

THE EDITORIAL PROCESS

The manuscripts submitted to **Cranio-maxillofacial Implant Directions** will be reviewed for possible publication with the understanding that they are being submitted to one Journal at a time and have not been published, simultaneously submitted, or already accepted for publication elsewhere either in part or full. The editor reviews all submitted manuscripts initially. Manuscripts with insufficient originality, obvious scientific flaws, or manuscripts without importance of message will not be considered.

If the manuscript conforms to the scope of the Journal, it is sent for a technical consideration, to check for adherence to these guidelines. The scope of the journal is oral and craniomaxillofacial implantology and traumatology in general, if the manuscripts can be somehow related to the maxilla-facial field. Histological studies are very welcomed.

If found appropriate, the manuscript will be subjected to a peer-review process. The manuscript will be sent to two or more expert reviewers. Within a period of eight to ten weeks, the contributors will be informed about the reviewers' comments and acceptance/rejection of the manuscript.

Articles accepted will be copy-edited by the authors for grammar, punctuation, print style, and format. Corrections received after that period may not be included. All manuscripts received are duly acknowledged.

AUTHORSHIP CRITERIA

All persons designated as authors should qualify for authorship, and all those who qualify should be listed. Each author should have participated sufficiently in the work to take public responsibility for appropriate portions of the content. One or more authors should take responsibility for the integrity of the work as a whole, from inception to published article.

Authorship credit should be based only on:

1. Substantial contributions to conception and design, 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;

Conditions one, two, and three must all be met. Acquisition of funding, the collection of data, or general supervision of the research group, by themselves, do not justify authorship.

The order of authorship on the byline should be a joint decision of the co-authors. The authors should be prepared to explain the order in which the authors are listed. Once submitted, the order cannot be changed without written consent of all authors.

Only those who have done substantial work in a particular field can write a review article. A short summary of the work done by the authors in the field of review should accompany the manuscript. The Journal expects the authors 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 as a letter to the editor, as and when major development in the field occurs.

SUBMISSION PROCESS

Submission of a manuscript to **Cranio-maxillofacial Implant Directions** implies:

- That the work described has not been published before, or that a new (updated) version of the published article, which content differs to at least 55% from the old (first) article will be submitted together with the old article;
- That its publication has been approved by all co-authors, if any, as well as by the responsible authorities – tacitly or explicitly – at the institute or center where the work has been carried out. The publisher will not be held legally responsible should there be any claims for compensation.

Publication charges: The Journal does not charge for submission of the article. Article-processing or publication fees are 250 Euro for any article below ten pages, and 350 Euro for any article above that. Creating a separate PDF for offprints per article: 70 Euro. Kindly note – ID Journal publishes in color.

PREPARATION OF MANUSCRIPTS

Manuscripts must be prepared in accordance with the International Committee of Medical Journal Editors (ICMJE Recommendations).

The consistent and specific requirement of **Cranio-maxillofacial Implant Directions** are summarized below.

Before sending a manuscript, contributors are requested to check for the current instructions available on the website. **Please keep the scanned copy of COPYRIGHT form ready before initiating the process!**

COPIES OF ANY PERMISSION(S)

Authors submitting for **Cranio-maxillofacial Implant Directions** wishing to include figures, tables, or text passages that have already been published elsewhere are required to obtain permission from the copyright owner(s) for both the print and online format and to include evidence that such permission has been granted when submitting their papers.

Any material received without such evidence will be assumed to originate from the authors.

TYPES OF MANUSCRIPTS

Original Research Articles

Includes randomised controlled trials, intervention studies, studies of screening and diagnostic tests, outcome studies, cost-effectiveness analyses, case-control series and surveys with high response rates, prospective studies, retrospective studies, comparative studies, and innovative technical notes. Articles will be considered at any length and there is no limit as to the number of figures, tables and graphs.

Short Communication

Up to 1200 words, excluding references and abstract and up to ten references.

