/>), "Plagiarism is the use of others' published and unpublished ideas or words (or other intellectual property) without attribution or permission, and presenting them as new and original rather than derived from an existing source. The intent and effect of plagiarism is to mislead the reader as to the contributions of the plagiarizer. This applies whether the ideas or words are taken from abstracts, research grant applications, Institutional Review Board applications, or unpublished or published manuscripts in any publication format (print or electronic).

Self-plagiarism refers to the practice of an author using portions of their previous writings on the same topic in another of their publications, without specifically citing it formally in quotes. This practice is widespread and sometimes unintentional. The journal requires authors to disclose information and cite references about reused content from previously published work of their own or of others.

- Incorrect authorship: Excluding authors, wrongly presenting the same material as original in more than one publication, inclusion of authors who have not made a definite contribution to the work published; or submission of articles without the concurrence of all authors
- Misappropriation of the ideas of others: an important aspect of scholarly activity is the exchange of ideas among colleagues. Scholars can acquire novel ideas from others during the process of reviewing grant applications and manuscripts. However, improper use of such information can constitute fraud. Wholesale appropriation of such material constitutes misconduct.
- Violation of generally accepted research practices: Improper manipulation of experiments to obtain biased results, deceptive statistical or analytical manipulations, or improper reporting of results
- Material failure to comply with legislative and regulatory requirements affecting research: Violations of regulations and laws involving the use of funds, care of animals, human subjects, investigational drugs, recombinant products, new devices, or radioactive, biologic, or chemical materials

Any form of unethical behavior is strictly discouraged and will result in the submitting author and his group from being banned from submitting material to the journal for a time frame depending on the severity of malpractice.

### **Digital image editing ethics**

No particular feature within an image may be introduced, moved, enhanced, obscured, or removed. Adjustments of brightness, contrast, or color balance are allowed if they are applied to the whole image and do not obscure or eliminate any information present in the original image. Adjustments such as changes to settings must be disclosed in the figure legend.

### **Contribution Details**

Authors should provide a description of contributions made by each of them toward the manuscript. Description should be divided into the following categories, as deemed 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.. One or more authors should take responsibility for the integrity of the work as a whole from inception to published article and should be designated as 'guarantor' or 'guarantors'.

### **Conflicts of Interest/ Competing Interests**

All authors must disclose any and all conflicts of interest they may have with the 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 any conflict of interest with products that compete with those mentioned in their manuscript.

### ***Institutional review board approval and informed consent***

All prospective and retrospective human studies must have appropriate institutional review board approval, and signed informed consent from all human participants is required. All animal studies must have appropriate institutional review board or animal care committee approval.

Compliance with these rules must be stated in the text, including waiver of consent by the board, if applicable. Manuscripts that do not comply with these rules will not be accepted for publication.

## **● The Editorial Process**

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Manuscripts are subjected to an unbiased peer review process. The reviewers are blinded to the author's information. Decisions on the manuscripts are based solely on the peer review process and the Editor's discretion and decision is final.

Manuscripts that are found suitable for publication in the Journal of Clinical Imaging Science are sent to two or more expert reviewers. During submission, the author 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 takes a final decision on the manuscript based on the comments from the reviewers. The comments and suggestions (acceptance/ rejection/ amendments to the manuscript) received from reviewers are conveyed to the 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 author. The 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 immediately on final acceptance.

Manuscripts that do not conform to the Author Guidelines or exceed the Maximums set for Articles may be returned to the author without review. Authors can resubmit after complying with the requirements.

## **● Preparation of the Manuscript**

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Manuscript should be double-spaced, with a 2.5 cm margin, 12-point Times New Roman font and justified. The pages of the manuscript should be numbered on the bottom right corner.

