

Instructions to the Authors

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The Editorial Process



A manuscript will be reviewed for possible publication with the understanding that it is being submitted to the Bali Journal of Anesthesiology alone at that point in time and has not been published anywhere else, 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 matters will be duly acknowledged. On submission, editors review all submitted manuscripts initially for suitability for formal review. **Manuscripts with insufficient originality, serious scientific or technical errors, or a significant message will be rejected before proceeding for formal peer-review.** Manuscripts that are unlikely to be of interest to the Bali Journal of Anesthesiology readers are also liable to be rejected on their own merit.

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.

Manuscripts that are found suitable for publication in the Bali Journal of Anesthesiology are sent to two or more expert reviewers. During submission, the contributor is requested to provide names of potential reviewers who have had experience in the subject of the submitted manuscript, but this is not mandatory. The reviewers should not be affiliated to the same institution as the contributor/s. However, the final decision on 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 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 continues until reviewers and editors are satisfied with the manuscript.

Manuscripts accepted for publication are copyedited for grammar, punctuation, print style, and format. Page proofs are sent to the corresponding author. The corresponding author is expected to return the 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 the final decision and sending and receiving proofs takes 6 – 8 weeks. To achieve faster and greater dissemination of knowledge and information, the journal publishes articles online as 'Ahead of Print' immediately on acceptance.

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: [\[email protected\]](#)) 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 takes 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.

Anti-plagiarism policy

Plagiarism includes duplicate publication of the author's own work, in whole or in part without proper citation or misrepresenting other's ideas, words, and other creative expression as one's own. The journal has a strict anti-plagiarism policy. All manuscripts submitted to Sahel Medical Journal undergoes plagiarism check with commercially available software. Based on the extent of plagiarism, authors may be asked to revise the manuscript, or similar work, or duplication, or similarity with the previous published work. If plagiarism is detected after publication, the Journal will investigate. If plagiarism is established, the journal will notify the authors' institution and will retract the plagiarised article. To report plagiarism, contact the journal office (email: [\[email protected\]](#))

Clinical trial registry



Bali Journal of Anesthesiology favors registration of clinical trials and is a signatory to the statement on publishing clinical trials in biomedical journals. **The authors must provide the registry number for their manuscript.** Bali Journal of Anesthesiology would publish clinical trials that have been registered with a clinical trial registry that allows free online access to the public.

Registration in the following trial registers is acceptable as recommended by the WHO and/or ICMJE:

Institution	Website
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US National Library of Medicine (NIH)	http://www.clinicaltrials.gov/
Australian New Zealand Clinical Trial Registry	http://www.anzctr.org.au/
UMIN Clinical Trial Registry	https://www.umin.ac.jp/ctr/index/htm/
Netherlands Trial Register	https://www.trialregister.nl/
ISRCTN registry	http://www.isrctn.com/
EURA-CT	https://eudract.ema.europa.eu/
Brazilian Clinical Trials Registry	http://www.ensaiosclinicos.gov.br/
Chinese Clinical Trial Registry	http://www.chictr.org.cn/index.aspx
Clinical Trials Registry - India	http://ctri.icmr.org.in/
EU Clinical Trials Register (EU-CTR)	https://www.clinicaltrialsregister.eu/
German Clinical Trials Register (DRKS)	http://www.germanctr.de/
Iranian Registry of Clinical Trials	https://www.irct.ir/
Japan Primary Registries Network (JPRN)	https://rctportal.niph.go.jp/en/

Authorship Criteria



Bali Journal of Anesthesiology employs the International Committee of Medical Journal Editors (ICMJE) recommendation for [authorship criteria](#):

- . Substantial contributions to the conception or design of the work; or the acquisition, analysis, or interpretation of data for the work; AND
- . Drafting the work or revising it critically for important intellectual content; AND
- . Final approval of the version to be published; AND
- . Agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

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 contribute 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 to the study and writing the manuscript. Once submitted the order cannot be changed without the written consent of all the contributors. The journal prescribes a maximum number of authors for manuscripts of each type of manuscript, its scope, and the 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. The description should be divided into the following categories, as applicable: concept, design, intellectual content, literature search, clinical studies, experimental studies, data acquisition, data analysis, statistical analysis, manuscript preparation, manuscript editing, and manuscript review. One contributor should be designated as the

take responsibility for the integrity of the work as a whole from inception to published article and should be designated as 'guarantor'.

