

SQUMJ Guide for Authors

SQUMJ is a nationally and internationally peer-reviewed journal that publishes original articles in a wide variety of biomedical disciplines. SQUMJ is published quarterly online with free access to full text articles.

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Manuscripts should be submitted online via the [Editorial Manager System](#).

Key Issues

UNIFORM REQUIREMENTS OF ICMJE ([International Committee of Medical Journal Editors](#))

Before submitting manuscripts, authors should check that they conform to the Uniform Requirements of the International Committee of Medical Journal Editors (www.ICMJE.org) to which SQUMJ conforms.

TYPES OF MANUSCRIPTS PUBLISHED

Manuscripts submitted must be based on original work and not have been published, submitted or accepted for publication elsewhere. The Journal accepts the following kinds of manuscripts:

1. Editorials
2. Comments
3. Reviews
4. Special Contributions
5. Medical History articles
6. Sounding Board articles
7. Original Studies
8. Brief Communications
9. Technical Notes
10. Case Series and Case Reports
11. Continuing Medical Education articles
12. Interesting Medical Images
13. Letters to the Editor
14. Conference Abstracts

CONFIDENTIALITY

SQUMJ editors and publication staff keep all information about a submitted manuscript confidential and limited to those involved in the evaluation, review and publication process. Only the Editor-in-Chief, the Editor, the Managing and Assistant Editors and the allocated Associate Editors are aware of the names of manuscript authors and their affiliations. SQUMJ has a double-blind review process so that authors' names and affiliations are not revealed to reviewers nor are reviewers' names revealed to authors. Only information on accepted articles is archived for future reference.

AUTHORSHIP

Authorship must be based on all of the following four criteria: 1) Substantial contributions to conception and design, acquisition of data, or analysis and interpretation of data; 2) Drafting the article or revising it critically; 3) Final approval of the version to be published; and 4) Agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved. All contributors who do not meet the criteria for authorship should be listed in an acknowledgements section at the end of the article.

Based on these criteria, large language models (LLMs), such as ChatGPT, would not qualify as authors as they are not capable of fulfilling the last two criteria for authorship. LLMs can certainly be used in the research process and should be acknowledged in the paper for their contributions, but they do not fulfill the criteria for authorship.

Therefore, in manuscripts that use LLMs, it is appropriate to acknowledge their contributions in the acknowledgments section of the paper or in the Methods section, rather than including them as authors. The acknowledgement may include a description of how the model was used in the research, and any other relevant details about its contribution to the research.

CONFLICT OF INTEREST

Trust in the peer review process and the credibility of published articles depends partly on the handling of conflict of interest issues in the writing, peer review and editorial decision-making process. Conflict of interest exists when an author (or the author's institution), reviewer or editor has financial or personal relationships that inappropriately influence his/her actions. These people must disclose all relationships that could be viewed as potential conflicts of interest. Authors need to complete the Conflict of Interest section in the standard SQUMJ Covering Letter. The editors may use this information as a basis for editorial decisions and may publish it in the Journal. Peer-reviewers are requested to declare any conflict of interest. SQUMJ Subject Editors have to declare any conflict of interest before taking responsibility for a manuscript.

INFORMED CONSENT

Patients have a right to privacy that should not be infringed without informed consent. SQUMJ does not publish identifying information in written descriptions or images unless the information is essential for scientific purposes and the patient (or guardian) has given written informed consent for publication. This requires that a patient who is identifiable be shown the manuscript before publication. If identifying characteristics are altered to protect anonymity, such as in genetic pedigrees, authors should provide assurance that alterations do not distort scientific meaning and editors should note this. When informed consent has been obtained, it should be indicated in the manuscript.

ETHICAL PERMISSION - Human and Animal Rights

All studies on human or animal subjects must contain a statement about ethical permission for the study including the date it was granted and the name of the committee and organization which granted it.

Such studies must be in accordance with the ethical standards of the responsible committee on human experimentation (institutional and national) and with the Helsinki Declaration of 1975, as revised in 2008. If doubt exists whether the research was conducted in accordance with the Helsinki Declaration, the authors must explain the rationale for their approach, and demonstrate that the institutional review body explicitly approved the doubtful aspects of the study.

