Instructions to the Authors

INSTRUCTIONS TO THE AUTHORS

About the Journal

Research in Pharmaceutical Sciences (RPS; ISSN: Print -1735-5362, Online - 1735-9414), the journal of School of Pharmacy and Pharmaceutical Sciences, Isfahan University of Medical Sciences, Isfahan, I.R. Iran, published by Wolters Kluwer - Medknow Publications, is a peer-reviewed online journal with bimonthly print on demand compilation of issues published. The journal's full text is available online at rpsjournal.net. The journal allows free access (Open Access) to its contents and permits authors to self-archive the final accepted version of the articles on any OAI-compliant institutional/subject-based repository. The editors welcome original contributions that have not been published and are not under consideration elsewhere. Authors are encouraged to submit the manuscript by our webpage (https://review.jow.medknow.com/RPS).

The journal has a distinguished editorial board with extensive academic qualifications, ensuring that the journal maintains high scientific standards and has a broad international coverage. One key request of researchers across the world is open access to research publications.

Aims and Scope

The journal aims at publishing high quality research papers featuring new findings in all aspects of the pharmaceutical sciences. Criteria for publication in RPS are novelty, quality and current interest. Submission requirements specify that papers should be original, unpublished and not under consideration for publication elsewhere. This restriction does not apply to the results published as abstracts of communications, letters to editors, or as contributions to symposia. The journal publishes research reports, review articles, short communications and scientific commentaries on all aspects of the pharmaceutical sciences including pharmaceutics, novel drug delivery and targeting systems, medicinal and Ppharmaceutical chemistry, pharmaceutical and bilogical analysis, pharmcokinetics, pharmacodynamics, pharmacology, pharmacognosy, pharmacotherapy and clinical pharmacy, pharmacy practice, pharmacoeconomics, pharmacoepidemiology, analytical biochemistry, pharmaceutical biotechnology, and molecular modeling.

Abstracting / Indexing

Thomson Reuters ESCI Web of Science, PubMed and PubMed Central and Elsevier Bibliographic Databases. Databases include Scopus, EMBASE, EMCare, EMBiology, and Elsevier BIOBASE. It is also indexed in several specialized databases including Scientific Information Database (SID), Google Scholar, Iran Medex, Magiran, Index Copernicus (IC), Islamic World Science Citation Center (ISC) and Asian Digital Library.

Editorial Process

A manuscript will be reviewed for possible publication with the understanding that it is being submitted to RPS alone at that point in time and has not been published anywhere, simultaneously submitted, or already accepted for publication elsewhere. The journal expects that authors would authorize one of them to correspond with the Journal for all matters related to the manuscript. All manuscripts received are duly acknowledged. On submission, editors review all submitted manuscripts initially for suitability for formal review. Manuscripts with insufficient originality, serious scientific or technical flaws, or lack of a significant message are rejected before proceeding for formal peer-review. Manuscripts that are unlikely to be of interest to the RPS readers are also liable to be rejected at this stage.

Manuscripts received from editorial board members will be screened by the editor-in-chief and sent to external peer reviewers. The editorial board members who are authors will be excluded from publication decisions.

Manuscripts that are found suitable for publication in RPS are sent to three or more expert reviewers. During submission, the contributor is requested to provide names of two or three

qualified reviewers who have had experience in the subject of the submitted manuscript. The reviewers should not be affiliated with the same institutes as the contributor/s. However, the selection of these reviewers is at the sole discretion of the editor. The journal follows a double-blind review process, wherein the reviewers and authors are unaware of each other's identity. Every manuscript is also assigned to a member of the editorial team, who based on the comments from the reviewers takes a final decision on the manuscript. The comments and suggestions (acceptance/ rejection/ amendments in manuscript) received from reviewers are conveyed to the corresponding author. If required, the author is requested to provide a point by point response to reviewers' comments and submit a revised version of the manuscript. This process is repeated till reviewers and editors are satisfied with the manuscript.

Manuscripts accepted for publication are copy edited for grammar, punctuation, print style, and format. Page proofs are sent to the corresponding author. The corresponding author is expected to return the proofs with corrections (using TRACK CHANGE mode) within five working days (even if he/she has no corrections). It may not be possible to incorporate corrections received after that period. The whole process of submission of the manuscript to final decision and sending and receiving proofs is completed online.

