Part I: Author Guidelines

1.0 Manuscript Submission Process

Section 1 outlines every step and requirement that authors must fulfill when submitting a manuscript to TORGJ. This ensures a smooth, transparent process and minimizes delays due to incomplete or improperly formatted submissions.

1.1 Submission Method and Communication

1. **Online Submission Portal vs. Email**
    - At launch, TORGJ is using a dedicated email-based submission system. All authors are required to first complete a manuscript submission checklist via the TORGJ website and afterwards files and required documents should be emailed to:
    - editorial@torgjournal.org
    - In the future, an Online Journal Management System (e.g., OJS) will be introduced. When active, the portal URL and log-in instructions will be posted on the TORGJ website (www.torgjournal.org).
2. **Subject Line Format**
    - To expedite processing, use the following email subject line format:
    - TORGJ Submission – [Manuscript Type] – [First Author Last Name] – [Keyword/Short Title]

Example:

TORGJ Submission – Original Research – Ahmed Hussain – Gluteal Injection Anatomy

3. **Cover Letter**
    - Every submission must include a brief Cover Letter (separate Word/PDF file) addressed to the Editor-in-Chief. It should contain:
        - A concise summary (2–3 sentences) of the study's novelty and relevance to TORGJ's scope.
        - A statement confirming that the manuscript is original, not under consideration elsewhere, and has not been published previously.
        - Disclosure of any prior conference presentations or preprint postings (if applicable).

- Contact information for the corresponding author (full name, affiliation, email, phone).

- If any co-authors have overlapping publications or potential conflicts, these should be noted.

4. **Submission Confirmation and Tracking**
   - Upon receipt, the Journal Secretary acknowledges submissions via email within 2–3 working days, assigning a unique Manuscript ID. (refer to the standalone TORGJ Reference Numbering + Manuscript ID Assignment Guidedocument)
   - This Manuscript ID must be referenced in all future communications (revisions, queries).
   - Authors may follow up after 10 working days if no confirmation has been received.

1.2 Submission Checklist

Authors must complete the TORGJ Submission Checklist online (see Section 3.2.1) to ensure all components are present. Submissions lacking any item on this checklist will be returned without review.

1.2.1 TORGJ Submission Checklist

(Authors: Tick each box before submitting)

- **Submission Cover Letter** (addressed to Editor-in-Chief)
- **Manuscript Body (Word .doc/.docx)** including:
  - Title page (see 3.3 below)
  - Abstract and Keywords
  - Main text (Introduction, Methods, Results, Discussion, Conclusion)
  - References (Vancouver style)
  - Figures/Tables (embedded or at end)
  - Ethics statements (IRB approval, informed consent)
- **Authorship & Contribution Statement** (detailing each author's CRediT roles)
- **Conflict of Interest Disclosure**
- **Funding Statement** (including grant numbers and sponsor details)
- **Data Availability Statement** (specifying repository or embargo status)
- **Plagiarism & AI-Use Declaration** (confirming similarity index < 19% and AI tool disclosure)
- **Supplementary Files** (if applicable), labeled clearly (e.g., "Supplementary_Table1.xlsx")

- **Figures as Separate High-Resolution Files** (if not embedded; 300 dpi minimum, TIFF/PNG preferred)
- **ORCID iDs for Each Author** (if available)
- **APC Waiver Request Form** (if waiver is being requested; see 3.6)

Note: If data are confidential (e.g., due to patient privacy), include a brief justification in the Data Availability Statement.

1.3 Authorship Criteria and Contribution Disclosure

1. **Authorship Criteria**
    - TORGJ follows the ICMJE definition of authorship:
        1. **Substantial contributions** to the conception or design of the work; or acquisition, analysis, or interpretation of data.
        2. **Drafting the work** or revising it critically for important intellectual content.
        3. **Final approval** of the version to be published.
        4. **Agreement to be accountable** for all aspects of the work.
    - All four criteria must be met by each listed author. Individuals who do not meet these criteria should be acknowledged in a separate Acknowledgments section.
2. **CRediT (Contributor Roles Taxonomy) Statement**
    - Authors must supply a brief CRediT Author Contribution statement, specifying roles such as:
        - Conceptualization
        - Methodology
        - Data Curation
        - Formal Analysis
        - Investigation
        - Writing – Original Draft
        - Writing – Review & Editing
        - Supervision
        - Project Administration
        - Funding Acquisition
    - Example:

- Author Contributions:
- A.B. Hussain: Conceptualization, Methodology, Writing – Original Draft, Supervision.
- C.D. Banerji: Data Curation, Formal Analysis, Writing – Review & Editing.
- E.F. Tesema: Investigation, Validation.
- G.H. Rawat: Resources, Visualization.

