

Instructions to the Authors

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About the Journal

Saudi Journal of Medicine & Medical Sciences (SJMMMS) is a peer-reviewed international journal published by [Imam Abdulrahman Bin Faisal University](#) (formerly University of Dammam), Dammam, Kingdom of Saudi Arabia. The journal's full text is available online at <http://www.sjmms.net>. The journal allows free access (Open Access) to its contents and permits authors to self-archive final accepted version of the articles on any OAI-compliant institutional/subject-based repository.

Scope of the Journal

The purpose of the Journal is to promote excellence in the practice of medicine and medical health sciences. The Journal was established to promote the knowledge, attitudes and practice of all aspects of comprehensive health care (preventive, curative and rehabilitative). The Journal also aims at facilitating the development of medical research, education and health services. Original papers, short communications, brief reports and letters to the editor are all welcomed. Case reports with substantial significance can also be considered for publication. Most of the content of SJMMMS is submitted at the authors' initiative, but all editorials as well as most special series and reviews are solicited by the Editors. Exceptional unsolicited reviews may also be considered.

Editorial Process

A manuscript will be reviewed for possible publication with the understanding that it is being submitted to SJMMMS alone at that point of time and has not been published anywhere or simultaneously submitted/accepted for publication elsewhere. One of the authors should be authorized to correspond with the Journal for all matters related to the manuscript.

All manuscripts submitted are duly acknowledged. All submitted manuscripts are checked for plagiarism using [iThenticate](#) and subsequently reviewed for their suitability for publication in SJMMMS. Manuscripts with high plagiarism, insufficient originality, serious scientific or technical flaws and/or lack of a significant message are rejected at this stage along with manuscripts that are unlikely to be of interest to SJMMMS readers. Suitable manuscripts are then sent to a minimum of two independent expert reviewers for assessing the scientific quality of the manuscript. The Journal follows a double-blind review process. The Editor-in-Chief, based on the comments and recommendations of reviewers, takes a final decision on the manuscript. The comments and suggestions (i.e., acceptance or rejection of or revisions in manuscript) received from reviewers are conveyed to the corresponding author. If a manuscript is requested to be revised, the author(s) is requested to provide a point-by-point response to reviewers' comments and submit a revised version of the manuscript. This process is repeated until reviewers and editors are satisfied with the manuscript.

Manuscripts accepted for publication are copyedited for language, 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 entire process from submission of the manuscript to final decision and the subsequent sending and receiving proofs is completed online through the website <http://www.journalonweb.com/sjmms>.

Authorship Criteria

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

1. Concept and design of study or acquisition of data or analysis and interpretation of data;
2. Drafting the article or revising it critically for important intellectual content; and
3. Final approval of the version to be published. Participation solely in the acquisition of funding or the collection of data does not justify authorship. General supervision of the research group is not sufficient for authorship. Each contributor should have participated sufficiently in the work to take public responsibility for appropriate portions of the content of the manuscript. The order of naming the contributors should be based on the relative contribution of the contributor towards the study and writing the manuscript. Once submitted the order cannot be changed without written consent of all the contributors.

Please note that although the Journal does not specify a maximum number of authors, if requested, the authors should provide a justification if the number of authors exceed 6 for original articles, 4 for case reports and short communications/brief reports and 2 for letters to editor.

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. One or more author should take responsibility for the integrity of the work from inception to publication and should be designated as the 'guarantor'.

Conflicts of Interest/Competing Interests

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

If SJMMS receives a manuscript for publication consideration from its Editorial Board members, SJMMS ensures that the entire editorial process is carried out in an unbiased manner and that members who may have a conflict of interest with the manuscript do not take part in any editorial decision of the manuscript. The peer review of such a manuscript is completed by reviewers with no conflict of interest.

Submission of Manuscripts

All manuscripts must be submitted online through the website <http://www.journalonweb.com/sjmms>. First-time users would 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. Authors do not have to pay for submission, processing or publishing articles. If you experience any problems, please contact the editorial office by e-mail at: sjmms@iau.edu.sa

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

[1] Title Page/First Page File/covering letter:

This file should provide the following:

1. The type of manuscript, title of the manuscript (not more than 15 words), running title (not more than 55 characters, including spaces), 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. All information which can reveal your identity should be here. Use text/rtf/doc files. Do not zip the files.
2. The total number of pages, total number of photographs and separate word counts for the abstract and text (excluding the references, tables and abstract).
3. A statement confirming appropriate patient consent has been obtained. For Case Reports, please see the Case Report section for further details and appropriate forms.
4. Source(s) of support in the form of grants, equipment and/or drugs.
5. Acknowledgement, 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.
6. If the manuscript was presented as part at a meeting, the organization, place and exact date on which it was read. 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 proceed with the manuscript.
7. Registration number in case of a clinical trial and where it is registered (name of the registry and its URL).
8. 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.
9. Criteria for inclusion in the authors'/ contributors' list.
10. 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
11. The name, address, 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, if that information is not included on the manuscript itself.