Proposed Time Schedule

- Submission to first editorial decision: 4 weeks
- Submission to acceptance: 4-9 months
- Acceptance to publication: 2-8 weeks

Processes for Appeals

The authors do have the right to appeal if they have a genuine cause to believe that the editorial board has wrongly rejected the paper. If the authors wish to appeal the decision, they should email the editorial office (email: ) explaining in detail the reason for the appeal. The appeals will be acknowledged by the editorial office and will be investigated in an unbiased manner. The processing of appeals will be done within 6-8 weeks. While under appeal, the said manuscript should not be submitted to other journals. The final decision rests with the editor-in-chief of the journal. Second appeals are not considered.

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Multiple, Redundant or Concurrent Publication

An author should not in general publish manuscripts describing essentially the same research in more than one journal or primary publication. RPS does not view the following uses of a work as prior publication: publication in the form of an abstract; publication as an academic thesis; publication as an electronic preprint.

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Statements of compliance are required if the work involves chemicals, procedures or equipment that has any unusual hazards inherent in their use, or if it involves the use of animal or human subjects.

Clinical Trial Registry

Investigations using experimental animals must state in the Methods section that the research followed the Principles of Laboratory Animal Care. The authors must seek approval from the appropriate ethical committee. Investigation with human subjects must state in the Methods section that the research followed the tenets of the last update of Declaration of Helsinki and was approved by the institutional human experimentation committee or equivalent, and that informed consent was obtained. Both human and animal researches conducted in Iran should be approved by Iran National Committee for Ethics in Biomedical Research. Authors are kindly requested to provide the approved ethics ID in Materials and Method section of the manuscript.

Also registration in the following trial registers is acceptable:

http://www.ctri.nic.in/; https://www.anzctr.org.au/;http://www.clinicaltrials.gov/; http://isrctn.org/; http://www.trialregister.nl/trialreg/index.asp; http://www.umin.ac.jp/ctr.

This is applicable to clinical trials that have begun enrolment of subjects in or after June 2008. Clinical trials that have commenced enrolment of subjects prior to June 2008 would be considered for publication in Research in Pharmaceutical Sciences only if they have been registered retrospectively with clinical trial registry that allows unhindered online access to public without charging any fees.

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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 or guardian, wherever applicable) gives informed consent for publication. Authors should remove patients' names from figures even if they have obtained informed consent from the patients in order to protect patient privacy. The journal abides by ICMJE guidelines:

1. Authors, not the journals nor the publisher, need to obtain the patient consent form before the publication and have the form properly archived. The consent forms are not to be uploaded with the cover letter or sent through email to editorial or publisher offices.
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3. In order to protect the patient’s identity, the recognizable facial features not related to the study should be digitally blurred

Written informed consent is the preferred method for obtaining consent. If verbal consent is obtained, the authors must ensure that the verbal consent is recorded in the medical case record of the patient and duly signed by the witness.

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
    1. Drafting the article or revising it critically for important intellectual content
2. 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 enough 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. The journal prescribes a maximum number of authors for manuscripts depending upon the type of manuscript, its scope, and number of institutions involved (vide infra). The authors should provide a justification, if the number of authors exceeds these limits.

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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. Authors' contributions will be printed along with the article. If there are no differences between contributors the following statement could be provided: All authors contributed equally in this work. One or more author should take responsibility for the integrity of the work as a whole from inception to published article and should be designated as 'guarantor'

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If there isn’t any conflict of interest the following statement should be provided: The authors declare that no conflict of interest for this study.

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The submitted manuscripts that are not prepared based on the “Instructions to Authors” would be returned to the authors for “Technical Modification”, before they undergo editorial/peer-review.

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The following 4 separate files are required:

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This file should contain following information:

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- 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.
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2. Blinded Article File

The main text of the article, beginning from “Abstract” till “References” (all figures, tables, and their corresponding legends could be included at the end of the manuscript file) should be in this file. The file must not contain any mention of the authors' names and affiliation or initials or the institution at which the study was done or acknowledgments. Use doc files. Do not zip the files. Limit the file size to 1 MB. To reduce the size of the file (if file size is large), figures and tables can be submitted as images separately without incorporating them in the article file. The pages should be numbered consecutively, beginning with the first page of the blinded article file.