### ***Language and Writing Style***

Article should be written in American English. The author should write the full term for each abbreviation at its first use in the title, abstract, keywords and text separately unless the abbreviation is a standard unit of measure. Use of acronyms and abbreviations must be kept to a minimum. When used, they are defined at first mention, followed by the acronym or abbreviation in parentheses. If a brand name is cited, supply the manufacturer's name and address (city, state, and country). Manuscripts will be altered to meet the style guidelines of the *Journal of Clinical Imaging Science*. Authors are requested to check the manuscript for spelling, grammar, and punctuation errors before submission. Headings and titles must be in sentence case and not in Capitals.

### ***Organization of Sections in an Article***

The manuscript is organized as follows: a full title page, an abstract page, the full article comprising introduction, materials (or subjects) and methods, results, discussion, acknowledgments, references, tables, figure legends, and figures.

### ***Abstract***

For an Original Research article, the abstract should be divided into four sections: Objective, Methods, Results, and Conclusions. It should not exceed 500 words. The abstract should not contain figures, tables, or references, trade names, or manufacturers names. An abstract is also required for Review Articles, Pictorial Essays, Technical Innovations, and Case Reports. Content should not be divided into sections. The abstract should not exceed 800 words and should give a brief overview of the article.

### ***Keywords***

Authors can provide up to five key words or phrases at the end of the abstract for all types of articles except Letters to the Editor and Replies.

### ***Introduction***

All articles need an Introduction that describes the objective of the investigation of not more than 250 words. The author should clearly state the specific goal or purpose of the article, and indicate why it is worthy of attention. In the Introduction, describe the hypothesis to be tested, the dilemma to be resolved, or the deficiency to be remedied.

### **Materials and Methods or Subject Profile**

The research plan, the materials (or subjects), and the methods used should be described. An explanation on how the disease was confirmed and the controls used must be included, as well as the details of the data obtained and how it was analyzed. Methods must include 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](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.

*Patient consent:* Patient anonymity must be maintained in all submissions. If there is any possibility that the patient can be identified in an figure, written consent must be obtained from the patient or parent/guardian by the author, and a line stating that this has been received included in the article.

### **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**

<b>Initiative</b>	<b>Type of Study</b>	<b>Source</b>
CONSORT	Randomized controlled trials	<a href="http://www.consort-statement.org">http://www.consort-statement.org</a>
STARD	Studies of diagnostic accuracy	<a href="http://www.consort-statement.org/stardstatement.htm">http://www.consort-statement.org/stardstatement.htm</a>
QUOROM	Systematic reviews and meta-analyses	<a href="http://www.consort-statement.org/Initiatives/MOOSE/moose.pdf">http://www.consort-statement.org/Initiatives/MOOSE/moose.pdf</a> <a href="http://www.consort-statement.org/Initiatives/MOOSE/moose.pdf">http://www.consort-statement.org/Initiatives/MOOSE/moose.pdf</a>
STROBEE	Observational studies in epidemiology	<a href="http://www.strobe-statement.org">http://www.strobe-statement.org</a>
MOOSE	Meta-analyses of observational studies in epidemiology	<a href="http://www.consort-statement.org/Initiatives/MOOSE/moose.pdf">http://www.consort-statement.org/Initiatives/MOOSE/moose.pdf</a>

**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**

The findings are presented here. All results should be in a clear, logical sequence and should adhere to the specific objective of the paper. Data presented in tables should not be duplicated in the text. Important trends and points will need to be described. 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**

The article submitted should explain clearly the outcome of the research considering the goals and results obtained. Any limitations on the materials or subjects and methods must be included. How the results differ from those obtained by previous investigators need to be presented with adequate comparisons and explanations. Included here are the 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.

### **References**

References are to be numbered sequentially in the order in which they appear in the article. *Reference numbers are typed as superscripts, enclosed by square brackets, after the punctuation mark at the end of the line.*

Example: ..... with no evidence of testicular intratubular neoplasia.<sup>[1]</sup>

Unpublished data or articles submitted for publication are not to be cited in the reference list. They are cited within parenthesis in the text. (Example: Aaron J, unpublished data). Papers presented at meetings are not cited in the reference list. They are cited within parenthesis in the text. (Example: Aaron J et al., presented at the 2009 annual meeting of the Society). References follow the ICMJE guidelines. Author's surname is followed by author's initials in capitals without spaces or full stops. Journal names are abbreviated according to *Index Medicus*. All references show page numbers in the format (121-6). The commonly cited types of references are shown here, for other types of references such as newspaper items the authors are recommended to 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*