[2] **Blinded 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 acknowledgements. Page headers/running title can include the title but not the authors' names. Manuscripts not in compliance with The Journal's blinding policy will be returned to the corresponding author. The main

text of the article, i.e., from Abstract to References (including tables), should be in this file. Use rtf/doc files. Do not zip the files. Limit the file size to 1024 kb. Do not incorporate images in the file. The pages should be numbered consecutively, beginning with the first page of the blinded article file.

[3] **Images:** Submit good quality color images. Each image should be less than 4 MB in size. Size of the image can be reduced by decreasing the actual height and width of the images (keep up to 1800 × 1200 pixels or 5–6 inches). Images can be submitted as JPEG files. 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) must be submitted online from the author's area on <http://www.journalonweb.com/sjmms> with the signatures of all the contributors within two weeks of submission. Alternatively, the authors can e-mail this form as a scanned image to sjmms@iau.edu.sa

Preparation of Manuscripts

Manuscripts must be prepared in accordance with [Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals](#) developed by the International Committee of Medical Journal Editors (ICMJE) (Updated December 2017). Specific requirement of SJMMS are summarized in the subsequent sections. Before submitting a manuscript, contributors are requested to check for the latest instructions available. Instructions are also available from the manuscript submission site <http://www.journalonweb.com/sjmms>.

SJMMS accepts manuscripts written in American English (but without serial comma).

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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.

Types of Manuscripts

Original Articles

These include randomized controlled trials, intervention studies, studies of screening and diagnostic test, outcome studies, cost effectiveness analyses, case-control series and surveys with high response rate. The text should be divided into sections with the headings Abstract, Introduction, Material (or Patients) and Methods, Results, Discussion, Conclusion, 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:

Study design: 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. Identify the methods, apparatus (give the manufacturer's name and address in parentheses) and procedures replication of the results. Give references to established methods, including statistical methods; 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

Initiative	Type of Study
CONSORT	Randomized controlled trials
STARD	Studies of diagnostic accuracy
PRISMA	Systematic reviews and meta-analyses
STROBE	Observational studies in epidemiology

MOOSE	Meta-analyses of observational studies in epidemiology
CARE	Case reports
ARRIVE	Animal studies

Ethics: For all studies involving people, medical records, human tissues or original animal data, a documented submission and approval is required from a formally constituted review board (Institutional Review Board or Ethics committee), irrespective of the study design. Authors should include a statement on ethics approval at the beginning or end of the Methods section. If the study was exempt from review by the review board, please add a statement stating the same. The statements of ethical approval (or exemption) must contain the following information: the name and address of the ethics committee responsible; the protocol number that was attributed by this ethics committee; and the date of approval (exemption) by the ethics committee. Investigators who do not have access to a formal constituted review board should indicate if the research was carried out in accordance with the [Declaration of Helsinki, 2013](#). In addition, investigators must always obtain the informed consent of participants. If not possible, the institutional review board must state if this is ethically acceptable. The authors should also ensure confidentiality of subjects by not mentioning participants' identifiers such as names, initials, phone or fax numbers, medical record number, etc. anywhere in the manuscript.

For experiments involving animals, investigators must state the care of animal and licensing guidelines under which the study was performed and report these in accordance with the ARRIVE (Animals in Research: Reporting In Vivo Experiments) statement. If ethics clearance was not necessary, or if there was any deviation from these standard ethical requests, please state why it was not required. If the authors have approval from a National Drug Agency (or similar) please state this and provide details.

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). 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. For all *P* values, include the exact value and not less than 0.05 or 0.001 (e.g., *P* = 0.048). 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 the results in a logical sequence in the text, tables and illustrations. Do not repeat in the text all the data in the tables or illustrations; emphasize or summarize only important observations. Extra or supplementary materials and technical details can be placed in an appendix, which would 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 (what this study adds to the available evidence, effects on patient care and health policy, possible mechanisms, etc.); 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, but they should be clearly labeled as such.