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Submit good quality color images of size 4” × 6” and not more than 400 KB size. Images should be uploaded in JPEG, TIFF, BMP, or GIF format. JPEG is most preferred format. Size of the image can be reduced by decreasing the actual height and width of the images. Do not zip the files.

4. The Contributors' / Copyright Transfer Form

This form should be downloaded from authors’ area on the website (https://review.jow.medknow.com/RPS), Downloads Tab; then submitted in original with the signatures of all the contributors at the time of submission from the authors’ area on the abovementioned website.

Manuscript Preparation

Manuscripts must be prepared in accordance with "Uniform requirements for Manuscripts submitted to Biomedical Journals" developed by the International Committee of Medical Journal Editors (October 2008). The uniform requirements and specific requirement of Research in Pharmaceutical Sciences are summarized below. Before submitting a manuscript, contributors

are requested to check for the latest instructions available. Instructions are also available from the website of the journal (http://www.rpsjournal.net/) and from the manuscript submission site https://review.jow.medknow.com/RPS).

Research in Pharmaceutical Sciences accepts manuscripts written in British English.

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Types of Manuscripts

1. 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 of original articles should be divided into sections including Title of the manuscript, Running title, the headings/structured Abstract, Keywords, Introduction, Material and Methods, Results, Discussion, Conclusion, Acknowledgments, Conflict of Interest Statement, Authors Contribution, References, and Tables and Figure legends.

ABSTRACT

The abstract should contain a brief account of the question addressed in the paper, the principal methods and results, followed by the main conclusion(s) and must not exceed 250 words. Abbreviations and symbols should be explained in round brackets ( ) on the first use. References should be avoided in the abstract. Authors are requested to assign 3-6 keywords to the manuscript, preferably taken from the Medical Subject Headings (MESH). These keywords should be typed at the end of the abstract. Also, the abstract must be structured, under the following sub-headings:

Background and purpose: This must indicate why the study was performed and what question it was intended to answer.

Experimental approach: This should state in outline what experimental methods were used. Details on media, buffers, drug concentrations, time points, statistics, etc., should not be given unless they are important in relation to the question that was addressed.

Findings / Results: The main results relevant to the question addressed should be summarized without quantitative elaboration

Conclusion and implications: As well as summarizing the main implications that follow from the results, and mentioning important shortcomings and caveats, this paragraph must clearly state in what ways the work has advanced understanding in the field.

INTRODUCTION

State the purpose and summarize the rationale for the study or observation.

MATERIALS AND METHODS:

It should include and describe the following aspects:

Ethics:

When reporting studies on human beings, indicate whether the procedures followed were in accordance with the ethical standards of the responsible committee on human experimentation (institutional or regional) and with the Helsinki Declaration of 1975, as revised in 2000 (available at https://www.wma.net/policies-post/wma-declaration-of-helsinki-ethical-principles-for-medical-research-involving-human-subjects/). For prospective studies involving human participants, authors are expected to mention about approval of (regional/ national/ institutional or independent Ethics Committee or Review Board, obtaining informed consent from adult research participants and obtaining assent for children aged over 7 years participating in the trial. The age beyond which assent would be required could vary as per regional and/ or national guidelines. Ensure confidentiality of subjects by desisting from mentioning participants' names, initials or hospital numbers, especially in illustrative material. When reporting experiments on animals, indicate whether the institution's or a national research council's guide for, or any national law on the care and use of laboratory animals was followed. Evidence for approval by a local Ethics Committee (for both human as well as animal studies) must be supplied by the authors on demand. Animal experimental procedures should be as humane as possible, and the details of anaesthetics and analgesics used should be clearly stated. The ethical standards of experiments must be in accordance with the guidelines provided by the CPCSEA and World Medical Association Declaration of Helsinki on Ethical Principles for Medical Research Involving Humans for studies involving experimental animals and human beings, respectively). The

journal will not consider any paper which is ethically unacceptable. A statement on ethics committee permission and ethical practices must be included in all research articles under the ‘Materials and Methods’ section.

