

Instructions to the Authors

[THE EDITORIAL PROCESS](#) | [CLINICAL TRIAL REGISTRY](#) | [CATEGORIES OF ARTICLES](#) | [PREPARATION AND SUBMISSION OF MANUSCRIPTS](#) | [MANUSCRIPT ARRANGEMENT AND CONTENTS](#) | [JOURNAL POLICIES](#) | [COPYRIGHT](#) | [CONTRIBUTORS' form](#)

THE EDITORIAL PROCESS

All manuscripts should be submitted at the portal of Editorial Manager at the link <https://www.editorialmanager.com/ijhas/Default.aspx>. A manuscript will be reviewed for possible publication with the understanding that it is being submitted to International Journal of Health & Allied Sciences 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 International Journal of Health & Allied Sciences readers are also liable to be rejected at this stage itself.

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 International Journal of Health & Allied Sciences are sent to two 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, but this is not mandatory. 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 communicated 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 such time that the reviewers and editors are satisfied with the manuscript.

Manuscripts accepted for publication are copy edited for grammar, punctuation, print style, and format and checked for Plagiarism. Page proofs are sent to the corresponding author. The corresponding author is expected to return the corrected proofs within three days. 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. To achieve faster and greater dissemination of knowledge and information, the journal publishes articles online as 'Ahead of Print' immediately on acceptance.

CLINICAL TRIAL REGISTRY

International Journal of Health & Allied Sciences would publish clinical trials that have been registered with a clinical trial registry that allows free online access to public. Registration in the following trial registers is acceptable: <http://www.ctri.nic.in/>; <http://www.anzctr.org.au/>; <http://www.clinicaltrials.gov/>; <http://isrctn.org/>; <http://www.trialregister.nl/trialreg/index.asp>; and <http://www.umin.ac.jp/ctr>. This is applicable to clinical trials that have begun enrollment of subjects in or after June 2008. Clinical trials that have commenced enrollment of subjects prior to June 2008 would be considered for publication in International Journal of Health & Allied Sciences only if they have been registered retrospectively with clinical trial registry that allows unhindered online access to public without charging any fees.

CATEGORIES OF ARTICLES

The Editors invite contributions to the following sections of the Journal:

- Editorials
- Review articles
- Original Research articles
- Short Communications
- Clinical Case Reports

- Medical education
- Letters to the Editor

1. Editorials will be signed. These are usually solicited but unsolicited material may also be considered (approx. 1000 to 1200 words). A maximum of 12 references may be included. Editorials should normally not have tables and figures.

2. Review articles: These provide an in-depth review of a specific topic. Authors should preferably be working in and have published papers in the area being reviewed and have sufficient expertise to critically evaluate the relevant literature. Appropriate use of tables and figures is encouraged. Where relevant, key messages and salient features may be provided. Review articles are usually solicited by the Journal, but unsolicited material will also be considered (approx. 3000 to 4000 words).

3. Original articles: These scientific reports give results of original research. These should have a structured abstract and should follow the IMRAD (Introduction, Methods, Results and Discussion) format (approx. 2000 to 3000 words). Reports of randomized controlled trials should conform to the CONSORT statement on reporting such trials (www.consort-statement.org). We encourage reports of diagnostic tests to be accompanied by the STARD flow diagram and checklist (www.clinchem.org/cgi/content/full/49/1/1), reports of meta-analyses of randomized trials to be accompanied by the QUOROM flow diagram and checklist (www.consort-statement.org/QUOROM.pdf), and meta-analyses of observational studies to be accompanied by the MOOSE checklist (www.consort-statement.org/MOOSE.pdf).

4. Short Communications: These are brief reports on original research (approx. 1200 to 1500 words). A short report may include up to 3 tables or figures and 15 to 20 references.

5. Clinical case reports: These are brief descriptions of a previously undocumented disease process, a unique unreported manifestation or treatment of a known disease condition, a unique unreported complication of treatment, a case that generates a new hypotheses or helps understand possible pathophysiological processes (approx. 700 to 1200 words). These may be accompanied by one relevant photograph.

6. Medical education: This section includes articles on original research in 'Medical education' including the use of new techniques and teaching aids, the design of curricula and evaluation of current educational practices. Brief reviews in the field of medical education are also considered (approx. 1000 to 2000 words).

7. Correspondence or Letters to the Editor: This includes readers' comments on articles published in the Journal during the previous 6 months. Short studies, observations and opinions may also be submitted (approx. 300 to 500 words with a maximum of 1 table or figure and 10 references).

PREPARATION AND SUBMISSION OF MANUSCRIPTS

Manuscripts should be prepared in accordance with the 'Uniform requirements for manuscripts submitted to biomedical journals' of the International Committee of Medical Journal Editors (ICMJE) (last updated in 2019, www.icmje.org). A recent issue of The Journal should be consulted while preparing manuscripts.