3. **Order of Authors**
   - The corresponding author is responsible for ensuring that the author order is correct and agreed upon by all authors.
   - Changes to author order after initial submission require written approval from all co-authors and a brief explanation to the Editor-in-Chief.
4. **Corresponding Author Responsibilities**
   - Handles all correspondence with the journal.
   - Ensures timely provision of required revisions, proofs, and responses.
   - Guarantees that all co-authors have approved the submitted version and comply with journal policies.
   - Discloses any potential conflicts of interest.

1.4 Declaration of Interests (Conflicts of Interest)

1. **Scope of Disclosures**
   - Financial interests: grants, consulting fees, stock ownership, honoraria, patents.
   - Non-financial interests: personal relationships, academic competition, intellectual passions, political or religious beliefs.
   - Any relationship or activity that could be seen as influencing the work.
2. **Conflict of Interest Declaration Form**
   - All authors must complete and sign TORGJ's Conflict of Interest (COI) Form (downloadable from the website).
   - The corresponding author compiles all disclosures and includes a concise Conflict of Interest Statement at the end of the manuscript.
   - Example statement:

     Conflict of Interest:

     - Dr. Hussain receives research funding from Alpha Medical Inc.

- Ms. Banerji has no conflicts to declare.
- Dr. Tesema serves on the advisory board of Beta Biotech.

3. **Editor/Reviewer Conflicts**
    - Editors and reviewers must recuse themselves from handling any manuscript for which they have a COI.
    - If an author believes a handling editor or reviewer has a conflict, they may submit a written request for reassignment to the Editor-in-Chief.

1.5 Funding Acknowledgment

1. **Funding Statement**
    - Clearly list all financial support sources (grant numbers, funding agencies, institutional support).
    - If no external funding was received, include the statement:
    - Funding: This work received no specific funding.
2. **Role of Funders**
    - If funders had any involvement in study design, data collection, analysis, interpretation, or manuscript writing, specify their role.
    - Example: Funding: This study was supported by the National Research Council Grant #12345. The funder had no role in study design, data collection, data analysis, interpretation, or preparation of the manuscript.
3. **Acknowledgments Section**
    - Acknowledgments should include individuals or institutions providing financial, technical, or material support who do not meet authorship criteria (e.g., language editing, statistical consultation).
    - Example:

      Acknowledgments: We thank Dr. A. Singh (Department of Biostatistics, University X) for assistance with statistical analysis. The authors also acknowledge the nursing staff at City Hospital for patient recruitment.

1.6 Article Processing Charges (APCs) and Waiver Requests

1. **APC Structure**
    - TORGJ is an **open-access** journal. APCs (effective from first issue):
        - Group A (Low-income): USD 20

- Group B (Lower-middle-income): USD 50
- Group C (Upper-middle-income): USD 75
- Group D (High-income): USD 100

- APCs cover editorial processing, typesetting, online hosting, DOI registration, and archiving.

2. **Waiver and Discount Policy**
   - Up to 2 full APC waivers per author per calendar year for Group A and B corresponding authors, based on:
     - Demonstrated financial hardship
     - Scientific merit and quality of the submission
     - Author must include a Waiver Request Form (downloadable from the website) that states:
       - Reason for waiver (e.g., no institutional support, country GDP per capita < threshold)
       - Brief description of budget constraints
       - Confirmation of no alternative funding sources
   - Partial discounts (50% – 75%) may be granted to authors from Group C countries at the Editor-in-Chief's discretion.
3. **Timing of APC Payment**
   - APC invoices are issued only after acceptance of the final manuscript.
   - Authors must pay or secure a waiver within 5-7 working days of the invoice date to enable publication.
   - Non-payment without an approved waiver may lead to indefinite publication delay or withdrawal.
4. **Transparency**
   - APC information, including breakdown of costs and waiver criteria, is publicly accessible on the TORGJ website under "For Authors → APC Information."
   - All APC payments are processed through a secure online payment gateway (credit/debit card, bank transfer, or institutional billing).