When reporting experiments on animals, authors should indicate whether the institutional and national guidelines for the care and use of laboratory animals were followed.

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- g) Post a copy of the manuscript on the author's personal website, departmental website, and/or the university's intranet, provided a hyperlink to the manuscript on the SQUMJ website is included.

In all the above instances, the author shall give proper credit to the original publication in SQU MJ as follows:

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SCIENTIFIC MISCONDUCT POLICY

Following the [World Association of Medical Editors](#) (WAME), SQU MJ defines scientific misconduct as:

1. *Falsifying data*: Inventing data, selective reporting or the omission, suppression or distortion of data.
2. *Plagiarism*: Using the published or unpublished language, ideas, or thoughts of another writer without reference or permission and presenting them as one's own. Plagiarism includes self-plagiarism (duplication of portions of your own previously published work), duplicate publication (publication of an article in more than one journal or in another language) and redundant publication (more than 10% of an article overlapping with another submission/publication).
3. *Authorship issues*: Exclusion of involved researchers, or inclusion of researchers who have not contributed to the work, or publication without permission from all authors.
4. *Disregard for generally accepted research practice*: Manipulation of experiments/statistics to get biased results, or improper reporting of results, for example.
5. *Failure to follow legal requirements*: Violation of local regulations and laws involving the use of funds, copyright, care of animals, human subjects, investigational drugs, recombinant products, new devices, or radioactive, biological or chemical materials.
6. *Inappropriate behaviour in cases of misconduct*: False accusations of misconduct; failure to report misconduct; not providing information relevant to a misconduct claim; and retaliation against people claiming or investigating misconduct, for example.

SQU MJ takes all these forms of misconduct extremely seriously. It follows the [Committee on Publication Ethics](#) (COPE) guidelines. The final decision on action is taken by the Editor-in-Chief.

OPEN ACCESS

SQU MJ is an Open Access Journal. This means that all content is freely available without charge to the user or his/her institution. Users have the right to read, download, copy, distribute, print, search, or link to the full texts of articles under the following conditions: Creative Commons Attribution 4.0 International (CC BY 4.0). This is also in accordance with the Budapest Open Access Initiative (BOAI) definition of open access.

ARCHIVING

SQU MJ utilises the LOCKSS system to create a distributed archiving system among participating libraries and permits those libraries to create permanent archives of the online version of Journal issues for the purposes of preservation and restoration.

Preparing the Manuscript

1. TYPES OF ARTICLES – Length and Subsections

Editorials & Comments: (c. 2,000 words & 20 refs.). These types of articles should refer either to an article already published or scheduled to be published in an issue of SQU MJ or be a short opinion article on a topic of recent interest. These should have a sequence of logical sections related to their content and purpose.

Articles of this type require authors with more experience about the submitted topic. Therefore, ONLY submissions with published authors (5+ research-based articles about the same topic) will be considered for publication at SQU MJ. PLEASE NOTE publications of the authors will be checked by the Editorial Office at submission.

Reviews: (c. 5,000 words & max. 100 refs.). These articles should succinctly and holistically summarise current knowledge of a chosen topic, with a sequence of logical sections related to their content and purpose.

Special Contributions & Sounding Board articles: (c. 5,000 words & 30 refs. and 2,000 words & 20 refs. respectively). These should have a sequence of logical sections related to their content and purpose. Sounding Board articles should aim to elicit discussion on potentially controversial topics or present novel ideas.