The manuscripts should be submitted online (including references, tables and legends to figures). A checklist and authors' declaration, both provided at the end, should accompany each manuscript.

We encourage electronic submissions at <https://www.editorialmanager.com/ijhas/Default.aspx>. The preferred file format is Microsoft Word Format (doc. & docx. file extensions). Acceptable formats for pictures, photographs, and figures are JPG, GIF and TIF. All files should be formatted using British English spellings and 12-point Times New Roman font. All files should be formatted for A4 sized paper with a 1-inch margin all around and 1.5 spacing. All pages should be numbered consecutively beginning with the title page. The authors have to submit a scanned copy of copyright form duly signed by all authors along with manuscript.

One author must be identified as the corresponding author. The Journal will communicate with the corresponding author if any clarification or information is needed. Comments from peer reviewers will be transmitted to the corresponding author. It is expected that the corresponding author will communicate/respond to the Journal's queries after having consulted all the authors and will assume responsibility for all such communication as well as for the work as a whole.

MANUSCRIPT ARRANGEMENT AND CONTENTS

Manuscript should be arranged as follows:

Covering Letter

The covering letter should outline the importance of the paper and its appropriateness for publication in the Journal. It should specify the section of the Journal for which the submitted article is to be considered. It should also explain, with reasons, if there is any deviation from the IMRAD format. If the work has been previously published in part or whole (e.g. as an abstract or proceedings of a conference), this must be stated. Any conflicts of interest, or their absence, must be stated in writing (see below and www.icmje.org).

Title Page

This should contain the title, short title, names of all the authors (without degrees or diplomas), names and full location of the departments and institutions where the work was performed,

name of the corresponding author, acknowledgement of financial support and abbreviations used. Superscripted numbers should be used after each author's name and the department and institution corresponding to each number should be specified on the page. Names of authors should appear in the order of authorship (see below).

The title should be brief but complete and should represent the major theme of the manuscript. It should include the animal species if appropriate. A subtitle can be added if necessary.

Abbreviations should not be used. The short title should not exceed 60 characters (including inter-word spaces). It will be used as a running head.

The name, telephone and fax numbers, and complete e-mail and postal addresses of the author to whom communications and requests for offprints are to be sent should be mentioned in the title page. In general, the use of abbreviations is discouraged unless they help in improving the readability of the text. The expanded form of each abbreviation should precede its first use in the text unless it is a standard unit of measurement.

Structured Abstract

The abstract (250 words) should be structured and divided into four sections: Background, Methods, Results and Conclusion(s). It should be a concise and accurate summary of the article and should not contain abbreviations, tables, figures, footnotes or references. It should not draw conclusions stronger or more expansive than those in the body of the paper. Briefly, the background should explain why the study was done, the methods provide how the study was done, the results provide the salient results along with important data and the conclusions briefly highlight the message of the study.

Introduction The introduction should state why the study was carried out and what the specific aims of the study were. It should describe the background for the study (the available knowledge), its importance and its goals. It should be brief but complete enough for the reader to understand the reasons for the study without having to read previous publications on the subject.

Methods

The validity of a study is judged by the methods used. These should be described in sufficient detail to permit evaluation and duplication of the work by others. The following should be described in this section:

- Study design
- Setting
- Selection of participants
- Interventions
- Methods of measurement
- Data collection and processing
- Loss of data such as dropouts or patients lost to follow up
- Statistical methods used
- Ethical guidelines followed by the investigators

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 anesthetics 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 detail 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>).

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 |
| SQUIRE | Quality improvement projects | http://squire-statement.org/index.cfm?fuseaction=Page.ViewPage&PageID=471 |
| 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/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 to 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* 0.048). For all *P* values include the exact value and not less than 0.05 or 0.001. 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

These should be concise and include only the tables and figures necessary to enhance understanding of the text. Results should be presented in a logical, sequential order that parallels the organization of the methods section. The text should be used to highlight the most important aspects of the figures and tables, and to convey unique information. Data presented in tables and figures should not be duplicated in the text. Drug names, wherever used, should be generic. If the use of proprietary names is deemed a must for the study, generic names should be mentioned in parentheses. *Units of Measurement* SI units should be used. When reporting values for commonly studied components such as cholesterol, blood glucose, blood urea and creatinine, report the value in SI units with traditional units given in parentheses. Temperature should be expressed in degrees Celsius and blood pressure in mmHg.

Discussion

The discussion should summarize how the study findings add to the current knowledge, provide explanations for the findings, compare the study's findings with available studies, discuss the limitations of the study and the implications for future research. Only those published articles directly relevant to interpreting the results and placing them in context should be referenced. This section should conclude with a brief summary statement. The conclusion should be based on and justified by the results of the study. The particular relevance of the results to healthcare in India should be stressed. Conclusions regarding cost-benefit should be drawn only if a specific economic analysis formed a part of the study design.

