



JOURNAL OF CURRENT OPHTHALMOLOGY

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AUTHOR INFORMATION PACK

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DESCRIPTION

Journal of Current Ophthalmology, the official publication of the Iranian Society of Ophthalmology, is a peer-reviewed, open-access, scientific journal that welcomes high quality original articles related to vision science and all fields of ophthalmology.

Journal of Current Ophthalmology is the continuum of Iranian Journal of Ophthalmology published since 1969.

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GUIDE FOR AUTHORS

INTRODUCTION

The Journal of Current Ophthalmology is a peer-reviewed, scientific publication that welcomes the submission of original, previously unpublished manuscripts directed to ophthalmologists and visual science specialists. The manuscripts describe clinical investigations, clinical observations, and clinically relevant laboratory investigations. Published quarterly since 1969, **Journal of Current Ophthalmology**, is a continuum of Iranian journal of Ophthalmology which was one of the first ophthalmology journals in Middle East.

Manuscripts are accepted with the understanding that they have not been and will not be published elsewhere substantially in any format, and that there are no ethical concerns with the content or data collection. Authors may be requested to produce the data upon which the manuscript is based and to answer expeditiously any questions about the manuscript or its authors.

Articles Type:

The **Journal of Current Ophthalmology** publishes Full-Length Articles, Review articles, Editorials, Correspondence, Short Reports.

FULL-LENGTH ARTICLES

Full-Length Articles should be previously unpublished manuscripts directed to ophthalmologists and visual science specialists. They include clinical investigations, clinical observations, and clinically relevant laboratory investigations.

The authors are highly recommended to follow the guidelines for specific study designs according to the following sources. 1 **Initiative Type of Study Source** CONSORT Randomized controlled trials <http://www.consort-statement.org> STARD Studies of diagnostic accuracy <http://www.consort-statement.org/stardstatement.htm> QUOROM Systematic reviews and meta-analyses <http://www.consort-statement.org/Initiatives/MOOSE/moosestatement.org/Initiatives/MOOSE/moose.pdf> STROBE Observational studies in epidemiology <http://www.strobe-statement.org> MOOSE Meta-analyses of observational studies in epidemiology <http://www.consort-statement.org/Initiatives/MOOSE/moose.pdf>

Authors should begin each component on a new page in the following order: (1) title page, (2) text, (3) acknowledgments, (4) references, (5) figure captions, (6) tables, (7) figures. The abstract should be embedded in the main manuscript.

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Word count: up to 750 words

Illustrations and tables: up to 3

References: 10-15

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- o Title page should be submitted separately.
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- Each author's complete name and affiliation. Academic degrees are no longer requested.
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- o Main text with no authors list
- o References
- o Figure Captions
- o Tables
- o Figures (properly formatted and labeled according to the instructions)

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Revisions must be returned to the Journal of Current Ophthalmology within 1 month to retain revision status; after that time, the Editor-in-Chief may accept, request another cycle of peer-review or reject the manuscript. The Corresponding Author must reply to each point made in the revision request and may state points of disagreement with the reviewer's comments. Please submit revisions in your account under "Submissions Needing Revision" on Elsevier Editorial System with the files prepared according to online manuscript submission guidelines. Please follow the instructions on the Elsevier Editorial System under "Guidelines for Revisions".

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Manuscripts may be accompanied by a cover letter that includes information on prior or duplicate publication or submission, as well as the originality of the manuscript and any other information that the authors want to convey to the Editor-in-Chief. The authors may indicate whether the manuscript was previously rejected or evaluated in any form by another journal, and they should describe specifically how they have improved the manuscript.

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The **Journal of Current Ophthalmology** requests authors to ensure statistical expertise for a study that has statistical content. Statistical methods must be identified in the manuscript whenever they are used. Software programs used for statistical analyses should be identified so reviewers or readers may verify calculations. When P values are used, the actual P value (for example, $P = .032$) is preferred to an inequality (for example, $P < .05$). Reporting basic summary statistics, such as the mean and the standard error, as well as confidence limits, also helps the reader understand the conclusions of the study. Models such as analysis of variance, covariance, multiple regressions, and the like must be specified. A sample size calculation and power analysis should be included when appropriate. Authors should state the levels for alpha and beta errors and the clinically significant difference that was used to determine the power calculation. Numeric equivalents should precede all percentages, as in the following examples: "Of 80 patients, 20 (25%) had retinopathy " or "20 (25%) of 80 patients had retinopathy."

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7. Running title.
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Describe outcomes and measurements in an objective sequence with a minimum of discussion. Tables and figures should be cited in text in sequence. Data should be accompanied by confidence intervals (usually at the 95% interval) and exact P values or other indications of statistical significance.

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ACKNOWLEDGMENTS:

Acknowledgments such as Statisticians, Medical Writers, Expert contributions may be added. Because readers may infer endorsement of the data and conclusions, all persons must have given permission to be acknowledged and this must be confirmed in the cover letter.

APPENDIX

Appendixes should be used sparingly, but they are appropriate to provide survey forms, list the members of a study group, or complex formulas and information. Please note that Supplemental Material for the Journal of Current Ophthalmology website may be provided for Full-Length Articles at the time of acceptance.

Abstract

Provide a structured abstract of 300 words or less with the following four headings for all full-length articles, review articles and short reports:

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Methods: Identify the study design, Setting, Patient or Study Population, Intervention or Observation Procedure(s), and main Outcome Measure(s).

Results: Describe the outcome and measurements, when applicable. Results should be accompanied by data with confidence intervals and the exact level of statistical significance. Results should also identify any significant limitations or qualifications of the data.

Conclusions: State the conclusions directly supported by the data and describe the clinical applications. Avoid over-generalizations. Give equal emphasis to positive and negative findings, and note specific additional study required.

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When multiple-panel figures are submitted, refer to each panel from Top left to Top right, then Bottom left to Bottom right. Do not use lettering (eg, A, B, C, etc) on the figures.

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Tables should be numbered consecutively in Arabic numerals by order of citation in the text. Each table should have a brief title so that the reader can understand what is being displayed in the table without reference to the text. The table number and table title should be on the same line at the top of the table. Avoid abbreviations in any titles. All abbreviations within the table and comments about the table should be included in a footnote to the table. All tables should be created in a Microsoft Word document using the table tools. Do not format tables as columns or tabs. Do not use picture tools to create tables. Use additional pages when a table does not fit onto one page. Footnotes to tables are indicated by superscripted letters a, b, c, etc.

References should be numbered consecutively in the text and in the reference list. In the text, reference numbers are entered as superscripts. If you use an automated reference numbering software (eg, Endnote or Reference Manager) the linkage must be turned off. The references must be verified by the author(s) against the original documents. PubMed offers a useful reference checker at <http://www.ncbi.nlm.nih.gov/entrez/query/static/citmatch.html>.

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