Preparing the Manuscript
Manuscripts should be produced to fit A4 paper, with approximately 3-cm margin on all sides. The length should not exceed 30 pages (double spaced and single sided), less for case reports and book reviews. Use the Times New Roman font, 12 point in Microsoft Word. Word processed text should preferably be in Rich-Text Format (RTF).
Begin each section on a new page.
For the manuscript, each of the following manuscript components should begin as a new page:
  a) Abstract & Keywords
  b) Text
  c) Acknowledgements (if any)
  d) References
  e) Legends for Illustrations
Use minimum formatting, since most formatting will be removed before typesetting. Restrict formatting to superscripts and subscripts and what is absolutely essential to reveal various heading levels. Use true superscripts and subscripts and not “raised/lowered” characters. For symbols, use the standard “Symbol” fonts on Windows or Macintosh. Using strange symbol fonts may give unpredictable results while printing, even if the fonts are supplied by the author.

Hard and Soft Copies
Submit one hardcopy of the manuscript, along with its softcopy on a floppy disk or CD ROM or as an email attachment. The softcopy should correspond to the paper copy in every detail. It should contain the text of the paper, graphs and charts if any and, wherever possible, photographs and drawings. The label of the diskette (or CD ROM) should mention the title of the paper, the author(s) and the date.

Covering Letter
All manuscripts must be accompanied by a covering letter, signed by all the authors.

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  (a) The title of the paper
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The email address is vital to facilitate effective communication. Original studies should also include on this page the name and address of the institution and department where the research was performed, as well as the period of the research and source of funding.

Abstract
As the most widely read part of a paper, the abstract demands meticulous attention from the author. Editorial manuscripts, Letters to the Editor, Book Reviews and Interesting Medical Images do not need an abstract.

Abstracts of Clinical & Basic Research papers should be accompanied by a structured abstract clearly divided into four Sections:
  a) Objectives – State the purpose of the study or investigation
  b) Methods – To include observational and analytical methods
  c) Results – Give specific data and their statistical significance, if possible
  d) Conclusion

Review articles and Case Reports should have a narrative abstract in a single paragraph. Abstracts must be as brief as possible, not exceeding 250 words.
Do not use symbols or abbreviations in the abstract; rather, spell out what they stand for in full.

Keywords
Below the Abstract, provide three to ten key words or short phrases that will assist in cross referencing, as far as possible using words from the heading list of Index Medicus. To obtain these access the PubMed site (www.pubmed.gov) and in the PubMed Services section select the MeSH (Medical Subject Headings) Database and then the MeSH browser.

Text
This should consist of Objective, Methods, Results, and Discussion.
Cite every Reference and Figure mentioned in the text in Arabic numerals (e.g. 1, 2, 3), and every Table in Roman numerals (e.g. I, II, III).

Introduction
State the purpose of the article. Summarise the rationale for the study or observation. Give only strictly pertinent information and references, and do not review the subject extensively. Do not include data or conclusions from the work being reported.

Methods
Identify the methods, apparatus (including manufacturer’s name and address in parenthesis), and procedures in sufficient detail to allow others to reproduce the method.
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. For new or substantially-modified methods, describe and give reasons for using them and evaluate their limitations.

Statistics
Describe statistical methods used with enough details to enable a knowledgeable reader to verify the reported results. Where possible, quantify findings and present them with appropriate indicators of measurement error or uncertainty (such as confidence intervals). Avoid sole reliance on statistical hypothesis testing, such as the use of p-values, which fail to convey important quantitative information.
Discuss eligibility of experimental subjects. Give details about randomisation. Describe the methods for and success by any blinding of observations. Report treatment complications. Give number of observations. Report losses to observation (such as dropouts from a clinical trial).

**Results**
Present your results in a logical sequence in the text, Tables, and Illustrations. Do not repeat in the text all the data in the Tables or Illustrations. Emphasise or summarise only important observations. Specify the statistical methods used to analyse the data. Restrict Tables and Illustrations to those needed to explain the argument of the paper and to assess its support. Where possible, use Graphs as an alternative to Tables with many entries. Do not duplicate data in Graphs and Tables.

**Discussion**
Emphasise the new and important aspects of the study and the conclusions that follow from them. Do not repeat in detail data or other material given in the Introduction or the Results section. Include in the Discussion section the implications of the findings and their limitations, including the implications for future research. Relate the observations to other relevant studies. Link the conclusions with the goals of the study but avoid statements and conclusions not completely supported by your data.
State new hypotheses when warranted, but clearly label them as such. Recommendations, when appropriate, may be included.

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The manuscript should be divided into the following 5 major sections:
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4) Discussion and
5) Conclusion.
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The above sections are not necessary for these kinds of manuscripts. They should have a sequence of logical sections related to their content and purpose.

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They should have a sequence of logical sections related to their content and purpose.

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**Acknowledgments**
State contributions that need to be acknowledged but do not justify authorship, e.g. general support by a Department Head or Chairman, technical help and financial and/or material support (including grants).

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It is the authors’ responsibility to check all references very carefully for accuracy and completeness.
Number references consecutively in the order in which they are first mentioned in the text. Identify references in the text, Tables and Legends by Arabic numerals in superscript and parenthesis. Use the style as in Index Medicus. Authors should avoid using abstracts as references.

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Use only standard abbreviations. Avoid abbreviations and symbols in the title and abstract. The full term for which an abbreviation stands should precede its first use unless it is a standard unit of measurement. In general, symbols and abbreviations should be those used by British Chemical and Physiological Abstracts. Weights, volumes, etc. should be in metric units. The use of S.I. Units (International System of Units) is encouraged.

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Details already available in the literature should not be included in the manuscript, but numbered sequentially in the manuscript, for example: "The Omani Ministry of Health has prioritized eye care in its next 5 year plan".  

2. 3

The reference number must be in superscript after a comma or full stop. In the Reference section, list all the references in numerical order. Within a reference list all authors up to a maximum of six. If there are more than 6 authors then write "et al." after the sixth author. The Journal uses a variation of the Index Medicus style of referencing. Please adopt the exact style as shown in the examples below, including punctuation and abbreviations of journal names, which should be as per Index Medicus (see Journals Database section in PubMed)

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