Study design:

Selection and Description of Participants: 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. *Technical information:* Identify the methods, apparatus (give the manufacturer's name and address in parentheses), and procedures in sufficient details to allow other workers to reproduce the results. Give references to established methods, including statistical methods (see below); 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).

Choose appropriate guideline from the below table and attach a filled checklist along with the manuscript. Manuscripts with an incomplete checklist will be sent back to authors.

Reporting Guidelines for Specific Study Designs:

Guideline	Type of Study	Source
STROBE	Observational studies including cohort, case-control, and cross-sectional studies	https://www.strobe-statement.org/index.php?id=available-checklists
CONSORT	Randomized controlled trials	http://www.consort-statement.org
PRISMA	Systematic reviews and meta-analyses	http://prisma-statement.org/PRISMAStatement/Checklist.aspx
STARD	Studies of diagnostic accuracy	https://pubs.rsna.org/doi/full/10.1148/radiol.2015151516
CARE	Case Reports	https://www.care-statement.org/resources/checklist
AGREE	Clinical Practice Guidelines	https://www.agreetrust.org/wp-content/uploads/2016/02/AGREE-Reporting-Checklist-2016.pdf

The reporting guidelines for other type of studies can be found at https://www.equator-network.org/reporting-guidelines/.

***Statistics*:**

Whenever possible, quantify findings and present them with appropriate indicators of measurement error or uncertainty (such as confidence intervals). Authors should report losses in observation (such as dropouts from a clinical trial). When data are summarized in the Results section, specify the statistical methods used to analyze them. 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. Use upper italics *P to indicate* probability values. The given *P* values should be concise (<0.05, 0.01, and 0.001) and in compliance with the presented comparisons. 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

The results may be presented in tables, figures or schemes, which must be referred to in the accompanying text, using appropriate numbering. Tables should be numbered consecutively with Arabic numerals and the number should be followed by a brief descriptive caption, occupying not more than two lines, at the head of the table. Each column should have a heading and the units of measurement should be given in brackets (SI units) in the heading. Figures must be presented on separate pages in consecutive order using Arabic numerals. Each figure should be provided with explanatory information. The legend should be typed separately from the figures. Figures, photographs or computer drawn figures should be original, and of high quality, ready for direct reproduction. Figure legends/captions should be consistent with terminology or nomenclature used in the labeling of the Figures. Tables, figures and legends should not have frame around. Statistical analysis of significance should be performed and for significant differences, the *P* values should be provided at the most precise level (0.05, 0.01, or 0.001). Authors may be asked to provide the raw data as well as data analyses in connection with a paper for editorial review.

DISCUSSION

Include a 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 (is there a systematic review to refer to, if not, could one be reasonably done here and now?, what this study adds to the available evidence, effects on patient care and health policy, possible mechanisms); 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, however they should be clearly labelled as such. About 35 references can be included.

2. Review Articles

It is expected that these articles would be written by individuals who have done substantial work on the subject or are considered experts in the field. A short summary of the work done by the contributor(s) in the field of review should accompany the manuscript.

The prescribed word count is up to 7000 words including tables/figures, references and abstract. The manuscript may have unlimited references. The manuscript should have an unstructured Abstract (250 words) representing an accurate summary of the article. The section titles would depend upon the topic reviewed. Authors submitting review article should include a section describing the methods used for locating, selecting, extracting, and synthesizing data. These methods should also be summarized in the abstract.

The journal expects the contributors to give post-publication updates on the subject of review. The 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.

3. 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. These communications could be of up to 1000 words (excluding Abstract and references) and should have the following headings: Abstract (unstructured), Keywords, Introduction, Case report, Discussion, Reference, Tables and Legends in that order.

The manuscript could be of up to 1000 words (excluding references and abstract) and could be supported with up to 10 references. Case Reports could be authored by up to four authors.

4. Letter to the Editor

These should be short and decisive observations. They should preferably be related to articles previously published in the Journal or views expressed in the journal. They should not be preliminary observations that need a later paper for validation. The letter could have up to 500 words and 5 references. It could be generally authored by not more than four authors.

5. Communications

The short communication should be no more than 1000 words and could include two figures or tables. It should have at least 15 references. The abstract should not exceed 150 words. Short communications must report completed work, not preliminary findings: they are an alternative format for describing smaller pieces of work.