Summary Checklist for Submission Process

Prior to emailing your files, ensure that you have:

1. Drafted and attached a Cover Letter (3.1.3)

2. Completed the Submission Checklist (3.2.1)
3. Prepared the Manuscript Body (Word .doc/.docx) with all required sections
4. Created a Title Page including authorship details, affiliations, and ORCID iDs
5. Completed an Authorship & Contribution statement (3.3)
6. Signed and attached the Conflict of Interest Form (3.4)
7. Written the Funding Statement and Acknowledgments (3.5)
8. Prepared a Data Availability Statement
9. Included Ethics Approval documentation and Informed Consent statements
10. Attached the APC Waiver Request Form (if applicable)

Email all files in a single ZIP archive or as separate attachments, clearly labeled (e.g.,
– TORGJ_OR_2025_015_MainText.docx
– TORGJ_OR_2025_015_Fig1.tif
– TORGJ_OR_2025_015_CoverLetter.docx
– TORGJ_OR_2025_015_COI.pdf
– TORGJ_OR_2025_015_AuthorContrib.docx
– TORGJ_OR_2025_015_APCWaiver.pdf

Part II: Author Guidelines

Section 2: Manuscript Preparation Guidelines

Section 4 provides detailed instructions on how to prepare each element of a manuscript for submission to TORGJ. Adherence to these guidelines ensures consistency, readability, and timely progression through peer review and production.

2.1 Language and Style Requirements

1. **Language**
    - Manuscripts must be written in clear, concise, academic English.
    - Avoid idiomatic expressions, colloquialisms, and unexplained abbreviations.
    - Non-native English speakers are strongly encouraged to seek professional language editing (in-house or third-party) before submission.
2. **Manuscript Formatting**
    - **Font:** Times New Roman, 12-point for body text.

- **Line Spacing:** Double-spaced throughout, including references, tables, and figure legends.
- **Margins:** Minimum 2.5 cm (1 inch) on all sides.
- **Page Numbers:** Include page numbers in the bottom center (e.g., "Page 1 of 15").
- **Paragraphs:** Indent first line of each paragraph by 0.5 cm. Do not insert extra line breaks between paragraphs.
- **Section Headings:** Use a hierarchical numbering system (e.g., 1., 1.1, 1.1.1) for major sections and subsections.

3. **Terminology and Abbreviations**
   - Define all abbreviations at first mention (e.g., "Intensive Care Unit (ICU)"). Thereafter, use abbreviations consistently.
   - Standardize units of measurement using the International System of Units (SI).
   - Use British or American spelling consistently (e.g., "haemoglobin" vs. "hemoglobin"), but do not mix the two.
4. **Writing Style**
   - Use the active voice where possible ("We conducted a retrospective analysis…"). Minimal use of passive construction is acceptable for methods description.
   - Be precise and avoid overgeneralizations (e.g., "significant improvement" should be backed by statistical evidence).
   - Avoid gendered language; use "they/their" when gender is unspecified.
   - Use subheadings within Sections (e.g., in Methods: "Study Design," "Participants," "Statistical Analysis") for clarity.

2.2 Structure by Article Type

2.2.1 Original Research Articles

Word Limit: 4,000–6,000 words (excluding references)

Abstract: Structured (see 4.3)

1. **Title Page**
   - Title (no more than 15 words, clear and descriptive)
   - Short running title (≤ 50 characters)
   - Author names, degrees, and affiliations (numbered superscripts linking authors to institutions)

- Corresponding author's full mailing address, telephone, and email
- ORCID iDs for all authors (if available)

2. **Abstract (≤ 250 words)**
   - **Background/Objective:** 1–2 sentences outlining the rationale or hypothesis.
   - **Methods:** Study design, setting, participants, interventions, primary outcomes, and statistical approach.
   - **Results:** Key findings with numerical data (e.g., outcomes, effect sizes, confidence intervals).
   - **Conclusions:** Implications, relevance to clinical practice, or future research directions.
3. **Keywords**
   - Provide 3–6 keywords in alphabetical order. Use Medical Subject Headings (MeSH) terms where applicable.
4. **Main Text**

1. **Introduction** (approximately 10–15% of total word count)
   - Brief literature overview, knowledge gaps, study aim, and hypothesis.
2. **Methods**
   - **Study Design:** Prospective/retrospective, randomized, observational, etc.
   - **Setting and Participants:** Inclusion/exclusion criteria, recruitment strategy, sample size calculation (with justification).
   - **Interventions and Comparators:** Detail protocols, dosages, device specifications, surgical techniques.
   - **Outcome Measures:** Primary and secondary outcomes, definitions, measurement tools, and timelines.
   - **Data Collection and Management:** Data sources, data entry, quality checks, blinding procedures.
   - **Statistical Analysis:** Statistical tests used, software version, handling of missing data, significance level (e.g., $p < 0.05$).
   - **Ethical Approval:** IRB/IACUC name, approval number, and consent procedures (see Section 2).
3. **Results**
   - Present results in logical sequence, aligned with Methods.