General Requirements:

- Abstract: Up to 250 words. Should be structured with the following section headings: Background, Objectives, Materials (or Patients) and methods, Results and Conclusion. Please also provide 3–6 relevant keywords (in alphabetical order)
- Word limit: 3000 words (excluding Abstract, References, Tables and Figure legends)
- References: <40
- Tables/Figures: Up to 6 in total

Review Articles

SJMMS publishes both narrative and systematic reviews. It is expected that authors of narrative articles would be written by individuals who have done substantial work on the subject or are considered experts in the field.

The Abstract should include an overview of the topic and the main objective for the review, the primary observations and findings as well as conclusions of the review that are supported by the information, along with clinical applications and relevance. The main body section titles would depend upon the topic reviewed. Authors should also include a section describing the

methods used for locating, selecting, extracting and synthesizing data.

For systematic reviews with meta-analysis, a structured abstract is required. In addition, the main body of text should comprise Introduction, Methods (detailing the following: search strategy, study selection and data extraction, quality of evidence, risk of bias and publication bias), Results (detailing search results and the primary findings), Discussion, Conclusion, References, Tables and Figure legends. The Journal prefers systematic reviews that have been registered in [PROSPERO](#).

The Journal expects the contributors to provide post-publication updates on the subject of review. These 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.

General Requirements:

- Abstract: Unstructured for narrative reviews and structured for systematic reviews with meta-analysis. Up to 250 words with 3–6 relevant keywords (in alphabetical order)
- Word limit: 3000 words (excluding Abstract, References, Tables and Figure legends)
- References: <90

Brief Reports

These are short reports of original studies with preliminary experimental results, evaluation of analytical techniques, or areas of clinical or experimental practice that are not fully investigated, verified or perfected but which may be of widespread interest or application. Such articles should have the following headings: Abstract, Introduction, Materials and methods, Results, Discussion, Conclusion and References.

General Requirements:

- Abstract: Up to 250 words. Should be structured with the following section headings: Background, Objectives, Materials (or Patients) and methods, Results and Conclusion. Please also provide 3–6 relevant keywords (in alphabetical order).
- Word limit: 1200 words (excluding Abstract, References, Tables and Figure legends)
- References: Up to 15
- Tables/Figures: Up to 4 in total

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. Case reports should have the following headings: Abstract (with key words), Introduction, Case Report, Discussion, References and Figure legends. For content in each section, please see the [CARE Checklist](#) (Points 5-10 of the Checklist should be included in the 'Case Report' section).

Patient Consent: Publication of case report with identifiable information about a patient (including those deceased) requires the publication consent of the patient/guardian/next of kin. Identifiable information include descriptions of individual case histories, photos, X-rays, genetic pedigrees, etc. Therefore, authors must ensure that they have obtained patient consent in accordance with [COPE's Journals' Best Practices for Ensuring Consent for Publishing Medical Case Reports](#) prior to submitting the case report for publication consideration to SJMMS. The publication consent form for SJMMS is available in English [[Download](#)] and Arabic [[Download](#)]. Please note that the authors must properly archive this signed consent form. The consent forms are not to be uploaded with the cover letter or sent through email to the Editorial or Publisher offices.

General Requirements:

- Abstract: Unstructured and up to 250 words with 3–6 relevant keywords (in alphabetical order). The abstract should have the following sequence of information: rationale, patient concerns, diagnosis, interventions, outcomes, key learning points.
- Word limit: 1000 words (excluding Abstract, References and Figure legends)
- References: Up to 15

Letter to the Editor

These should be short and decisive observations and should preferably be related to articles previously published in the Journal or views expressed in the Journal. They should not be preliminary observations that later require a study for validation.

General Requirements:

- No abstract required

- Word limit: 500 words (excluding References)
- References: Up to 5

Medical Education

Articles on medical education can be submitted in the same format for original and review articles according to the kind of submission (original or review).

Other

Editorial and In Focus 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; titles of journals should also be abbreviated according to this style. 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 samples of formatted references according to the [ICMJE recommendation](#).

