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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 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 manuscript by our webpage (<http://www.journalonweb.com/jrps>).

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 Submission requirements specify that papers should be original, unpublished and not under consideration for publication elsewhere.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 Pharmaceutical chemistry, pharmaceutical and biological analysis, pharmacokinetics, pharmacodynamics, pharmacology, pharmacognosy, pharmacotherapy and clinical pharmacy, pharmacy practice, pharmacoconomics, pharmacoepidemiology, analytical biochemistry, pharmaceutical biotechnology, and molecular modeling.

Abstracting / Indexing

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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.

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- Submission to first editorial decision: 4 weeks
- Submission to acceptance: 4-9 months
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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:

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

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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
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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.

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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

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Include 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).

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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.

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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

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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.

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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.

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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.

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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.

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This section should be provided as previously explained.

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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:

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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>.

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