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Primary results	Fehler! Textmarke nicht definiert.
Ambiguities within results	Fehler! Textmarke nicht definiert.
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Acknowledgments.....	Fehler! Textmarke nicht definiert.

INSTRUCTIONS FOR AUTHOR GUIDE

The purpose of this document is to provide you with guidance and framework regarding the documentation of your manuscripts submitted to *digilog journal*. Please follow the guidelines enlisted in this document prior to submitting your work. These guidelines function as an editorial blueprint for your submissions.

LENGTH OF THE PAPER

While a typical medical paper is between 3000 and 6000 words long, there is no fixed word-limit for the length of your paper. Your manuscript does, however, need to include data that is strictly relevant and useful; avoiding unnecessary discussion that does not add anything to your study.

Your medical papers are to be drafted considering their accordance with the [American Medical Association Manual of Style: A Guide for Authors and Editors. 9th ed. Baltimore, Md: Williams & Wilkins; 1998.](#)

FORMATTING

Only Microsoft Word, OpenOffice Writer, LibreOffice Writer and LATEX files will be accepted as valid submissions of your paper. Other formats, such as PDFs or plain text files will not be accepted.

Only Times New Romans and Calibri fonts are to be used for your documents and any custom packages or fonts that are not Windows default are to be avoided.

Headings

Note how sub-headings are hyper-linked. This heading (Heading 2) is hyperlinked under FORMATTING (Heading 1) and is collapsible upon prompt.

All headings in the manuscript are to be linked within the submitted document appropriately. Main headings, such as Abstract, Introduction, Methods, Results and Discussion, and sub-headings are to be formatted accordingly (Heading 1 and 2). If sub-headings are lengthy or carry a large amount of data, further sub-headings are encouraged (Heading 3, 4 etc).

REFERENCING

References are to be numbered sequentially and in order. Every cited publication is assigned an individual citation as a numerical reference i.e. [1], [2]. Only published papers or preprints should be in your reference list, while manuscripts in submission, revision or ones that have been recently accepted are to

be additionally marked as such in the text. Websites and URL's are to be referenced with the date and time stamp. Footnotes are not used.

Citation formatting is to be in accordance with the American Medical Association Manual of Style: A Guide for Authors and Editors. 9th ed. Baltimore, Md: Williams & Wilkins; 1998.

AUTHORS' CREDENTIALS

The information about authors is to be added in the following order: Name, designation, affiliations or departments, past contributions.

MANUSCRIPT TITLE

The title of your manuscript should be concise and comprehensive. Abbreviations and jargons are to be avoided unless their inclusion is paramount.

ABSTRACT

The abstract of your manuscript should be between 400 to 500 words. It should follow the following structure: Identification of problem, set-up of approach towards solution, a brief analysis of the solution. Quantitative comparisons with citing are preferable to qualitative comparisons and each statistic mentioned in the abstract is to be referenced. The abstract is to be kept as simplified and to-the-point as possible, avoiding complex methodologies and analyses performed and studied during the study.

An abstract also works as an 'advertisement' of a paper or a study. So care should be taken to keep the abstract suitable so as to grab the reader(s)' attention; however, irrelevant catchphrases are to be avoided.

KEYWORDS

Important keywords, abbreviations and phrases used in the manuscript are to be mentioned in the order of usage or citing following the abstract. Keywords may be separated with semicolons or new lines.

INTRODUCTION

The introduction to your manuscript is to explain the background of the topic that your study targets. It may include the identification, analysis and possible solutions to the problem under study. It may also include past theories, hypotheses and studies that yielded useful results or information that was used as a reference or guide for your study.

If your manuscript introduction carries a lot of data, the usage of sub-headings within introduction is suggested. These sub-headings should break the introduction down into systematic sections such as, problem identification, past studies, past conclusions, disputed theories, goal of this study, choice of methodology etc.

Note that the purpose of the introduction is to introduce your study to the reader(s). The introduction, therefore, is to summarize and clearly indicate *why* your manuscript is written, *what* it aims to achieve and *how*.