- a. Shukla N, Husain N, Agarwal GG, Husain M. Utility of cysticercus fasciolaris antigen in the diagnosis of neurocysticercosis. Indian J Med Sci. 2008;62:222-7.
- b. van Waarde A, Cobben DC, Suurmeijer AJ, Maas B, Vaalburg W, de Vries EF, et al. Selectivity of 18F-FLT and 18F-FDG for differentiating tumor from inflammation in a rodent model. J NuclMed 2004; 45: 695-700.

List the first six contributors followed by et al.

#### *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.

#### *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.

#### *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*

Turgut AT, Dogra VS. Prostate carcinoma: Evaluation using transrectal sonography. In: Hayat MA, ed. Methods of cancer diagnosis, therapy and prognosis. 1st ed. New York, NA: Elsevier; 2008. p. 499-520.

#### *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 must be significant and provide a good summary of the study. Tables should be self-explanatory and not duplicate data given in the text or figures. Each table must have a descriptive title, and each column a heading. Provide actual numbers from which graphs are shown. Tables must contain a minimum of four lines and two columns of data and not exceed 10 columns and 25 rows.

Tables are numbered in the order in which they are cited in the text. Abbreviations used in the tables are defined below each table. All arithmetic calculations (percentages, totals, differences) must be double-checked for accuracy, and data must agree with data given in the text. Tables should be created in MS Word by entering data across the row using tabs and with a return at the end of each row.

#### **Figure/Image Legends**

All figure parts relating to one image should have the same figure number. The style for figure legends is given here:

**Figure 1:** Age and gender of the patient followed by presenting symptoms and subsequent diagnosis. Imaging modality used, organ/section imaged, view, and abnormality seen in the image. Add arrows pointing to the abnormality seen in the image.

Example: Figure 1: 42-year-old woman with Behçet disease who presented with dyspnea. (a) Contrast-enhanced CT image shows increased diameter of both middle and lower lobe pulmonary arteries (arrows) on the right; the aneurysms are partially thrombosed. (b) CT image with lung window shows well defined lung parenchymal nodules (arrow) corresponding to the aneurysms.

Written permission to reprint in print and electronic media, including online use, must be obtained for all previously published illustrations, and an appropriate credit line to be given in the legends.

#### **Figures/Images**

All images should be uploaded in JPEG, PNG, TIF, or GIF format. The file size should be within 2 MB in size. 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 figures not on the figure/image 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 and patients name and medical record number.*

If photographs of individuals are used, their pictures must be accompanied by written permission to use the photograph and eyes must be covered.

If a figure has been published elsewhere, the original source must be acknowledged and written permission from the copyright holder submitted to reproduce the material. A credit line should appear in the legend for such figures.

Electronic manipulation of images that materially alters the medical information must be identified and the nature of the alterations described.

Symbols used must be uniform in size and style and large enough to withstand reduction. Line drawings and graphs should be in black on a white background, using the same size type as the text. 0.5 mm hairline rules must be avoided. Authors' names and affiliations must not appear anywhere on the images.

### *Image Size*

The height and width of an image should not exceed 5 inches.

*Black & white images:* JPEG, PNG, TIF, or GIF format , Grayscale mode, and 300 DPI resolution. No layered files, no alpha channels, no color profiles assigned.

*Color images:* 300 DPI resolution, no layered files, no alpha channels. Color profile if used: CMYK (No Indexed Color, Lab, or RGB profiles)

*Line art:* 1200 DPI resolution, Grayscale or Jpeg format. No layered files, no alpha channels. Color profile if used: CMYK (No Indexed Color, Lab, or RGB profiles)

The Journal reserves the right to crop, rotate, reduce, or enlarge the photographs to an acceptable size.