Articles in Journals

1. 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.
2. Standard journal article (for more than six authors): List the first six contributors followed by *et al*.
3. 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
4. *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

1. Personal author(s): Ringsven MK, Bond D. Gerontology and leadership skills for nurses. 2nd ed. Albany (NY): Delmar Publishers; 1996.
2. Editor(s), compiler(s) as author: Norman IJ, Redfern SJ, editors. Mental health care for elderly people. New York: Churchill Livingstone; 1996.
3. 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

Aboud 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.
- Tables should be numbered consecutively according to the order in which they have been first cited in the text.
- 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.

Illustrations (Figures)

- Upload the images in JPEG format. The file size should be <4 MB.
- 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 and not on the illustrations themselves.
- When graphs, scattergrams 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 unwanted areas.
- If photographs of individuals are used, written permission must be obtained to use the photograph and the same should be indicated in the article.
- 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.
- Type out legends for illustrations using double spacing, with Arabic numerals corresponding to the illustrations. When symbols, arrows, numbers, or letters are used to identify parts of the illustrations, identify and explain each one in the legend. Explain the internal scale (magnification) and identify the method of staining in photomicrographs.
- If the uploaded images are not of printable quality, the publisher office may request for higher resolution images which can be sent at the time of acceptance of the manuscript. For digital images, please ensure that the image has minimum resolution of 300 dpi or 1800 × 1600 pixels in TIFF format.
- The Journal reserves the right to crop, rotate, reduce or enlarge the photographs to an acceptable size.

Protection of Patients' Rights to Privacy

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/guardian, wherever applicable) provides informed consent for publication. Authors should remove patients' names from figures, unless they have obtained informed consent from the patients. The journal abides by the ICMJE guidelines:

1. Authors, and not the Journal or its Publisher, need to obtain the patient consent form before submitting their work for publication consideration to SJMMS. Authors should ensure that this patient consent form(s) are properly archived. The consent forms are not to be uploaded with the cover letter or sent through email to the 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.

Scientific Misconduct

For duplicate publication, fabricated data, undisclosed conflict of interest, plagiarism and/or other issues of publication and scientific misconduct, SJMMS follows the guidance produced by [Committee on Publication Ethics \(COPE\)](#), [World Association of Medical Editors \(WAME\)](#) and [International Committee of Medical Journal Editors \(ICMJE\)](#).

SJMMS endeavors to avoid all possible misconduct. All manuscripts are checked for plagiarism using [iThenticate](#). If the Editor or a reviewer is concerned that some aspect of a submitted article may constitute a misconduct in research, publication or professional behavior, the Journal communicates the same to the author(s) and seeks clarification. However, if the concerns are not satisfactorily resolved by discussion with the author(s), the Journal may report the same to appropriate authorities such as their institutions and, for duplicate publication, the journal in which the previous publication had appeared.

The Journal also encourages its readers to report any published article in which they suspect misconduct through e-mail or letter. Anonymity of the complainant would be maintained at all times.

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Manuscript submission, processing and publication charges

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Acceptance or rejection

Manuscripts are judged on the interest and importance of the topic, intellectual and scientific strength, clarity of presentation and relevance to *Saudi Journal of Medicine & Medical Sciences* readers.

Complaints

This procedure applies to complaints about the publishing policies, procedures and/or actions of the Saudi Journal of Medicine & Medical Sciences' editorial staff. This complaint must relate to content or a procedure that was the responsibility of the SJMMS or its Editor.

How to register a complaint

Complaints can be registered by phone, e-mail or letter to the address provided in the Contacts section. The Journal prefers communication through e-mail because it provides a reliable trail. All complaints are acknowledged at the earliest. The complaint would be followed-up in an unbiased manner and be handled by the person to whom they are made, if possible. The Journal aims to resolve any complaint raised within 2–4 weeks; however, if that is not possible, an interim response would be provided until the complaint is resolved.

External body

If a complainant remains unsatisfied with the final decision of the Editor, the complainant may complain to an external body such as Committee on Publication Ethics, when that body has relevant oversight.

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)
- Author for correspondence, with e-mail address and mobile telephone number provided
- Identity not revealed in the blinded article file (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 55 characters)
- Abstract page contains the full title of the manuscript
- Abstract provided (with word count as per the individual guidelines, except for letters to the editor)
- Key words provided (3–6)
- The references cited in the text should be after punctuations, 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

- American English (but without serial comma)
- 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 and those 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 (color)
- Table and figure numbers in Arabic letters (not Roman)
- Figure legends provided
- Patients' privacy maintained (or permission taken when applicable)
- Credit note for borrowed figures/tables provided
- Write the full term for each abbreviation used in the table as a footnote Contributors' form

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