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Submission Guidelines

Guidelines for Authors

Who is an author?

The journal has adopted the standards of authorship recommended by ICJME and they are as follows:

1. Substantial contributions to the conception or design of the work; or the acquisition, analysis, or interpretation of data for the work (in particular workers from low or medium resource settings must be included); AND
2. Drafting the work or reviewing it critically for important intellectual content; AND
3. Final approval of the version to be published; AND
4. 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
5. An AI cannot be an author

If a contributor is not an author, who is acknowledged and how should they be acknowledged?

Many people assist in preparation and publication of a manuscript but do not meet the criteria for authorship. Such people and their work must be acknowledged. Some may be added after acceptance by the journal e.g. English language reviewers. Some may be for technical assistance, general advice, financial and material support.

The use of AI in preparing a manuscript must be disclosed, acknowledged and detailed in the title page of the manuscript.. Use of ghostwriters (which may be grounds for immediate rejection) and professional editorial services – medical writing services must also be acknowledged and the extent of their contribution detailed.

Acknowledgements should be included in the title page of the manuscript.

Responsibilities of an author

An author is:

- Responsible for advising the journal that they do not meet the criteria for authorship of a manuscript

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- Responsible for ensuring that no references cited have been retracted at the date of submission and any submitted revision unless the context of the retraction is important to the manuscript content.
- Responsible for ensuring that references are to the full published paper rather than an abstract wherever possible
- Responsible for ensuring that all nominated authors meet the criteria for authorship
- Responsible for advising the journal if they have any concerns about data integrity
- **Each author should provide a description of what each of them contributed towards the manuscript.**

Communication to all authors

Contact details for all authors should be provided as the journal undertakes to communicate with each author on the progress of the peer review follow submission on the manuscript.

Abstract format

The abstract should be consistent across all submissions to the journal and clearly state background/introduction, the aim, methods, results and conclusions from the work. In the methods section the type of study should be described. For example, a randomised controlled trial, a retrospective case control study, a prospective case control study, a clinical audit of cases, a case series or case report.

Discussion format

The discussion must be clear and concise and address the following framework.

1. Brief statement of the main findings from the study.;
2. Main strengths and main weaknesses of the study;
3. How this study's findings agree with previously published literature in this area, with particular reference to the most recent publications;
4. How this study's findings disagree with previously published literature in this area, with particular reference to the most recent publications, and why;
5. One brief paragraph on underlying mechanisms and trends that are important to the new information presented here.
6. Conclusions of the reported work (taking care to avoid overstating conclusion and to include a brief statement on
 - a. implications for practice (if any) and
 - b. implications for further research.



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Language

All manuscripts should be written in British English.

Research and publication ethics

A. Disclosure of Conflicts of Interest

A conflict of interest occurs when an individual's objectivity is potentially compromised by a desire for financial gain, prominence, professional advancement or a successful outcome. The Journal Editors strive to ensure that what is published in the Journal is as balanced, objective and evidence-based as possible. Since it can be difficult to distinguish between an actual conflict of interest and a perceived conflict of interest, the Journal requires authors to disclose all and any potential conflicts of interest.

Conflicts of interest may be financial or non-financial. Financial conflicts include financial relationships such as honoraria; educational grants; participation in speakers' bureaus; membership, employment, consultancies, stock ownership, or other equity interest; expert testimony or patent-licensing arrangements. Non-financial conflicts include personal or professional relationships, affiliations, academic competition, intellectual passion, knowledge or beliefs that might affect objectivity.

All authors submitting a manuscript must complete the declaration of the conflict of interest form, even if there are no conflicts of interest.

B. Research Approval

All manuscripts dealing with human subjects must include a statement that subjects provided informed consent and that the study was approved by an institutional review board. All manuscripts reporting animal experiments must include a statement in the Methods section that the care and use of laboratory animals complied with the guidelines of the animal utilization committee of the authors' institution and any national law on the laboratory animals. Any research that involves a clinical trial should be registered with a primary national clinical trial registration site, or other sites accredited by the WHO or the International Committee of Medical Journal Editors.

C. Policy on Duplicate Publication

Submitted manuscripts must not have been previously published or be under consideration for publication elsewhere.

Submission of manuscript

A. All documents are submitted on line

- a. Manuscript submission is only available through the on-line submission centre (<https://www.editorialmanager.com/fandr/default.aspx>)
- b. All manuscripts should be submitted as MS-Word files, and will be converted into PDF files on site. Authors will be requested to check the converted files before final submission for publication.

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B. Copyright Transfer

All authors must sign and send a copy of the journal's ["Copyright Transfer"](#) form. This form is to be submitted separately at the time of manuscript submission,

C. Covering letter to Editor-in-Chief or designee which includes the title of the study, the aim and the important findings in 3-4 sentences. It should include the category of the paper: original research, invited review, case report, technical note, guidelines, editorial, brief communication, letter to the editor

D. A separate title page (see below)

Authors are required to submit their manuscripts after reading the following instructions. Any manuscript that does not conform to the following requirements will be considered inappropriate and may be rejected.