Case Reports

New/interesting/very rare cases can be reported. Cases with clinical significance or implications will be given priority, whereas mere reporting of a rare case may not be considered. Up to 3000 words, excluding references and abstract and up to 15 references.

Review Articles

Systematic critical assessments of literature and data sources.

Letter to the Editor

It should be a short, decisive observation. They should not be preliminary observations that need a later paper for validation.

Announcements

of conferences, meetings, courses, awards, and other events likely to be of interest to the readers should be submitted with the name and address of the person from whom additional information can be obtained.

Guideline for Preparation of the Manuscript

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/resources/checklist
AGREE	Clinical practice guidelines	https://www.agreetrust.org/wp-content/uploads/2016/02/AGREE-Reporting-Checklist-2016.pdf

All manuscripts should be sent to the editor by e-mail only to publishing@implantfoundation.org

The article has to be prepared in the following manner:

1. **First page file:** Prepare the title page, covering letter, acknowledgment, etc., using a word processor program. All information that can reveal your identity should be here;
2. **Article file (with tables):** The main text of the article, beginning from abstract until references (including tables), should be in this file. Do not include any information such as acknowledgment, your names in page headers, etc., in this file. Do not zip the files. Limit the file size to 400 kb. Do not incorporate images in the file. If the file size is large, graphs can be submitted as images separately without incorporating them in the article file to reduce the size of the file;
3. **Images:** Submit good quality color images. Each image should be less than 400 kb in size. The size of the image can be reduced by decreasing the actual height and width of the images (keep up to 1024x760 pixels or five inches). All image formats (jpeg, tiff, gif, bmp, png, eps, etc.) are acceptable; jpeg is most suitable. Do not zip the files;
4. **Legends:** Legends for the figures/images should be included at the end of the article file.

Title Page

The title page should carry:

- Type of manuscript;
- The title of the article, which should be concise, but informative;
- Running title or short title, not more than 60 characters (if applicable);
- Name(s) of author(s) (the way it should appear in the Journal), with his, her or their highest academic degree(s) and institutional affiliation(s); multiple affiliations should be mentioned;
- The name of the department(s) and institution(s) to which the work should be attributed;
- The name, address, phone numbers, facsimile numbers, and e-mail address of the contributor responsible for correspondence about the manuscript;
- The total number of pages, total number of photographs and word counts separately for abstract and for the text (excluding the references and abstract);
- Source(s) of support in the form of grants, equipment, drugs, or all of these; and
- if the manuscript was presented as part of a meeting, the organization, place, and exact date on which it was read;
- Understanding of publication charges, on acceptance as mentioned before.

Abstract Page

The second page should carry the full title of the manuscript and an abstract (of no more than 150 words for case reports, brief reports, and 250 words for original articles). The abstract should be structured and state: Rationale, Patient Concerns, Diagnosis, Treatment, Takeaway lesson. Below the abstract should provide three to ten keywords.

Introduction

State the purpose of the article and summarize the rationale for the study or observation.

Materials and Methods

Describe the selection of the observational or experimental subjects (patients or laboratory animals, including controls) clearly. Identify the age, sex, and other important characteristics of the subjects. Identify the methods, apparatus (give the manufacturers' name and address

in parentheses), and procedures in sufficient detail. Give references to established methods, including statistical methods; 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 (Moher D, Schulz KF, Altman DG: The CONSORT Statement: Revised Recommendations for improving the quality of reports of Parallel-Group randomized trials. *Ann Intern Med.* 2001;134:657-662, also available at <http://www.consort-statement.org/>). Authors submitting review manuscripts should include a section describing the methods used for locating, selecting, extracting, and synthesizing data. These methods should also be summarised in the abstract.