Conflicts of Interest/ Competing Interests



All authors must disclose any and all conflicts of interest they may have with publication of the manuscript or an institution or product that is mentioned in the manuscript and/or is important to the manuscript presented. Authors should also disclose conflict of interest with products that compete with those mentioned in their manuscript.

Submission of Manuscripts



All manuscripts must be submitted on-line through the website <http://www.journalonweb.com/bjoa>. First-time users will have to register at this site. Registration is free but mandatory. Registered authors can submit their articles after logging into the site using their user name and password.

The journal does not charge for submission and processing of the manuscripts.

If you experience any problems, please contact the editorial office by e-mail at [\[email protected\]](#)

The submitted manuscripts that are not as per the “Instructions to Authors” would be returned to the authors for technical correction, before they undergo editorial/ peer-review. Generally, manuscripts should be submitted in the form of two separate files:

[1] Title Page/First Page File/covering letter:

This file should provide

1. The type of manuscript (original article, case report, review article, Letter to the Editor, Images, etc.) title of the manuscript, running title, names of all authors/ contributors (with their highest academic designation, and affiliations) and name(s) of the department(s) and/ or institution(s) to which the work should be credited. All information that can reveal your identity should be here. Use text files, do not PDF/ZIP the files.
2. The total number of pages, total number of photographs and word counts separately for abstract and for the text (excluding the references, tables and abstract), word counts for introduction + abstract for an original article;
3. Source(s) of support in the form of grants, equipment, drugs, or all of these;
4. Acknowledgment, if any. 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) technical help; and 3) acknowledgments of financial and material support, which should specify the nature of the support. This should be included in the title page of the manuscript and not in the text.
5. If the manuscript was presented as part of a meeting, the organization, place, and exact date on which it was read. A full statement to the editor about all submissions and previous reports that might result in redundant publication of the same or very similar work. Any such work should be referred to specifically, and referenced in the new paper. Copies of such material should be included with the manuscript to help the editor decide how to handle the matter.
6. Registration number in case of a clinical trial and where it is registered (name of the registry, date registered, and its URL)
7. Conflicts of Interest of each author/ contributor. 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 the acknowledgments.
8. Criteria for inclusion in the authors'/ contributors' list
9. A statement that the manuscript has been read and approved by all the authors, that the requirements for authorship as stated earlier in this document have been met, and that each author's contribution to the manuscript represents honest work if that information is not provided in another form (see below); and
10. The name, address, e-mail, and telephone number of the corresponding author, who is responsible for communicating with the other authors about revisions and final approval of the proofs, if that information is not included in the manuscript itself.

[2] **Blinded Article file:** The main text of the article, beginning from Abstract to References (including tables) should be in this file. The file must not contain any mention of the authors' names or initials, the institution where the study was done or acknowledgments. Page headers/running titles can include the title but not the authors' names. Manuscripts not in compliance with the Journal's blinding policy will be returned to the corresponding author. Use RTF/DOC files. Do not zip the files. **Limit the file size to 1 MB.** Do not incorporate images in the file. If file size is large, graphs can be submitted as images separately with the manuscript. Do not include images in the article file to reduce the size of the file. The pages should be numbered consecutively, beginning with the first page of the blinded article file.

[3] **Images:** Submit good quality color images. **Each image should be less than 2 MB in size.** The size of the image can be reduced by decreasing the actual height and width of the images (keep up to 4 inches or 5-6 inches). Images can be submitted as jpeg files. Do not zip the files. Legends for the figures/images should be included at the end of the article file.

