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DESCRIPTION

*Indian Journal of Tuberculosis* (IJTB) is an international peer-reviewed journal devoted to the specialty of tuberculosis and lung diseases and is published quarterly. IJTB publishes research on clinical, epidemiological, public health and social aspects of tuberculosis.

The journal accepts original research articles, viewpoints, review articles, success stories, interesting case series and case reports on patients suffering from pulmonary, extra-pulmonary tuberculosis as well as other respiratory diseases, Radiology Forum, Short Communications, Book Reviews, abstracts, letters to the editor, editorials on topics of current interest etc.

The articles published in IJTB are a key source of information on research in tuberculosis. The journal is indexed in Medline.

ABSTRACTING AND INDEXING

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GUIDE FOR AUTHORS

INTRODUCTION
The Indian Journal of Tuberculosis, published in India since 1953 onwards, is a quarterly publication (January, April, July, October), and is devoted to the specialty of tuberculosis and lung diseases. This Journal is the official organ of the Tuberculosis Association of India, a voluntary organization, engaged in the fight against TB since 1939.

• It publishes scientific articles contributed by authors from all over the world, including WHO.
• Subjects covered include clinical, epidemiological, public health and social aspects of tuberculosis.
• It includes editorials on topics of current interest, original research articles, viewpoints, review articles, success stories, interesting case series and case reports on patients suffering from pulmonary, extra-pulmonary tuberculosis as well as other respiratory diseases, Radiology Forum, Short Communications, Book Reviews, abstracts, letters to the editor, etc.
• The articles published are a key source of information on research in tuberculosis. The Journal's Editorial Board comprises of national and international experts in their respective fields. National experts include individuals from the top academic and research institutions from India as well as from the government and non-governmental organizations.

The Journal has a growing circulation which includes all those with a keen interest in tuberculosis. Its readership includes, but is not limited to the libraries of medical colleges, TB Hospitals/Institutions, NGOs, in India; WHO, International Union against Tuberculosis and Lung Diseases (IUATLD), as well as all the State and District Tuberculosis Officers in India.

The Indian Journal of Tuberculosis is indexed in Medline, and IndMED. The journal is being published by Elsevier starting January 2015.

The Editorial Board requires authors to be in compliance with the Uniform Requirements for Manuscripts Submitted to Biomedical Journals (URMs), which are compiled by the International Committee of Medical Journal Editors (ICMJE); current URMs are available at http://www.icmje.org.

This Guide for Authors is revised periodically by the Editors as needed. Authors should consult a recent issue of the Journal or visit https://www.journals.elsevier.com/indian-journal-of-tuberculosis/ for the latest version of this guide. Any manuscript not prepared according to this guide will be returned immediately to the author(s) without review.

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The categories of articles that are published in the Journal are listed and described below. Please select the category that best describes your paper. If your paper does not fall into any of these categories, please contact the Editorial Office.

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These are usually written by invited authors or editorial board members and are comments on recent news or articles published in the Journal.
Format guide
• Word limit: 1500 - 2000 words (excluding references)
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These should aim to provide the reader with a balanced overview of an important and topical subject in Rheumatology medicine, emphasizing factors such as cause, diagnosis, prognosis, therapy or prevention. They should cover aspects of a topic in which scientific consensus exists as well as aspects that remain controversial and are the subject of ongoing scientific research. All articles and data sources reviewed should include information about the specific type of study or analysis, population, intervention, exposure, and tests or outcomes. All articles or data sources should be selected systematically for inclusion in the review and critically evaluated. While review articles are usually submitted by invitation only, unsolicited review articles will also be given due consideration.
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• Abstract: up to 500 words, unstructured (i.e., no subheadings)
• Tables/Figures: no limit, but data in text should not be repeated extensively in tables or figures