- Use subheadings (e.g., "Participant Characteristics," "Primary Outcome," "Secondary Outcomes," "Adverse Events").
- Report numerical data (means ± SD, medians [IQR], percentages, p-values).
- Refer to Figures and Tables in-text (e.g., "Table 1," "Figure 2").

4. **Discussion**
   - Interpret findings in context of existing literature.
   - Discuss strengths and limitations of the study.
   - Implications for practice, policy, or future research.
   - Avoid repeating results in exhaustive detail.
5. **Conclusions** (≤ 200 words)
   - Concise statement summarizing key takeaways.
6. **Acknowledgments** (if applicable)
7. **Conflict of Interest**
8. **Funding Statement**
5. **References** (Vancouver style; see 4.5)
6. **Tables and Figures** (see 4.4)

2.2.2 Systematic Reviews and Meta-Analyses

Word Limit: 5,000–7,000 words (excluding references)

Abstract: Structured (≤ 250 words)

1. **Registration**
   - Provide registration number and registry name (e.g., PROSPERO, CRD4202xxxxx).
2. **PRISMA Checklist and Flow Diagram**
   - Include completed PRISMA checklist as Supplementary Material.
   - Incorporate a PRISMA flow diagram illustrating article selection.
3. **Main Text**

1. **Introduction:** Rationale, objectives, and research question(s).
2. **Methods:**
   - **Search Strategy:** Databases searched, search terms, limits (dates, languages), and period covered.

- **Selection Criteria:** Inclusion/exclusion criteria, screening process (two reviewers).
- **Data Extraction:** Variables extracted, data abstraction forms, measures to minimize bias (e.g., duplicate extraction).
- **Quality Assessment:** Tools used (e.g., Cochrane Risk of Bias, Newcastle–Ottawa Scale), inter-rater agreement.
- **Statistical Methods:** Meta-analysis model (fixed vs. random effects), heterogeneity assessment (I^2), publication bias (Egger's test, funnel plot).

3. **Results:**
   - Number of studies screened, included, and excluded (with reasons).
   - Characteristics of included studies (summarized in Table 1).
   - Quality assessment outcomes.
   - Quantitative synthesis (forest plots), subgroup analyses, sensitivity analyses.
   - Report heterogeneity statistics (I^2, τ^2).
4. **Discussion:**
   - Summarize main findings, compare with previous reviews, discuss limitations (e.g., heterogeneity, publication bias).
   - Implications for practice and further research.
5. **Conclusions**
6. **Funding, Conflicts, Acknowledgments**
4. **References** (Vancouver style)
5. **Figures and Tables** (e.g., forest plots, funnel plots; see 4.4)

2.2.3 Clinical Case Reports

Word Limit: 1,500–2,500 words (excluding references)

Abstract: Unstructured (≤ 150 words)

1. **Title Page**
   - Title reflecting novelty of case (e.g., "Rare Complication of XYZ Procedure: A Case Report").
2. **Abstract (≤ 150 words)**

- Single-paragraph summary including background, key clinical findings, and lessons learned.

3. **Keywords** (3–5)
4. **Main Text**

1. **Introduction:**
   - Brief context on condition, prevalence, and rationale for reporting.
2. **Case Presentation:**
   - Patient demographics (age, sex, relevant history).
   - Clinical assessment, diagnostic tests (laboratory, imaging), and timeline of events.
   - Interventions, surgical details, perioperative management.
   - Outcome and follow-up data.
   - If applicable, include patient perspective (brief quote with consent).
3. **Discussion:**
   - Compare with existing literature (e.g., number of reported cases).
   - Pathophysiology, differential diagnosis, lessons learned.
   - Implications for clinical practice.
4. **Conclusions** (brief paragraph)
5. **Patient Consent Statement:**
   - Confirm written informed consent for publication (with patient identifiers removed).
6. **Ethical Approval:**
   - Provide approval or exemption information, if required.

5. **References** (Vancouver style)
6. **Tables and Figures** (e.g., clinical images, imaging findings; see 4.4)

2.2.4 Protocols and Methodological Papers

Word Limit: 3,000–5,000 words (excluding references)

Abstract: Structured (≤ 250 words)

1. **Title Page**
   - Indicate “Protocol” in the title (e.g., “Protocol for a Randomized Controlled Trial of X”).

2. **Abstract (≤ 250 words)**
    - Background, Objectives, Methods, Expected Impact.

For submissions inquiries, or support:

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