6. Other

Editorial, Guest Editorial, Commentary, and Opinion are solicited by the editorial board.

CONCLUSION

The main conclusions of the study should be presented in a short conclusion section, which should stand alone.

ACKNOWLEDGEMENTS

For non-author contributions, 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 include details about the funding agency/ sponsors, grant number and the role of funders. If the funders have no role to play or the study did not receive funding, a statement declaring the same should be mentioned. Details of the non-author contributors can be cited individually or collectively, and their precise contributions should be specified. The corresponding author is required to obtain written permission to be acknowledged from all acknowledged individuals.

CONFLICT OF INTEREST STATEMENT

All manuscripts for articles, original research reports, editorials, comments, reviews, book reviews, and letters submitted to the journal must include a conflict of interest disclosure statement or a declaration by the authors that they do not have any conflicts of interest to declare.

AUTHORS' CONTRIBUTION

This section should be provided as previously explained.

REFERENCES

The references should be cited according to the "Vancouver Style". Using this system, references are numbered in consecutive order that they are cited in the text. For in-text citation, parenthesis should be used. References are listed in numerical order at the end of the paper. Journal names are to be abbreviated as they are in the Cumulated Index Medicus. "In press" references may be used only if the journal that has accepted the manuscript is indicated. Personal communications and other unpublished and non-archival references should not be included in the reference list, in which case the name of the person and date of communication should and the source be cited in parentheses in the text. Examples of references are as follows:

Articles in Journals:

1. Standard journal article (for up to six authors): Rezazadeh M, Akbari V, Amuaghae E, Emami J. Preparation and characterization of an injectable thermosensitive hydrogel for simultaneous delivery of paclitaxel and doxorubicin. Res Pharm Sci. 2018;13(3):181-191.

2. Standard journal article (for more than six authors): Susidarti RA, Utomo RY, Qodria L, Ramadani RD, Ohta Y, Hattori Y, et al. Preparation of pentagamaboronon-0 and its fructose and sorbitol complexes as boron carrier for boron neutron capture therapy (BNCT) application. Res Pharm Sci. 2019;14(4):286-292.

Books:

Lodish H, Baltimore D, Berk A, Zipursky SL, Matsudaira P, Darnell J. Molecular cell biology. 3rd ed. New York: Scientific American; 1995. pp: 151-178.

Chapter citation:

Porter RJ, Meldrum BS. Antiepileptic drugs. In: Katzung BG, editor. Basic and clinical pharmacology. 6th ed. Norwalk, CN: Appleton and Lange; 1995. pp. 361-380.

Patent:

McCormick JB. Apparatus and method for preparing tissue samples for histological examination. United State Patents, 2010. No. US7771992B2.http://www.freepatentsonline.com/7771992.html.

Minyasab SA, Dhamane SP, Hazra P, Iyer H. A method of purifying human growth hormone and purified growth hormone thereof. Google Patents, 2010. Publication No. WO/2010/134084. International application No. PCT/IN2009/000380. https://www.google.com/patents/WO2010134084A1?cl=en.

Also, for getting more information, authors could refer to the guidelines below:

National Library of Medicine (NLM)

http://www.nlm.nih.gov/bsd/uniform_requirements.html.

Electronic Sources as reference

Journal article on the Internet: Parija SC, Khairnar K. Detection of excretory *Entamoeba histolytica* DNA in the urine, and detection of *E. histolytica* DNA and lectin antigen in the liver abscess pus for the diagnosis of amoebic liver abscess .*BMC Microbiology* 2007, **7:**41.doi:10.1186/1471-2180-7-41. http://www.biomedcentral.com/1471-2180/7/41.

Tables

- Tables should be self-explanatory and should not duplicate textual material.
- Tables with more than 10 columns and 25 rows are not acceptable.
- Number tables, in Arabic numerals, consecutively in the order of their first citation in the text and supply a brief and concise title for each.
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- Tables with their legends should be provided at the end of the text after the references. The tables along with their number should be cited at the relevant place in the text

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- 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 not on the illustrations themselves.
- When graphs, scatter-grams or histograms are submitted the numerical data on which they are based should also be supplied.
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