General Requirements

- Word count can be up to 3000 words excluding references and abstract.
- For intervention trials, the trial registration number from the clinical trial registry of the country or other international trial registry should be provided. Trials initiated after April 2018 should have prospectively registered registration number. Manuscripts related to trials without a registration number will not be considered for publication.
- Manuscripts must be submitted as MS-Word files. The text should be typed in 12-point font and double-spaced with 2.5 margins all around.
- All pages should be numbered sequentially, starting from the abstract.
- Use continuous numbering throughout the text from the abstract.
- To facilitate blind peer review, submit the manuscript as two separate files; Title page and blinded manuscript. In the text of the manuscript, the name of any author or institution should not be included.
- Measurements should be presented in accordance with the International System of Units (SI).
- Abbreviations should be minimized. When necessary, spell out the full term at the first time it appears in the text, add the abbreviation in parentheses, and use the abbreviation thereafter.
- To cite a reference with an author in the text, insert the author's surname only (e.g., Brown). For a reference with two authors, list both names in the citation (e.g., Brown and Copper). For a reference with three or more authors, use 'et al.' (e.g., Brown et al)

1. Title page should include the following

- Title of the article, which should be concise and should convey the key message
- Type of manuscript (original research, editorial, systematic review, review, case report and letter to the editor)
- Running title or short title not more than 50 characters including an X abstract and X handle of the authors



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- The name of all authors – (Last name, First name and initials of middle name), with his or her highest academic degree(s) and institutional affiliation.
- The name of the department(s) and institution(s) to which the work should be attributed
- The corresponding author and contact details, email address.
- Clinical trials registry number (if applicable)
- Acknowledgements if any
- Financial disclosure which should include information about financial support in the form of grants, provision of equipment, consumables, staff costs
- If the manuscript was presented as part at a meeting, please mention the name of the organizer, place, and exact date on which it was read

2. Abstract

Each paper should start with an abstract not exceeding 300 words. The abstract should be structured in the following format: Introduction, Aims, Methods, Results and Conclusion.

Introduction: The rationale, importance, or objective of the study should be described briefly and concisely in one or two sentences.

Aims. The aims should be consistent with that stated in the Introduction

Methods: The procedures conducted to achieve the objective of the study should be described in details, together with relevant details concerning how data were obtained and analysed

Results: The most important results and analysis of the study should be presented in a logical manner with specific experimental data.

Conclusions: The conclusions derived from the results should be described in one or two sentences, and should be consistent with the results and aims of the study.

3. Keywords

Five (5) keywords should be inserted. Authors are recommended to use the MeSH database to find Medical Subject Heading Terms at <http://www.nlm.nih.gov/mesh/meshhome.html>.

4. Introduction

State briefly what is known in the background and then what is uncertain or hypothesis that led to the initiation of the study. Lead systematically to the hypothesis of the study, and finally, to a restatement of the objectives of the study. Do not include conclusions in the Introduction.

5. Methods

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Describe the study design. Include where applicable institutional review board approval, (human research and ethics committee approval), inclusion and exclusion criteria, study participants, source population, outcome measures, statistical methods, clinical trial registry number if applicable, sufficient explanations of the experimental methods to allow the work to be reproduced.

6. Results

This section should include detailed reports on the data obtained from the study. Present results in logical sequence in the text, tables, and illustrations, documenting the main or most important findings first. Do not repeat in the text all the data in the tables or illustrations; emphasize or summarize only important observations. Do not duplicate data in graphs and tables. Extra or supplementary materials (including data for sharing) and technical details can be included in supplementary information files.

7. Discussion

Data should be interpreted to demonstrate whether they affirm or refute the original hypothesis. Discuss elements related to the purpose of the study and present the rationale that supports the conclusion drawn by referring to relevant literature. The strength and limitations of the study should be included. A brief comment about future research directions can be made.

8. Conclusion

State in two to three sentences the conclusion of the study.

9. Supplementary information files (if any)

10. References

- The number of references is limited to 40 for original article and 10 for case report and technical note.
- The references in the References section of your paper should be listed alphabetically.
- All references must be cited in the text in the form of authors' names, e.g. (Dodds et al., 1941; Williams and Bannister, 1995).
- Non-published findings and personal communications should not be included in the list of references.
- References to journal articles should conform to the journal title abbreviations used in the Index Medicus.
- List names of all authors when six or fewer. When seven or more, list only the first three names and add et al..
- Authors should be listed by surname followed by initials.
- Examples of references are as follows:

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- A. Journal article
Dodds EC, Goldberg L, Lawson W, et al. Therapeutic effectiveness of orally administered estrogens. *J Clin Endocrinol*. 2005;87(12):2649-54.
- B. Book
Williams PL, Bannister LH, Berry MM, et al.. *Gray's Anatomy*. 38th ed. London: Churchill Livingstone; 1995: p. 861-2.
- C. Chapter in a book
Kaplan EB, Spinner M. Important muscular variations of the hand and forearm. In: Spinner M (editors). *Kaplan's Functional and Surgical Anatomy of the Hand*. Philadelphia: Lippincott; 1984: p. 335-49.
- D. For more on references, refer to the NLM Style Guide for Authors, Editors, and Publishers.