[4] **The contributors' / copyright transfer form** (template provided below) has to be submitted in original with the signatures of all the contributors within two weeks of submission via courier, fax or email. Print-ready hard copies of the images (one set) or digital images should be sent to the journal office at the time of submitting the revised manuscript. High-resolution images (up to 5 MB each) can be submitted.

Contributors' form/copyright transfer form can be submitted online from the authors' area on <http://www.journalonweb.com/bjoa>.

Preparation of Manuscripts



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 2007). The uniform requirements and specific requirement of Bali Journal of Anesthesiology are summarized below. Before submitting a manuscript, contributors are requested to check for the latest instructions available from the website of the journal (<http://www.bjoaonline.com>) and from the manuscript submission site <http://www.journalonweb.com/bjoa>.

Bali Journal of Anesthesiology accepts manuscripts written in American English.

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Types of Manuscripts



SUMMARY OF ARTICLE TYPE REQUIREMENTS

Article types	Abstract type	Limit				
		Abstract	Manuscript	Tables and Figures	References	Authors
Original Articles	Structured	250	3,000	6	-	≤100
Systematic Reviews	Structured	250	3,000	6	-	≤100
Literature Reviews	Structured	250	3,000	6	≤100	≤100
Case Reports	Unstructured	250	1,500	4	≤15	≤5
Editorial	Not needed	-	1,500	2	≤10	≤2
Brief Reports	Not needed	-	1,500	2	≤10	≤4
Letters to the Editor	Not needed	-	1,000	1	≤5	≤4
Obituary	Not needed	-	1,000	1	≤5	≤2

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 rates. Original articles amounting to up to 3,000 words (excluding Abstract, References, and, Legends), and should be divided into sections: Title, Abstract, Keywords, Introduction, Material and Methods (Patients and Methods), Results, Discussion, Acknowledgment, References, Tables, and Figure legends.,

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

Materials and Methods (Patients 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. For prospective studies involving human participants, authors are expected to mention about approval of (regional/ national 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 assent would be required could vary as per regional and/or national guidelines. Ensure the confidentiality of subjects by desisting from mentioning participants' names, initials, or hospital numbers.

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 is 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 described in detail 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 articles that are ethically unacceptable. **The authors must provide the registry number and the date of the ethics approval.** A statement on ethics committee permission and ethical practices must be included in all 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 inclusion 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 used. 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 not been 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 names 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 sequence, and 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 follow-up (including 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 (which implies a randomizing device), 'normal', 'significant', 'correlations', and 'sample'. Define statistical terms, abbreviations, and most symbols. Specify the computer software used. Use upper case letters 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: Present your results in a logical sequence in the text, tables, and illustrations, giving the main or most important findings first. Do not repeat in the text all the data in the tables or illustrations. Summarize only important observations. Extra- or supplementary materials and technical detail can be placed in an appendix where it will be accessible but will not interrupt the flow of the text; appendices are published only in the electronic version of the journal. When data are summarized in the Results section, give numeric results not only as derivatives (for example, percentages) but also as the absolute values. Specify the derivatives were calculated, and specify the statistical methods used to analyze them. Restrict tables and figures to those needed to explain the argument of the paper and to assess its support. Use alternative to tables with many entries; do not duplicate data in graphs and tables. Where scientifically appropriate, analyses of the data by variables such as age and sex should be included.

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 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).

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 or for the field in general, including basic 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 benefit 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 supported. About 30 references can be included. These articles generally should not have more than six authors.

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 and a critical review should accompany the manuscript.

The prescribed word count is up to 3000 words excluding tables, references, and abstract. The manuscript may have about 90 references. The manuscript should have an unstructured Abstract (250 words) providing an accurate summary of the article. The section titles would depend upon the topic reviewed. Authors submitting a review article should include a section describing the methods used for locating, selecting, 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 to the editor, as and when major development occurs in the field.

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 will be given priority. These communications could be of up to 1,500 words (excluding Abstract and references) and should have the following headings: Abstract (unstructured), Key-words, Introduction, 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.

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 reports that need a later paper for validation.