Medical History articles: (c. 2,500 words & 20 refs.). These articles should highlight the historical background of a disease or its discoverer, or any other topic within the history of medicine. These should have a sequence of logical sections related to their content and purpose. *Medical History articles should be submitted via e-mail to the Editorial Office.*

Clinical & Basic Research articles: (c. 3,000 words & 30 refs.). The manuscript should be divided into the following seven major sections:

- 1) **Advances in Knowledge** (what are the specific outcomes/results of the paper, list of max. 100 words)
- 2) **Application to Patient Care** (how the outcomes/results of the paper contribute to patient care practices, list of max. 100 words)
- 3) **Introduction**
- 4) **Methods:** The Methods section should include sufficient details of methods and equipment so that another individual could repeat the work. Clearly mention the time period of the research and the institution where it was conducted. Furthermore, studies on human or animal subjects must contain a statement about ethical permission for the study including the name of the committee and organization which granted it as well as information about how informed consent was obtained from the patients included in the study.
- 5) **Results**
- 6) **Discussion**
- 7) **Conclusion**

Brief Communications: (c. 1,500 words & 15 refs.) The manuscript should be divided into the following five sections with similar instructions as for Clinical and Basic Research articles:

- 1) **Introduction**
- 2) **Methods**
- 3) **Results**
- 4) **Discussion**
- 5) **Conclusion**

Technical Notes: (c. 1,500 words & 15 refs.) These short articles should describe a new methodology, technique or piece of equipment. These articles should have a sequence of logical sections related to their content and purpose.

Case Series & Case Reports: (Series: c. 2,000 words & 15 refs; Reports: 1,500 words & 15 refs, or 2,000 words & 25 refs. if literature review included). These should have the following four sections:

- 1) **Introduction**
- 2) **Case Report(s):** In this section(s), authors must indicate that informed consent was obtained from the patients/guardians.
- 3) **Discussion**
- 4) **Conclusion**

Continuing Medical Education articles: (c. 3,000 words & 30 refs.). These articles should seek to test the knowledge and clinical practices of doctors or medical students. Such articles should have a sequence of logical sections related to their content and purpose and be followed by a quiz with a key for the answers.

Interesting Medical Images: These short articles highlight an interesting image(s), with a brief Introduction to the image/s and a detailed caption for each one, followed by a Comment section of maximum 500 words and c. 5 refs.

Letters to the Editor: (c. 1,000 words & 5 refs.). These are short communications either in response to a previous SQUMJ article or on a new topic of interest.

2. JOURNAL LANGUAGE

The Journal publishes papers in UK English only. Please ensure to carefully edit the manuscript to eliminate any English errors prior to submission.

3. STYLE

The modern trend to simplify has also influenced scientific writing. When preparing your manuscript, avoid long sentences, jargon and clichés. When tempted to use a difficult word or complex sentence, see if it can be replaced by simpler one. Always write for the generalist, rather than the specialist. The overall essence of your manuscript should be understandable to someone educated until university level.

4. ABBREVIATIONS & SYSTEM OF UNITS

Since abbreviations tend to make the text difficult to read, avoid them except when essential. In the Abstract and the article itself, define each abbreviation when first used—e.g. coronary artery disease (CAD)—and thereafter use the abbreviation alone without further explanation. Avoid beginning sentences with abbreviations. All abbreviations must be expanded in titles, subtitles and captions. Use standard abbreviations, rather than words, for units and percentages (e.g. km, mm, kg, L, mL, %, etc.). This Journal uses the International System (SI) units for most measurements (eg. pmol/L). Alternative corresponding units may be included in parentheses.

5. FIGURES & TABLES

All tables and figures should be inserted/placed at the end of the manuscript, rather than within the main text. Provide a brief but fully self-explanatory caption and title for each figure and cite each figure in the text and number them consecutively. Number tables consecutively, give concise but self-explanatory titles to each and cite them in the text. All figures will be appear in colour, if necessary. Tables will be formatted to fit the standard shading/layout of the Journal. It is the author's responsibility to obtain permission for the reproduction of previously published figure or table from other sources and the source of the original figure/table should be clearly cited underneath the reproduction. An explanation of all definitions used, as well as any other potentially non-intuitive features, should be included in the legend to the figure or table. A maximum of 6 figures/tables are permitted for Clinical & Basic Research articles. All other article types are allowed a maximum of 4 figures/tables.