### **Video clips**

The journal encourages authors to submit video clips, cine clips, or real time images (mpg, mpeg, wvm, or mp4 format). The clips can be uploaded at [video@clinicalimagingjournal . com](mailto:video@clinicalimagingjournal.com).

## ● **Submission of the Manuscript**

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Following documents are required for complete submission of the article:

### 1. First Page File - Cover Letter:

This file should contain the following information:

- The type of manuscript (original research article, case report, review article, technical innovations, radiologic-pathologic correlation, case series, radiology business or pictorial essay), title of the manuscript, running title, names of all authors/ contributors (with their highest academic degrees, designation, and affiliation(s) and name(s) of department(s) and/ or institution(s) to which the work should be credited.
- If the manuscript was presented at a scientific meeting, please provide the details in this file.
- Name, address, e-mail, and telephone number of the author who will handle all correspondence related to the manuscript,
- Please incorporate a passport size photo of the corresponding author in the first page file.

### 2. Article File:

- The manuscript must NOT contain any mention of the authors' names or initials or the institution at which the study was done or any acknowledgements.
- Page headers can include the title but not the authors' names.
- The main text of the article, beginning from the Abstract up to References and Tables should be in this file.
- The file size should be within 1MB. Images should not be embedded in the file. If file size is large, graphs can be submitted as images separately without incorporating them in the article file to keep within the size guidelines.

### 3. Figures / Images/ Cine Clips:

- Color images should be of good quality. Each image should be less than 1 MB in size. Size of the image can be reduced by decreasing the actual height and width of the images (1240 x 800 pixels or 5-6 inches).
- Images can be submitted as JPEG, PNG, TIF, or GIF format.
- Legends for the figures/images should be included at the end of the article file.
- Cine clips can also be submitted.

### 4. Disclosure Form

- Authors have to submit a signed Disclosure form when they submit a new article. The disclosure form has to be signed by each author. For each author, institutional affiliation, address, phone number, Fax/Telex number, and an e-mail address must be included.
- Disclosure form can be sent by E-mail as an PDF document or as scanned image to [copyright @ medknow.com](mailto:copyright@medknow.com) or submitted online from the authors' area on [www.clinicalimagingscience.org](http://www.clinicalimagingscience.org) . Disclosure form can be downloaded from [www.journalontheweb.com/jcis/author](http://www.journalontheweb.com/jcis/author)

## ● **Publication / processing fee**

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### **Article processing charge:**

The journal charges following fee on acceptance



Case Report: US \$ 250 (for overseas authors), INR 16250 (for authors from India)

Radiologic-Pathologic Correlation: US \$ 300 (for overseas authors), INR 19500 (for authors from India)

Case Series: US \$ 350 (for overseas authors), INR 22750 (for authors from India)

Pictorial Essay: US \$ 400 (for overseas authors), INR 26000 (for authors from India)

Original Article, Review Article, Technical Innovation: US \$ 500 (for overseas authors), INR 32500 (for authors from India)

(As mandated by the Indian Government and based on the Service tax Law and procedures, Wolters Kluwer India Private Ltd, would be charging service tax @15.00% (14.00% Service Tax + 0.5% Swachh Bharat Cess + 0.5% Krishi Kalyan Cess) on fees collected from Indian authors with effect from 1st June 2016. The said tax will be in addition to the prices maintained on the website to be collected from the authors and will be paid to the Indian Government.)

## ● Specific Details for Each Manuscript Type

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### Original Article

An original article is a research paper based on unique findings and techniques, and provides new information on the topic. The data section should be based on randomized clinical trials and contain information on all relevant study elements.

Appropriate statistical data is necessary for findings to be conclusive. The Methods section will contain the criteria for selection of human participants and laboratory animals involved in the trials and provide evidence of approval from relevant ethics organizations. When human subjects are involved, the methods followed and the extent to which they were in accordance with ethical standards and Human Rights guidelines need to be indicated.

The article should include the following sections:

*Abstract:* Please provide *Objectives, Methods and Materials, Results, and Conclusion* in brief in the Abstract and do not exceed 800 words.