EDITORIAL

This is an article type that is exclusively for the Editorial Board to write. From time to time, depending on the topic, we may invite an author to write in this section.

OBITUARY

This is an article to honor the passed-away colleague, teacher, or a person who contributed much to the world of anesthesia and/or its related fields.

References

References should be ***numbered consecutively*** in the order in which they are first mentioned in the text (not in alphabetic order). Identify references in text, tables, and legends by Arabic numerals in square bracket after the punctuation marks. References cited only in tables or figure legends should be numbered in accordance with the sequence established by the first identification in the text of the table or figure. Use the style of the examples below, which are based on the formats used by the NLM in *Index Medicus*. The titles of journals should be abbreviated according to the style used in *Index Medicus* for indexed journals and the full name of the journal for non-indexed journals. Avoid using abstracts as references. Information from manuscripts submitted but not accepted should be cited in the text as "unpublished observations" with the name of the author in parentheses from the source. Avoid citing a "personal communication" unless it provides essential information not available from a public source, in which case the name of the person and date of communication should be in parentheses in the text.

We employed [The NLM Style Guide for Authors, Editors, and Publishers](#). The commonly cited types of references are shown below, for other types of references such as newspaper items please refer

Articles in Journals

1. Standard journal article (for up to six authors): Parija SC, Ravinder PT, Shariff M. Detection of hydatid antigen in the fluid samples from hydatid cysts by co-agglutination. *Trans R Soc Trop Med* 90:255–256.
2. Standard journal article (for more than six authors): Roddy P, Goiri J, Flevaud L, Palma PP, Morote S, Lima N. *et al.*, Field Evaluation of a Rapid Immunochromatographic Assay for Detection of Infection by Use of Whole Blood. *J. Clin. Microbiol.* 2008; 46: 2022-2027.

1. Volume with supplement: Otranto D, Capelli G, Genchi C: Changing distribution patterns of canine vector borne diseases in Italy: leishmaniosis vs. dirofilariosis. *Parasites & Vectors* 2009; Suppl

Books and Other Monographs

1. Personal author(s): Parija SC. Textbook of Medical Parasitology. 3rd ed. All India Publishers and Distributors. 2008.
2. Editor(s), compiler(s) as author: Garcia LS, Filarial Nematodes In: Garcia LS (editor) Diagnostic Medical Parasitology ASM press Washington DC 2007: pp 319-356.
3. Chapter in a book: Nesheim M C. Ascariasis and human nutrition. *In Ascariasis and its prevention and control*, D. W. T. Crompton, M. C. Nesbemi, and Z. S. Pawlowski (eds.). Taylor and Francis pp. 87–100.

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 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 title for each.
- Place explanatory matter in footnotes, not in the heading.
- Explain in footnotes all non-standard abbreviations that are used in each table.
- Obtain permission for all fully borrowed, adapted, and modified tables and provide a credit line in the footnote.
- For footnotes use the following symbols, in this sequence: *, †, ‡, §, ||, ¶, **, ††, ‡‡
- 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

Illustrations (Figures)

- Upload the images in JPEG format. The file size should be within 1024 kb in size while uploading.
- 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.
- The photographs and figures should be trimmed to remove all the unwanted areas.
- If photographs of individuals are used, their pictures must be accompanied by written permission to use the photograph.
- If a figure has been published elsewhere, acknowledge the original source and submit written permission from the copyright holder to reproduce the material. A credit line should appear in the legend.
- Legends for illustrations: Type or print out legends (maximum 40 words, excluding the credit line) for illustrations using double spacing, with Arabic numerals corresponding to the illustrations. Where numbers, or letters are used to identify parts of the illustrations, identify and explain each one in the legend. Explain the internal scale (magnification) and identify the method of staining in photomicrographs.
- Final figures for print production: Send sharp, glossy, un-mounted, color photographic prints, with height of 4 inches and width of 6 inches at the time of submitting the revised manuscript. Print on glossy paper. Color photographs are not acceptable. If digital images are the only source of images, ensure that the image has minimum resolution of 300 dpi or 1800 x 1600 pixels in TIFF format. Send the images on a separate sheet. Each image should have a label pasted (avoid use of liquid gum for pasting) on its back indicating the number of the figure, the running title, top of the figure and the legends of the figure. Do not write the caption on the back of the image. Do not write on the back of figures, scratch, or mark them by using paper clips.

