

Author Guidelines

When preparing a manuscript for IJN, authors must first determine the manuscript type. Then, proceed to select the appropriate manuscript preparation instructions from the acceptable formats listed below. Manuscripts must conform to journal style; preparation of figures, tables and multimedia must be done accordingly.

Journal Style

Author Listing. Names all authors should be listed in their entirety. All authors must clearly present institutional/professional affiliations and degrees held.

Abbreviations. Authors should provide a list of abbreviations on the title page. All acronyms in the text should be expanded at first mention, followed by the abbreviation in parentheses. The acronym may appear in the text thereafter. Do not use abbreviations in the title. Acronyms may be used in the abstract if they occur 3 times or more therein.

Keywords. Authors should provide keywords on the title page and use Medical Subject Headings (MeSH) terms as a guide. Please visit: <http://www.mums.ac.ir/ijn>

Proprietary Products. Authors should use nonproprietary (generic) names of drugs or devices unless mention of a manufacturer is pertinent to the study. If a proprietary product is cited, the name and location of the manufacturer must also be included in parentheses.

References. Authors are responsible for the accuracy of references. Citations should be numbered in the order in which they appear in the text. Abbreviated journal names should be in Index Medicus format. Please visit: <http://www.mums.ac.ir/ijn>

Manuscript Preparation

Manuscripts (including tables, illustrations, and references) should be prepared according to ICMJE guidelines. Original articles require a title, structured abstract and keywords, followed by the text (Introduction, Materials/Patients and Methods, Results, Discussion, Conclusion, Acknowledgment, References, Tables, Figures). Label each section with the appropriate subheading. Experience, Reviews and Special Articles require short, unstructured abstracts. Commentaries do not require abstracts. Research or project support should be acknowledged as a footnote on the title page. Technical and other assistance should also be cited on the title page.

Title Page

The title page must include author names, degrees, and institutional/professional affiliations, short title, abbreviations, keywords, financial disclosure and conflict of interests if any. Please include the contact information for the corresponding author (e.g. address, telephone, fax, and e-mail address).

Abstract length: 250 words or less

Article length: 4000 words or less

Original Articles

NOTE: References and Abstracts are not included in the article word count.

Original articles are authentic research contributions that aim to change or substantiate clinical practice or the understanding of a disease process. Original articles include, but are not limited to, clinical trials, interventional studies, cohort studies, case-control studies, epidemiologic assessments, and surveys. Components of an Original Article include:

Structured Abstract

A structured abstract must include headings, such as Objective, Patients and Methods, Results, and Conclusions. The Objective should clearly state the hypothesis; Patients and Methods should state the inclusion criteria and study design; Results must state the outcome of the study; and Conclusions should state the outcome in relation to the hypothesis and possible directions for future studies.

TEXT

The text must include the sections below:

Introduction

A 1or 2-paragraph introduction outlining the wider context or background that generated the study and the hypothesis.

Methods

A Patients and Methods section detailing inclusion criteria and study design to ensure reproducibility of the research.

Results

This section should outline the outcome and findings of the study.

Discussion

An expanded debate highlighting antecedent and current literature on the topic and how the current study changes the perception of a disease process or treatment modality should be stated.

Conclusion

A concluding paragraph presenting the impact of the study findings and possible future research on the subject.

Abstract length: 250 words or less.

Review Articles

Review Articles combine and/or summarize data from the knowledge base of a topic. These articles can include systematic reviews and metaanalyses. Structured abstracts for systematic reviews are recommended and headings should include: Context, Objective, Data Sources, Study Selection, Data Extraction, Results and Conclusions.

Article length: 400 to 800 words.

Commentaries

Commentaries are opinions consisting of a viewpoint and supporting discussion. These contributions usually pertain to and are published concurrently with a specific article; the commentary serves to launch a broader discussion of a topic. Commentaries may address general issues or controversies in the field of neonatology.

Abstract length: 250 words or less.

Article length: 2000 words or less.

Case Reports

Case Report articles consist of rare findings or patient reports and other shorter articles of original research. They should include an unstructured abstract of 250 words or fewer. Case Report articles highlight unique presentations of disease processes to expand the differential diagnosis and improve patient care. Case Report articles should be structured as follows:

Abstract

An unstructured abstract that summarizes the case(s)

Introduction

A brief introduction (recommended length, 1-2 paragraphs) A Case Report section that details patient presentation, initial diagnosis, and outcome.

Results

Present the results in a logical sequence in the text, tables, and figures. Do not present specific data more than once and do not duplicate data from tables or figures in the text; emphasize or summarize only important observations. Do not present data from individual subjects except for very compelling reasons. Mention losses to follow-up (such as drop-outs from a clinical trial). Use boldface for the first mention of each table or figure.

Discussion

A discussion section including a brief review of the relevant literature and how this case brings new understanding to the disease process.

Letter-to-the-Editor

Letters-to-the-Editor continues to be a vital part of the journal's interaction with its readers. Letters, should be less than 500 words, and should discuss materials published in the journal during the year.

Figures

Authors should number figures in the order in which they appear in the text. Figures include graphs, charts, photographs, and illustrations. Each figure should be accompanied by a legend that does not exceed 50 words. Use abbreviations unless these have not been expanded in the text. If a figure is reproduced from another source, authors are required to obtain permission from the copyright holder, and proof of permission must be sent to the editorial office at initial submission. Authors are also required to provide level of magnification and stain used for histology slides. Figure arrays should be clearly labeled, preassembled, and submitted to scale according to the width and depth of a journal page (40 picas wide by 56 picas deep). Figure parts of an array should be clearly marked in capital letters in 10-point (Levenim MT) font in the upper left-hand corner of each figure. Figures should be submitted separately from the text file in one of the below formats.

Technical Requirements. For an original submission, authors may submit JPEG or PDF files. However, at revision, authors will need to submit higher resolution files (150-300 dpi) The following file types are acceptable: TIFF, EPS, and PDF. We cannot accept Excel or PowerPoint files. Color files must be in CMYK (cyan, magenta, yellow, black) mode.

Tables

Tables should be numbered in the order in which they are cited in the text and include appropriate headers. Tables should not reiterate information presented in the Results section, but rather should provide clear and concise data that further illustrate the main point. Tabular data should directly relate to the hypothesis.

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