Please provide the following in detail in the main article: *Introduction, Methods, Results, Discussion, and Conclusion* (3000 words). Original articles can have references up to a maximum of 35, figures including subparts up to a maximum of 10, and Tables up to a maximum of 4.

### Technical Innovations in Imaging Science

A technical innovation article describes new technology, instruments, or procedures in the field of radiology and imaging science. It can be exploratory in nature. It may describe new inventions with basic data obtained from Phantom studies and animal studies. Data available from human studies are welcome. The authors should include an abstract not exceeding 500 words. The main body of the text should have an Introduction, Methods, Results and statistical analyses, and a brief Discussion of the results and their relevance (not exceeding the maximum word count of 2000 words). The author can include references up to a maximum of 25, figures including subparts up to a maximum of 10, and tables up to a maximum of 2.

### Review Article

A review article is a balanced, in-depth scholarly study of the latest trends or present status of a specific timely topic, but is not an original article. No new data or personal experiences are presented. It is an analysis of the advances in the field based on a literature review of the topic. A review article includes a concise abstract limited to 500 words. The main article with detailed description of each disease process with appropriate images and a valid conclusion can be a maximum of 3000 words. The author can include up to a maximum of 90 references, 30 figures including subparts, and up to 4 tables.

### Case Reports

Case reports should be new, unique, and clinically significant. The cases must have a diagnostic impact or describe a therapeutic challenge and must provide a learning opportunity for radiologists. A cluster of cases can also be submitted under the category of case reports. A cluster will depict one disease process with different presentations.

Case reports must include an Abstract (up to a maximum of 500 words), Introduction, Case report, Discussions, and Conclusion.(up to a maximum of 1500 words), references up to a maximum of 10, figures up to a maximum of 6, and a maximum of one table. Case reports can have up to four authors.

### Case Series

A cluster of cases can also be submitted under the category of case series. A cluster will depict one disease process with different presentations. Case series present new, unique, and clinically significant information. The cases must have a diagnostic impact or describe a therapeutic challenge and must provide a learning opportunity for radiologists.



Case Series must include an Abstract (up to a maximum of 500 words), Introduction, Cases, Discussions, and Conclusion.(up to a maximum of 1500 words), references up to a maximum of 10, figures up to a maximum of 6, and a maximum of one table. Case series can have up to four authors.

### **Pictorial Essay**

A pictorial essay has figures, illustrations, pictures, and minimal text. The aim here is for the essay to be an exercise that uses images to impart descriptive information. The disease story is told in picture legends. The essay does not have new data or statistics. There can be as many as 40 pictures (including parts) with textual content limited to not more than 1250 words. The quality of the images determines the value of the paper. Authors are allowed to submit dynamic pictures and videos, cine clips, and real-time images. The authors can include up to a maximum of 10 references.

### **Radiologic-Pathologic Correlation**

These manuscripts describe radiological observations and correlate the findings to pathological conditions. Authors will include an abstract not exceeding 500 words. The main body of the text should have an introduction with a discussion which will include an overview of the features of the disease entity with gross histo-pathological description and conclusion up to a maximum of 1500 words. The authors can include a maximum of 10 references, 8 figures including subparts and one table. Radiologic-Pathologic Correlation article can have up to four authors.

### **Radiology Business**

Radiology business is a relatively upcoming field in the radiology. It deals with the knowledge of business concepts for the radiologists leading to successful patient care administration and profitable practices. Manuscripts under radiology business can be on various topics like: leadership in radiology, accounting and finance, practice management, and legal and legislative concerns including healthcare practices in the North America and rest of the world, malpractices, insurances etc. These articles must include an Abstract (up to a maximum of 500 words), Introduction, Discussions divided in to sections as appropriate, and Conclusion, references up to a maximum of 30 and maximum of 15 figures including tables. Radiology business can have up to six authors.

In the event the author has any questions, recommendations, suggestions, or any doubts, please contact : [editor@clinicalimagingscience.org](mailto:editor@clinicalimagingscience.org).

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