Ethics

When reporting experiments on human subjects, 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. Do not use patients' names, initials, or hospital numbers, especially in illustrative material. When reporting experiments on animals, indicate whether the institution's or a national research councils' guide for or any national law on the care and use of laboratory animals was followed. Studies which include patient data must provide them anonymously. Ethics committee approval is not necessary, if data are pooled from external sources and if the treatment provider (or the medical person who ordered that x-rays and other diagnostic steps were taken, does not participate in the publication, and if none of the authors had any influence on the mentioned diagnostic steps.

Statistics

When possible, quantify findings and present them with appropriate indicators of measurement error or uncertainty (such as confidence intervals). Report losses to observation (such as dropouts from a clinical trial). Put a general description of methods in the Methods section. When data is summarized in the Results section, specify the statistical methods used to analyze it. 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. Use upper italics ($P < 0.05$).

Results

Present the results in logical sequence in the text, tables, and illustrations. Do not repeat in the text all the data in the tables or illustrations; emphasize or summarise only important observations.

Discussion

Emphasize 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 implications for future research. Relate the observations to other relevant studies. In particular, contributors should avoid making statements on economic benefits and costs unless their manuscript includes economic data and analyses. Avoid claiming priority and alluding to work that has not been completed. State new hypotheses when warranted, but clearly label them as such. Recommendations, when appropriate, may be included.

Acknowledgments

As an appendix to the text, one or more statements should specify:

1. Contributions that need acknowledging but do not justify authorship, such as general support by a departmental chair or the reporting clinic;
2. Acknowledgments of technical help; and
3. acknowledgments of financial and material support, which should specify the nature of the support. This should be the last page of the manuscript.

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 superscript. 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 particular 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. Use the complete 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 written permission 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 cited in parentheses in the text. For scientific articles, contributors should obtain written permission and confirmation of accuracy from the source of personal communication. If the number of authors is more than six, list the first six authors followed by et al.

Journal References

Standard Journal article: Kulkarni SB, Chitre RG, Satoskar RS. Serum proteins in tuberculosis. *J Postgrad Med* 1960; 6:113-120.

Volume with supplement: Shen HM, Zhang QF. Risk assessment of nickel carcinogenicity and occupational lung cancer. *Environ Health Perspect* 1994; 102 Suppl 1:275-282.

Issue with supplement: Payne DK, Sullivan MD, Massie MJ. Women’s psychological reactions to breast cancer. *Semin Oncol* 1996; 23(1, Suppl 2):89-97.

Books and Other Monographs

Personal author(s): Ringsven MK, Bond D. Gerontology and leadership skills for nurses. 2nd ed. Albany (NY): Delmar Publishers; 1996.

Editor(s), compiler(s) as author: Norman IJ, Redfern SJ, editors. Mental health care for elderly people. New York: Churchill Livingstone; 1996.

Chapter in a book: Phillips SJ, Whisnant JP. Hypertension and stroke. In: Laragh JH, Brenner BM, editors. Hypertension: pathophysiology, diagnosis, and management. 2nd ed. New York: Raven Press; 1995. pp 465-478.

Tables

Tables should be self-explanatory and not duplicate textual material.

- Tables with more than ten columns and 25 rows are not acceptable;
- Type or print out each table with double spacing on a separate sheet of paper. If the table must be continued, repeat the title on a second sheet followed by “(contd.)”;
- 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: *, †, ‡, §, ¶, **, ††, ‡‡

Illustrations (Figures)

- Figures should be numbered consecutively according to the order in which they have been first cited in the text;
- 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;
- Photographs and figures should be trimmed to remove unnecessary areas;
- If photographs of people are used, either the subjects must not be identifiable, or their pictures must be accompanied by written permission to use the photograph. Mere masking of eyes is not acceptable. Cropping of areas of interest alone is advised. In cases where a full face is required, written consent is absolutely essential;
- If a figure has been published, acknowledge the original source, and submit written permission from the copyright holder to reproduce the material. A credit line should appear in the legend for such figures;
- The Journal reserves the right to crop, rotate, reduce, or enlarge the photographs to an acceptable size.