References

These should conform to the ICMJE style (www.nlm.nih.gov/bsd/uniform_requirements.html, www.icmje.org). References should be numbered in the order in which they appear in the text and these numbers should be inserted above the lines (superscripted) on each occasion the reference is cited (e.g. Sinha¹² confirmed other reports^{13,14}...). References included at the end of a sentence or part of a sentence should be placed after the punctuation mark. References cited only in tables or in legends to figures should be numbered in accordance with the sequence established by the first identification in the text of the particular table or figure. Avoid using abstracts as references. For papers accepted but not yet published mention the name of the journal, the year of publication and add 'in press' in parentheses. Information from papers submitted for publication but not accepted should be cited in the text as 'unpublished observations' with written permission from the source. Avoid citing a 'personal communication' unless it is essential; such citations must list in parentheses in the text the name of the person

and date of communication. Written permission, obtained from the author of such communications for their use in the manuscript, must be submitted to the Journal. Do not include 'personal communications' in the list of references. At the end of the article, the full list of references should include the names of authors, the full title of the journal article or book chapters; the title of journals abbreviated according to the Index Medicus style (www.nlm.nih.gov/bsd/uniform_requirements.html) the year of publication, the volume number and the first and final page numbers of the article or chapter. If there are six or fewer authors in the study being cited, the names of all the authors should be given. If there are more than six authors, the names of the first six authors should be given followed by et al. The authors should check that the references are accurate; lack of accuracy may result in the rejection of an otherwise adequate manuscript. Some examples of common forms of references are:

Journal Articles

Paintal AS. Impulses in vagal afferent fibres from specific pulmonary deflation receptors. The response of these receptors to phenylguanide, potato S-hydroxytryptamine and their role in respiratory and cardiovascular reflexes. *Q J Exp Physiol* 1955;40:89–111.

Books

Stansfeld AG. Lymph node biopsy interpretation. New York:Churchill Livingstone; 1985.

Chapters in Books

Strong MS. Recurrent respiratory papillomatosis. In: Evans JNG (ed). *Scott Brown's otolaryngology*. Vol. 6. Paediatric otolaryngology. London:Butterworths; 1987:466–70.

Articles available on the internet

- Health Sciences Library, University of Buffalo, NY. Available at <http://ublib.buffalo.edu/libraries/units/hsl/infores/biomed.htm> (accessed on 12 Nov 2004).
- List of databases in medicine and related areas. Karolinska Institute, University Library. Available at http://kib.ki.se/tools/base/index_en.asp (accessed on 12 Nov 2004).

Tables

These should be typed in double space, each table on a separate page with the table number (in Roman numerals) and title above the table, and explanatory notes below the table. Tables should be so arranged that comparisons of interest are horizontal (across columns) and from left-to-right. The numbers of observations for each column or row (n) and marginal totals should be provided where appropriate. All abbreviations and symbols in the table must be explained in the footnote(s) to the table, even if the expanded forms have already been mentioned in the text. The units of measure must be mentioned. For footnotes in tables, the following symbols should be used in sequence of appearance: *, †, ‡, §, ||, **, ††, ‡‡,

Figures

The figures should be uploaded separately. Kindly ensure the clarity of the figures (See also electronic submission of manuscripts.)

Legends to figures

These should be typed in double space on a separate sheet and figure numbers (in Arabic numerals), should correspond with the order in which the figures are presented in the text. The legend must include enough information to permit interpretation of the figure without reference to the text. Any labels or abbreviations within the figure must be explained in the legend.

JOURNAL POLICIES



Authorship

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;
2. Drafting the article or revising it critically for important intellectual content; and
3. 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 sufficient 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.

Contribution Details

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. 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'.

Acknowledgements

All contributors who do not meet the criteria for authorship should be listed in an Acknowledgements section. Examples of those who might be acknowledged include a person who provided purely technical help, or statistical or writing assistance. Financial and material support should also be acknowledged.

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All studies conducted on human subjects or animals should be approved by the ethics committee or the institutional review board of the institution where the study was performed. When reporting experiments on human subjects, authors should indicate whether the procedures followed were in accordance with the ethical standards of the responsible committee on human experimentation (institutional and national). When reporting experiments on animals, authors should indicate whether the institutional and national guidelines for the care and use of laboratory animals were followed (see ICMR guidelines: icmr.nic.in/ethics_SOP.pdf and icmr.nic.in/animal_ethics.htm).

Patient confidentiality Patients have a right to privacy that should not be infringed without informed consent. 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 unless they have obtained informed consent from the patients. 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.
- 2) If the manuscript contains patient images that preclude anonymity, or a description that has obvious indication to the identity of the patient, a statement about obtaining informed patient consent should be indicated in the manuscript.

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