10. Table

- Tables should be numbered sequentially with Arabic numerals and given a brief title. Use capital letters for the first letter of each word in the title, except articles, prepositions, and conjunctions.
- Tables should be numbered in the order in which they are mentioned in the text.
- If an abbreviation is used in a table, it should be defined in a footnote below the table.
- For footnotes use the following symbols, in this sequence: *, †, ‡, §, ||, ¶, **, ††, ‡‡
- Tables should be understandable and self-explanatory, without references to the text.

11. Figure Legends

- Illustrations should be numbered in the order in which they are mentioned in the text (e.g., Fig. 1).
- Each illustration should have a brief and specific legend, which should be listed on a separate manuscript page after references.
- Staining techniques used should be described. Photomicrographs with no inset scale should have the magnification of the print in the legend.

12. Illustrations

- Papers containing unclear photographic prints may be rejected.
- Each figure should be prepared in a separate file.
- The name of an image file should correspond to the number of the figure. If a figure contains two or more photographs, they should be assigned an Arabic numeral followed by letters in the English alphabet (e.g., Fig. 1A, Fig. 1B).
- Submit illustrations on-line in JPEG, TIFF or EPS format. Do not embed images into the text file. Figures may be halftone photographs or black on white line drawings. Color images will be accepted only when essential. Remove any writing that could identify a patient.
- If a manuscript is accepted for publication, the journal will request high quality figures in TIFF or EPS format. When using a digital camera, set the resolution to a minimum of 300 ppi (pixels per inch), and set the size of the image to 5 x 7 in (127 x 178 mm). Color and

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grayscale images, such as radiographs, must have a minimum resolution of 300dpi, and line art drawings must have a minimum resolution of 1200 dpi.

- Any illustrations previously published should be accompanied by the written consent of the copyright holder.

13. Invited Review Articles

Review articles should focus on several topics of contemporary interest to the readership. Publication of these articles will be decided upon by the Editorial Board. This journal has three types of review article series; invited review, current opinion and recent advances series. These reviews should be written in the neutral point of view.

14. Case Reports

- Only New/interesting/very rare cases will be accepted.
- The case reports should be submitted as per the [CARE checklist](#).
- Word counts maximum 1000 words excluding references and abstract.
- Case reports must include Abstract, Introduction, Case Report, and Discussion.
- Abstract: The abstract should not exceed 150 words, and must be written in a single paragraph with no headings.
- Introduction: The reason for reporting the case should be stated in a clear and cohesive manner.
- Case Report: This section should include relevant elements, such as brief history, findings of the laboratory and imaging studies, and treatment.
- Discussion: Discussion should focus on the case and pertinent literature.
- References: References should not exceed 10.

15. Technical Notes

Technical notes should not exceed 1,500 words. The abstract should not exceed 150 words, and must be written in a single paragraph with no headings. The body of these manuscripts should consist of Introduction, Technique, Discussion, References, and Figures/Figure legends and tables (if applicable). References should not exceed 10. A maximum of 3 figures and 1 table are allowed.

16. Editorials

Editorials are invited by the editors and should be commentaries on articles published recently in the journal. Editorial topics could include active areas of research, fresh insights, and debates in the scope of the journal. Editorials should not exceed 1,000 words, excluding references, tables, and figures.

17. Brief Communications

Brief communications are short articles describing important clinical or experimental findings or great advances. A brief communication should be organized in the same way as original articles and should be limited to 1,500 words. The number of tables and figures in total should not exceed two.

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18. Letters to the Editor

The journal welcomes readers' comments on articles published recently in the journal and should be brief (up to 400 words, limit of four references) and include a short summary of the paper/s already submitted to the journal. Findings which require validation should not be included.

19. Special Reports

They are limited to 2,700 words excluding references, tables, and figures.

20. Guidelines.

21. Standards for reporting

For the specific study design, such as randomized control study, study of diagnostic accuracy, meta-analysis, observational study and non-randomized study, it is recommended for authors to follow the reporting guidelines listed in the following table.

The information presented in different types of manuscripts should conform to the checklist of guidelines specific to the study type, as shown in the following table:

Guidelines	Study type	Source
CONSORT	Parallel group randomised controlled trials	http://www.consort-statement.org
STROBE	Observational studies in epidemiology	https://www.strobe-statement.org/index.php?id=available-checklists
STARD	Studies of diagnostic accuracy	https://pubs.rsna.org/doi/full/10.1148/radiol.2015151516
SPIRIT	Standard protocol items for clinical trials	https://www.equator-network.org/reporting-guidelines/spirit-2013-statement-defining-standard-protocol-items-for-clinical-trials/
PRISMA	Systematic Reviews and Meta-analyses	http://prisma-statement.org/PRISMAStatement/Checklist.aspx
MOOSE	Meta-analyses of observation studies in epidemiology	https://www.equator-network.org/reporting-guidelines/meta-analysis-of-observational-studies-in-epidemiology-a-proposal-for-reporting-meta-analysis-of-observational-studies-in-epidemiology-moose-group/



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CARE	Case Reports	https://www.care-statement.org/checklist
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