SENDING A REVISED MANUSCRIPT

While submitting a revised manuscript, contributors are requested to include, along with a single copy of the final revised manuscript, a photocopy of the revised manuscript with the changes underlined in red and a copy of the comments with the point to point clarification to each comment. The manuscript number should be mentioned without fail.

The authors' form and copyright transfer form has to be submitted in original with the signatures of all the contributors at the time of submission of a revised copy.

COPYRIGHTS

The entire contents of the **Cranio-maxillofacial Implant Directions** are protected under international copyrights. The Journal, however, grants to all users a free, irrevocable, worldwide, perpetual right of access to, and a license to copy use, distribute, perform and display the work publicly and to make and distribute derivative works in any digital medium for any reasonable non-commercial purpose, subject to proper attribution of authorship and ownership of the rights. The Journal also grants the right to make small numbers of printed copies for their personal non-commercial use under Creative Commons Attribution-Noncommercial-Share Alike 4.0 unported license.

The authors need to submit the copyright form while submitting the manuscript itself. It is advised that the scanned version be kept ready before the submission process. Copyright forms may be submitted online (scanned) and must include valid email addresses and telephone numbers of the proposed authors. We will verify all addresses and contact all authors during the process.

The forms should be uploaded within the same time duration. Images related to the articles should be sent in a CD or as hard copies to the Journal office at the time of acceptance of the manuscript. These images should be of high resolution and exceptional quality.

All authors will receive an approved offprint of the publication for their own purposes. Circulating and copying these offprints does not violate the copyrights of the International Implant Foundation.

Protection of Patients' Rights to Privacy

Identifying information should not be published in written descriptions, photographs, sonograms, CT scans and pedigrees etc. unless the information is essential for scientific purposes and the patient (or parent or 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 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 send through e-mail 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 included in the manuscript.

ONLINE SUBMISSION

For Image Quality

- Submit good quality color images.
- Each image should be less than 400 kb in size. The size of the image can be reduced by decreasing the actual height and width of the images (keep up to 400 pixels or three inches).
- All image formats (jpeg, tiff, gif, bmp, png, eps, etc.) are acceptable; jpeg is most suitable.

For Hard Copies (to be submitted only after acceptance of the manuscript)

- Send sharp, glossy, unmounted, color photographic prints, with a height of four inches and width of six inches.

- Each figure should have a label pasted (avoid the 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 contributor(s) name(s). Do not write on the back of figures, scratch, or mark them by using paper clips.
- 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.

For Soft Copies (to be submitted only after acceptance of the manuscript)

- Use a CD. There should be no other document, file, or material on the disc other than the images.
- Label the disc with the first authors' name, the short title of the article, type of image (eg. jpeg, tiff), and file name.

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.
- When symbols, arrows, numbers, or letters are used to identify parts of the illustrations, identify and explain each one clearly in the legend.
- Explain the internal scale and identify the method of staining in photomicrographs.

CHECKLIST

Covering Letter

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

Authors

- Middle name initials provided
- Author for correspondence, with the e-mail address provided
- Number of contributors restricted as per the instructions
- Identity not revealed in the paper except 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 photographs, etc.)

Presentation and format

- Double spacing
- Margins 2.5 cm from all four sides
- Title page contains all the desired information
- Running title provided (not more than 60 characters)
- The abstract page contains the full title of the manuscript
- Abstract provided (about 150 words for case reports and 250 words for original articles)
- Structured abstract provided for an original article

- Key words provided (three or more)
- Introduction of 75-100 words
- Headings in title case (not ALL CAPITALS)
- References cited in square brackets
- References according to the Journals' instructions
- Punctuation marks checked

Language and grammar

- Uniformly American English
- Abbreviations spelled out in full for the first time of use
- Numerals from 1 to 10 spelled out
- Numerals at the beginning of the sentence spelled out

Tables and Figures

- No repetition of data in tables, graphs and 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