Photographs/Images/Scans - The quality of such figures must be high enough resolution for good print reproduction and should stand reduction. The Journal uses standard arrows/identifying symbols for figures, so additional arrows, symbols, words and other identifying/descriptive features should not be placed on the figure itself, if possible, but into the Microsoft Word document instead. After acceptance, figures should be provided to the Editorial Office in digital format (300 dpi) and in JPEG, PNG, GIF, TIFF or other image format. Sourcing figures directly from a Microsoft Word document may greatly and negatively affect their quality in print.

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Diagrams/Flow Charts - All diagrams and flow charts should be created in Microsoft Word, if possible, and be editable so that the font/formatting of the text can be changed by the Editorial Office if necessary.

Tables and Charts - All X and Y axes must be clearly labelled. Charts and tables pasted into Microsoft Word documents in un-editable "picture" formats are not acceptable and should be provided in Microsoft

Excel or a similar programme. Please ensure that no charts or graphs are displayed in three dimensions. For tables, please ensure that as few cells as possible are merged and that each column and row is clearly labelled and outlined using the border function. Within a table, do not insert multiple spaces or tabs within a single cell.

6. SUPPLEMENTARY MATERIAL

Definition:

Supporting files that are not essential for inclusion in the full text of the manuscript, but would nevertheless benefit the reader. It should not be essential to understanding the conclusions of the paper, but should contain data that is additional or complementary and directly relevant to the article content. Examples would be more detailed methods, extended data sets/data analysis, tables, additional figures or video/audio clips.

Process:

All material to be considered as Supplementary files must be submitted at the same time as the main manuscript for peer-review. Please select the material intended as Supplementary material during online submission by uploading it under the correct file type (Supplementary). Also ensure that the Supplementary material is referred to in the main manuscript at an appropriate point in the text. It cannot be altered or replaced after the paper has been accepted for publication. Please ensure to submit Supplementary material online in its final form.

Please note that Supplementary material will not be edited, so ensure that it is clearly and succinctly presented and that the style of terms conforms to the rest of the manuscript. Also please ensure that the uploaded Supplementary files are blinded (does NOT contain identifying author details). The Supplementary material will be presented as a separate file once the accepted articles are published online.

Acceptable formats:

A maximum of 6 files is acceptable to make up the Supplementary material unit for the article. The maximum size per file should not exceed 10 Mbytes (except for video clips which can be a maximum of 50 Mbytes), and files must be as small as possible, so that they can be downloaded quickly. Please provide the Supplementary files in one of the following formats:

- Provide text files in PDF (.pdf) or MS Word (.doc) format.
- Provide spreadsheet files in MS Excel (.xls) format.
- Provide image files in .tif, .gif or .jpg format.
- Provide audio clips in .mp3 format.
- Provide video clips in .mp4 format.

Patient Privacy:

Data should not be shared in any way that could compromise participant anonymity or privacy, Data also should not be shared if that would require the authors to break any laws or licensing agreements.

Data Repositories:

We encourage authors to use repositories to share additional data. There are a number of recognised, general repositories in which to deposit data. For example, DRYAD, OSF, FigShare, Zenodo, Science Data Bank and Shuaa (Omani repository).

FAIRsharing and re3data.org provide a curated list of repositories. However, any additional data should only be deposited after acceptance of the manuscript.

7. FORMATTING

All manuscripts must be submitted in Microsoft Word. Use 12 point Times New Roman font for the entire manuscript. In addition, all manuscripts should have 1.5 spacing between the lines and have continuous line-numbering for the entire manuscript to facilitate the review and revision process. Use minimum formatting, restricting formatting to superscripts and subscripts and what is absolutely essential to reveal various heading levels, since most formatting will be removed before typesetting. Use true superscripts and subscripts and not “raised/lowered” characters. For symbols, use the standard symbol fonts on Windows or

Macintosh. Using strange symbol fonts may give unpredictable results in print, even if the fonts are supplied by the author. Put exactly one space between words and after any punctuation. Put one blank line between paragraphs and do not use indents to indicate new paragraphs. Ensure that the text of the entire manuscript is in uniform black font colour, unless you need to indicate changes to your article made during a request for revision. Please do not insert page borders.