METHODS

Following the introduction to your study, you are to list the methods used for carrying the study forward. Your methodology is to be comprehensive and complete and important details or models are to be included in a systematic order that explains how the method is followed step-by-step.

If different methods are used for comparison of findings, each method is to be listed separately under a separate heading. If, however, certain protocols or steps are commonly followed in multiple methods, they may only be written once and cited from within the paper later.

Sub-headings or sub-sections within methods are suggested to list statistical data, models and trial results. Over-use of sub-headings, however, as in the case when each static or each piece of information is given its own sub-heading is not recommended. Making sub-headings that have only one line under them is also to be avoided.

RESULTS

Following methods, the outcome of those methods is to be described i.e. the results or findings. Results are to be explained quantitatively with qualitative conclusions separately.

Quantitative results:

Tables:

Quantitative data is expressed in the form of paragraphs if there are very limited statistical results as in 2-5 values. If, however, multiple trials yield multiple statistics, quantitative data is expressed in tabular form the format of which is to be followed as listed.

Table 1. Title of the table attached. Note that this title is not justified in the center of the document.

	Heading 1	Heading 2	Heading 3
	Heading 1.1	Heading 2.1	Heading 3.1
Sub-heading	Data	Data	Data
	Data	Data	Data
	Data	Data	Data
Sub-heading	data	data	data
	Data	Data	Data
	Data	Data	Data
Sub-heading	Data	Data	Data
	data	data	data
	Data	Data	Data
	data	Data	Data

Sub-heading may be the trial number or the age-group of trials. The sub-heading is to classify the group for which statistical data is listed. Heading 1, Heading 2 etc. are the characteristic or observed parameter regarding the group(s) or set(s) in sub-heading, for example, Metabolic rate. Heading 1.1, Heading 2.1 etc. are characteristics of Heading 1, Heading 2 etc. such as the units for Metabolic rate.

Quantitative data:

Textboxes

Textboxes have no footnotes and since they mention quantitative results or 'points,' they use numbered bullets:

Textbox 1. Note that the textbox is centered

1. Result 1
2. Result 2
3. (implied from 1 and 2) Result 3

Figures

Figures attached are to have a suitable resolution which could be anywhere between 300 to 1000 pixels in a singular dimension, subject to the size of the figure attached and the complexity of the data carried by the figure. The attached figure is only to be in JPEG or PNG format. The text used within the figure (if used) is to be of the same font as the rest of the manuscript, the size and formatting of the text can differ.

If the figure is small and can be shortened without compromising the data legibility, text wrapping should be set to "square" and the figure should be inserted as a new line without any other text on the same line.

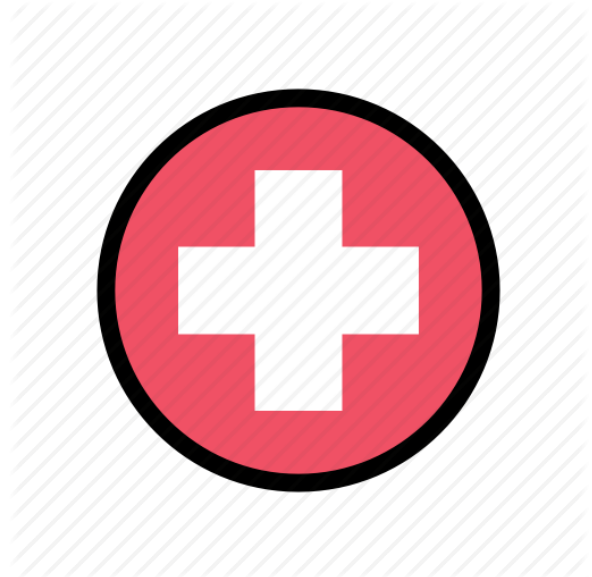


Figure 1. Note that the text wrapping of the figure is set to "square"

Discussion

The data extracted from methods and listed in results, is to be discussed under this heading. The discussion should mention and reference every data and figure used in the manuscript. It should end in a conclusive paragraph summarizing the results and discussion (conclusion).