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These are comments on recent news or ground-breaking work and should provide a short review of the current state of research and explain the importance of the new findings. Perspectives on papers previously published in IJTB should add a different viewpoint to the research and should not merely be a repetitive summary of the original paper. As these are meant to express a personal commentary, Perspectives should have no more than 3 authors. Format guide
- Word limit: 1200 words (excluding references)
- References: 10 or less
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Original Articles
These articles typically include randomized trials, intervention studies, studies of screening and diagnostic tests, laboratory and animal studies, cohort studies, cost-effectiveness analyses, case-control studies, and surveys with high response rates, which represent new and significant contributions to Rheumatology. Section headings should be: Abstract, Introduction, Methods, Results, Discussion, Conflicts of Interest Statement (if any), Acknowledgments (if any), and References. The Introduction should provide a brief background to the subject of the paper, explain the importance of the study, and state a precise study question or purpose. The Methods section should describe the study design and methods (including the study setting and dates, patients/participants with inclusion and exclusion criteria, patient samples or animal specimens used, the essential features of any interventions, the main outcome measures, the laboratory methods followed, or data sources and how these were selected for the study), and state the statistical procedures employed in the research. The Results section should comprise the study results presented in a logical sequence, supplemented by tables and/or figures. Take care that the text does not repeat data that are presented in tables and/or figures. Only emphasize and summarize the essential features of the main results. The Discussion section should be used to emphasize the new and important aspects of the study, placing the results in context with published literature, the implications of the findings, and the conclusions that follow from the study results. Format guide
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These are short discussions of a case or case series with unique features not previously described that make an important teaching point or scientific observation. They may describe novel techniques or use of equipment, or new information on diseases of importance. Section headings should be: Abstract, Introduction, Case Report, Discussion, Conflicts of Interest Statement (if any), Acknowledgments (if any), and References. The Introduction should describe the purpose of the present report, the significance of the disease and its specificity, and briefly review the relevant literature. The Case Report should include the general data of the case, medical history, family history, chief complaint, present illness, clinical manifestation, methods of diagnosis and treatment, and outcome. The Discussion should compare, analyze and discuss the similarities and differences between the reported case and similar cases reported in other published articles. The importance or specificity of the case should be restated when discussing the differential diagnoses. Suggest the prognosis of the disease and possibility of prevention. Format guide
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- References: 10 or less
- Abstract: up to 500 words, unstructured (i.e., no subheadings)
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Workers in the field of Tuberculosis and Respiratory Diseases are invited to contribute to the Radiology Forum by submitting brief reports of patients with interesting clinical and radiological features for publication. These will be published, provided that:
(a) the condition is of clinical and radiological interest;
(b) photographs (10 cm × 8 cm) are of suitable quality for printing;
(c) the diagnosis in each case has been confirmed;
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In the form of letters to the Editor, provides a platform to readers for expressing their opinions and is a channel of communication with the journal and its readers. It could be used for making suggestions, scientific critique on published articles or for reaching independent conclusions, for asking questions on subjects covered by the journal and for providing supplementary information, either confirming or contradicting the conclusions reached in the article. Such letters can be up to a text of 1000 words with two tables/figures and 10 references. Only the most important agreements, disagreements/suggestions may be chosen for commenting. It is usual to send a copy of such letters to the authors for obtaining a response, if any, after editorial changes. The response, similarly, has to be brief and relevant.

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• Word limit: 500 words (excluding references)
• References: 5 or less
• Tables/Figures: 1 table or 1 figure
• Begin with "Dear Editor"
• No subheadings

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**Electronic artwork**

**General points**

- Make sure you use uniform lettering and sizing of your original artwork.
- Embed the used fonts if the application provides that option.
- Aim to use the following fonts in your illustrations: Arial, Courier, Times New Roman, Symbol, or use fonts that look similar.
- Number the illustrations according to their sequence in the text.
- Use a logical naming convention for your artwork files.
- Provide captions to illustrations separately.
- Size the illustrations close to the desired dimensions of the published version.
- Submit each illustration as a separate file.
- Ensure that color images are accessible to all, including those with impaired color vision.

A detailed guide on electronic artwork is available.

**You are urged to visit this site; some excerpts from the detailed information are given here.**

**Formats**

If your electronic artwork is created in a Microsoft Office application (Word, PowerPoint, Excel) then please supply 'as is' in the native document format.

Regardless of the application used other than Microsoft Office, when your electronic artwork is finalized, please 'Save as' or convert the images to one of the following formats (note the resolution requirements for line drawings, halftones, and line/halftone combinations given below):

- EPS (or PDF): Vector drawings, embed all used fonts.
- TIFF (or JPEG): Color or grayscale photographs (halftones), keep to a minimum of 300 dpi.
- TIFF (or JPEG): Bitmapted (pure black & white pixels) line drawings, keep to a minimum of 1000 dpi.
- TIFF (or JPEG): Combinations bitmapped line/half-tone (color or grayscale), keep to a minimum of 500 dpi.

Please do not:

- Supply files that are optimized for screen use (e.g., GIF, BMP, PICT, WPG); these typically have a low number of pixels and limited set of colors;
- Supply files that are too low in resolution;
- Submit graphics that are disproportionately large for the content.

**Figures/Illustrations/Photographs**

Photographs of 300 dpi or higher resolution may be submitted as ‘jpeg’, or ‘tiff ’ files in a zipped folder. In clinical photographs, identity of the subjects should be suitably masked; in case this is not possible, a written permission from the concerned person should accompany the manuscript.
Legends to Figures
The figure number (numbered consecutively in Arabic numerals), title and explanations of the figures should appear in the legend (not on the figure). Type the legends on a separate page. Enough information should be included to interpret the figure without reference to the text.

Tables
Each table should be typed on a separate page and numbered consecutively in Arabic numerals. Each table should have a title and all abbreviations should be explained in the footnote. Necessary explanatory notes, if any, may be given below the table.

Citation in text
Please ensure that every reference cited in the text is also present in the reference list (and vice versa). Any references cited in the abstract must be given in full. Unpublished results and personal communications are not recommended in the reference list, but may be mentioned in the text. If these references are included in the reference list they should follow the standard reference style of the journal and should include a substitution of the publication date with either ‘Unpublished results’ or ‘Personal communication’. Citation of a reference as 'in press' implies that the item has been accepted for publication.

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**Preprint references**

Where a preprint has subsequently become available as a peer-reviewed publication, the formal publication should be used as the reference. If there are preprints that are central to your work or that cover crucial developments in the topic, but are not yet formally published, these may be referenced. Preprints should be clearly marked as such, for example by including the word preprint, or the name of the preprint server, as part of the reference. The preprint DOI should also be provided.

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**Data statement**

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