Article Sections

1. MANUSCRIPT DETAILS

Please ensure that you remove the author names and affiliation details from the Microsoft Word document of your manuscript as it will be sent out for blind peer review. In addition, ensure that any potential identifying information—such as that which might be included in an Acknowledgments/Funding/Conflict of Interest section—is uploaded as part of the standard SQUMJ Covering Letter on the SQUMJ Editorial Manager website. This information can subsequently be included in the manuscript after an acceptance decision has been made.

2. ABSTRACT

As the most widely read part of a paper, the abstract demands careful preparation. Editorials, Letters to the Editor and Interesting Medical Images do not need an abstract. Abstracts of Clinical & Basic Research studies and Brief Communications (max. 250 words and 150 words respectively) should be clearly divided into four sections: 1) Objectives; 2) Methods; 3) Results; and 4) Conclusion. Reviews, Sounding Board articles, Special Contributions, Technical Notes, Case Series/Reports and CME articles should have a narrative abstract in a single paragraph (max. 150 words). The abstract is uploaded to the SQUMJ Editorial Manager website as a separate file.

3. KEYWORDS

Keywords are needed for Reviews, Sounding Board articles, Special Contributions, Clinical & Basic Research articles, Brief Communications, Technical Notes, Case Series/Reports and CME articles. Provide max. 8 keywords using terms from the medical subject heading (MeSH) database on the PubMed site (<http://www.ncbi.nlm.nih.gov/mesh>). Keywords are uploaded on the SQUMJ Editorial Manager website in the special section for this purpose.

4. METHODS – Clinical & Basic Research and Brief Communications

In the Methods section, it is vital that enough information is provided as to how your study was conducted so that the research can be replicated. If applicable, you should clearly state any inclusion/exclusion criteria, variables and sample size calculations. For studies with human or animal subjects, please include information as to which organisation granted ethical permission for the study and how the consent of the subjects/patient consent was obtained, if necessary. For ethical permission, be aware that you will need to provide the name of the committee which granted approval for the study, as well as the date and number of approval. Any references to medical equipment must include the official trade name of the equipment and the full company name and the city and country of the supplier. The time period of the study must be clearly noted in months and years (e.g. this study was conducted between April 2016 and February 2017).

5. CASE REPORT – Case Series and Case Reports

Include all relevant past medical history for the case as well as the circumstances leading to the presentation/admission of the patient. The year of presentation should be included, but not the specific month so as to avoid identification of the patient. Provide a full description of the sequence of events that followed the patient's presentation/admission as well as the clinical decision-making process, diagnosis steps and/or treatment. Clearly mention the final prognosis status of the patient and the results of any follow-up/further observations. If any further treatment or observation is planned for the future, this should also be mentioned.

6. DISCUSSION

For studies, your Discussion section should first reiterate briefly the results, then move to a discussion of your main findings, and finally move to wider topics and comparison of your study with other research. For

individual cases, it is advisable to describe how the case is rare/unusual and the educational/scientific merit of its publication, followed by an overview of the topic and a comparison of your case with similar cases described in the literature.

7. REFERENCES

All statements which require support/evidence or cite data from previously published material should be referenced. Other literature should be referenced sequentially in their order of appearance, for example: “The Omani Ministry of Health has prioritized eye care in its next 5 year plan”.³ Always try to use primary rather than secondary sources of data, if available. Avoid references to personal communications, unpublished data or other manuscripts which have not yet been accepted for publication.

The reference number must be inserted within the text in superscript *after* a comma or full stop. In the article itself and the Reference section, list all the references in sequential numerical order. In the Reference section, list all authors up to a maximum of six. If there are more than six authors then write et al. after the sixth author. The Journal uses a variation of the Index Medicus style of referencing, which is similar to the Vancouver style. Please adopt the exact style as shown in the examples below, including punctuation. Journal names should be abbreviated as per the Journals Database section in PubMed (<http://www.ncbi.nlm.nih.gov/nlmcatalog/journals>). Please include DOI numbers in full html format where available.