- The Journal reserves the right to crop, rotate, reduce, or enlarge the photographs to an acceptable size.

Protection of Patients' Rights to Privacy



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 the patient's guardian, wherever applicable) gives informed consent for publication. The authors should remove patients' names from figures unless they have obtained informed consent from the patients. The journal's 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 manuscript but sent through email to editorial or publisher offices.
2. If the manuscript contains patient images that preclude anonymity or a description that has an obvious indication of the identity of the patient, a statement about obtaining informed patient consent should be indicated in the manuscript.

Sending a revised manuscript



The revised version of the manuscript should be submitted online in a manner similar to that used for submission of the manuscript for the first time. However, there is no need to submit the "First Page" file while submitting a revised version. When submitting a revised manuscript, contributors are requested to include, the 'referees' remarks along with point to point clarification at the beginning in the revision. In addition, they are expected to mark the changes as underlined or colored text in the article.

Reprints and proofs



Journal provides no free printed reprints. Authors can purchase reprints, payment for which should be done at the time of submitting the proofs.

Publication schedule

The journal publishes articles on its website immediately upon acceptance as a part of the Ahead of Print section. The Editor in Chief solely hold the rights to assign each accepted article in a particular issue.

The journal does not charge for submission and processing of the manuscripts.

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Checklist



Covering letter

- Signed by all contributors
- Previous publication / presentations mentioned
- Source of funding mentioned
- Conflicts of interest disclosed

Authors

- Last name and given name provided along with Middle name initials (where applicable)
- Author for correspondence, with the e-mail address provided

- Number of contributors restricted as per the instructions
- Identity not revealed in the paper except in the title page (e.g. name of the institute in Methods, citing the previous study as 'our study', names on figure labels, name of the institute in photograph)

Presentation and format

- Double spacing
- Margins 2.5 cm from all four sides
- Page numbers included at the bottom
- Title page contains all the desired information
- Running title provided (not more than 50 characters)
- Abstract page contains the full title of the manuscript
- Abstract provided (structured abstract of 250 words for original articles, unstructured abstracts of about 150 words for all other manuscripts excluding letters to the Editor)
- Keywords provided (three to six keywords)
- Headings in title case (not ALL CAPITALS)
- The references cited in the text should be after punctuation marks, in superscript with a square bracket. For citing two references, use a comma. For citing three or more consecutive references, use a square bracket. Example: This is an example sentence.^[1] This is the second example.^[1,2] This is the third example.^[1-3] For in-text citation that cited 2 or m
- References according to the journal's instructions, punctuation marks checked
- Send the article file without 'Track Changes'

Language and grammar

- Uniformly American English
- Write the full term for each abbreviation at its first use in the title, abstract, keywords, and text separately unless it is a standard unit of measure. Numerals from 1 to 10 spelt out
- Numerals at the beginning of the sentence spelled out
- Check the manuscript for spelling, grammar and punctuation errors
- If a brand name is cited, supply the manufacturer's name and address (city and state/country).
- Species names should be in italics

Tables and figures

- No repetition of data in tables and graphs and in text
- Actual numbers from which graphs are drawn, provided
- Figures necessary and of good quality (color)
- Table and figure numbers in Arabic letters (not Roman)
- Labels pasted on the back of the photographs (no names written)
- Figure legends provided (not more than 40 words)
- Patients' privacy maintained (if not permission was taken)
- A credit note for borrowed figures/tables provided
- Write the full term for each abbreviation used in the table as a footnote

Contributors' form



[Click here to download copyright form](#)

Guideline	Type of Study	Source
	Observational studies including	

STROBE	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/>.

Clinical trial registry

Bali Journal of Anesthesiology favors registration of clinical trials a