Journal Citation

Rose-Nussbaumer J, Prajna NV, Krishnan T, Mascarenhas J, Rajaraman R, Srinivasan M, et al. Risk factors for low vision related functioning in the Mycotic Ulcer Treatment Trial: A randomised trial comparing natamycin with voriconazole. *Br J Ophthalmol* 2016; 7:929–32. <https://doi.org/10.1172/JCI112804>.

Book Chapter

Brown J, Murphy KH. Adult-onset Still’s disease. In: Maddison PJ, Woo P, Glass DN, Eds. *Oxford Textbook of Rheumatology*, 3rd ed. Oxford, UK: Medical Publication, 2010. Pp. 1127–31.

Book

Smith MD. *Introduction to Gynaecology*, 6th ed. New York, USA: Institutional Press, 2005. P. 15.

Report

World Health Organization. *Issues in Health Services Delivery*. Geneva, Switzerland: World Health Organization. WHO/EIP/00I. Pp. 3–4.

Thesis

Rowe L. DNA damage-induced reactive oxygen species: A genotoxic stress response. PhD Thesis, 2012, Emory University, Georgia, USA. Pp. 315–22.

Website

Smith AD. Pregnancy after 35. From: www.marchof-dimes.com/pregnancy Accessed: Sep 2016.

8. FIGURES/TABLES

Figures and tables should not simply be a repetition of data already included in the text but should be used to present your data in a concise and more understandable format. They also not contradict results reported elsewhere within the manuscript. Ensure that the correct type of figure/table is used so that the information is presented in the most appropriate/interesting manner.

Submission

All manuscripts should be submitted online via the Editorial Manager system at: [Editorial Manager](#). Authors can also track the progress of their manuscript and submit revised manuscripts on this site. Alternatively, authors can follow the link to the Editorial Manager site from the home page of the SQUMJ website (<https://journals.squ.edu.om/index.php/squmj/>) or the Authors page ([Guide for Authors](#)). The latter contains these Guidelines for Authors as well as other resources for authors and a link to the standard SQUMJ Covering Letter which must be uploaded along with the manuscript. If there should be any problems during the submission process, authors should contact the Editorial Office at mjournal@squ.edu.om.

Substantial delays in the submission process can be avoided if authors comply with these Guidelines for Authors.

Review Process

The Editorial Office of the Journal and the SQUMJ Subject Editors check each submitted manuscript for general quality, suitability and whether it conforms to accepted formatting requirements. All manuscripts are also checked for plagiarism; if discovered, immediate strong action is taken. If found *prima facie* acceptable, the manuscript will be sent out for double-blind international review. All reviewers treat the manuscript with the strictest confidentiality and must declare any conflict of interests. Comments and suggestions from the reviewers are conveyed to the authors via the online system. Revised manuscripts are subject to further review by the original reviewers and the responsible Subject Editors. The final decision as to acceptance or rejection lies with the Editor-in-Chief, with advice from the SQUMJ Editorial Board and Sultan Qaboos University's Academic Publications Board.

Editing

Papers selected for publication are edited by the SQUMJ Editorial Office for brevity, clarity, grammar, spelling and style. British/UK English spelling and punctuation are used. The Editorial Office has final approval over the version of the manuscript to be published and certain changes/modifications to the language and style of the text can be made without the authors' agreement, as long as they do not impact the intended meaning or scientific content of the text. When the editing is extensive, with the possibility of altered meaning, queries are sent to the corresponding author by email.

Proofs

The galley proof of an accepted article is emailed in PDF format to the corresponding author for typographical checking only. It should be returned within 48 hours of receipt. Since high-quality PDF reprints are downloadable from the SQUMJ web site, physical reprints are not issued. The full text of all articles is also available online and in PubMed and various other international indexer websites/databases.

Checklist for Authors

- Manuscript conforms to ICMJE Uniform Requirements?
- Standard Covering Letter uploaded and all required sections completed?
- Abstract has required length and sections? Keywords provided?
- Manuscript conforms to SQUMJ's style, length and formatting requirements?
- Tables, drawings, charts and photographs placed after the article text and in editable format?
- References in the Journal's exact style?
- All sources acknowledged, ethical permission and patient consent received, any conflict of interest declared and copyright issues resolved?