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Contents

1	Double-Blind Peer Review and Editorial Process	6
1.1	Scope and Initial Evaluation:	6
1.2	Selection of Reviewers:	6
1.3	Review Process:	6
1.4	Final Review and Decision:	6
1.5	Post-Acceptance Process:	6
1.6	Total Publication Timeline:	6
1.7	Conflict of Interest:	6
1.8	Anonymity and Transparency:	6
1.9	Misconduct and Penalties:	6
1.10	Guest Editorials:	7
1.11	Open Access and Fees:	7
2	Publication Frequency	7
2.1	Open Access Policy	7
2.2	Archiving	7
2.3	Crossmark Policy Statement	7
2.4	Addendum	7
2.5	Erratum	7
2.6	Corrections	8
2.7	Retractions	8
3	Conflicts of Interest / Financial Disclosure	8
3.1	Disclosure of Conflicts:	8
3.2	Transparency of Data:	8
3.3	Reviewer Conflicts:	8
3.4	Publication of Conflicts:	8
4	Protection of Research Participants	8
4.1	Ethical Approval:	8
4.2	Research Integrity:	9
4.3	Informed Consent:	9
4.4	Animal Research:	9
4.5	Rs Principle:	9
4.6	Clinical Trials:	9
4.7	Transparency and Access:	9
5	Plagiarism Policy	10

5.1	Definition and Scope:	10
5.2	Prevention and Detection:	10
5.3	Consequences of Plagiarism:	10
6	Policies Related to the Use of AI in Manuscripts	10
6.1	Disclosure Requirement:	10
6.2	Authorship and AI:	10
6.3	Human Oversight:	10
6.4	Attribution of AI-Generated Content:	10
7	Repository Policy	11
7.1	Versions Permitted for Deposit:	11
8	Data Sharing Policy	11
8.1	Data Deposit and Accessibility:	11
9	Advertisement Policy	11
9.1	General Guidelines:	11
9.2	Liability and Indemnification:	11
9.3	Advertisement Content:	11
9.4	Digital Advertising:	11
9.5	Cancellation Policies:	12
9.5.1	Run-of-Site Banner Programs:	12
9.5.2	Flat Fee-based, SOV-based, or Fixed Placement Programs:	12
10	Appeals Process	12
10.1	Initiating an Appeal:	12
10.2	Appeals Committee Review:	12
10.3	Complaints Process	12
10.3.1	Filing a Complaint:	12
11	Authorship Criteria	12
11.1	Guidelines for Authorship:	12
11.2	Criteria to Qualify as an Author:	12
11.3	Additional Authorship Information:	13
12	Author Guidelines	13
12.1	Submission of Manuscripts	13
12.1.1	Originality and Exclusivity:	13
12.2	Online Submission	13
12.2.1	Account and Process:	13
12.3	Language	13

12.3.1	Usage:.....	13
12.4	Writing Style and Format.....	13
12.4.1	Text Specifications:	13
12.4.2	Submission Format According to the Type of Manuscript	14
12.5	Title and Keywords.....	14
12.5.1	Requirements:.....	14
12.6	Abbreviations.....	14
12.6.1	Usage:.....	14
12.7	Tables and Illustrations	14
12.7.1	Specifications:	14
12.8	References.....	15
12.8.1	Style and Formatting:	15
12.9	Units of Measurement and Drug Names.....	15
12.9.1	Standards:.....	15
13	Original Article Guidelines for LMJHCR	15
13.1	Abstract.....	15
13.1.1	Word Limit:	15
13.1.2	Content Structure:	15
13.2	Text Structure.....	15
13.2.1	The main body should adhere to the IMRAD format:.....	15
13.2.2	Introduction	15
13.2.3	Materials and Methods	16
13.2.4	Results	16
13.2.5	Discussion	17
13.2.6	Conclusion.....	17
13.2.7	General Formatting and Submission	17
13.3	Copyright Notice.....	17
13.3.1	Creative Commons License:	17
13.3.2	Sharing Permissions:	18
13.3.3	Adaptation Permissions:.....	18
13.3.4	Attribution:.....	18
13.3.5	Restrictions:.....	18
14	Privacy Statement.....	18
14.1	Use of Personal Information:	18
14.2	Privacy:.....	18



15	Author Fees	18
15.1	Fee Structure:	18
16	Waiver Policy	18
16.1	Policy Statement:	18
16.2	Eligibility for Waivers:	19
16.3	Detailed Waiver Policy	19
16.3.1	Application Process:	19
16.3.2	Review of Applications:	19
16.3.3	Notification:	19
17	Hard Copies	19
17.1	Provision of Hard Copies:	19
17.2	Fee for Hard Copies:	19
17.3	Requesting Hard Copies:	19

LMMJ

1 Double-Blind Peer Review and Editorial Process

1.1 Scope and Initial Evaluation:

All manuscripts submitted to the Link Medical Journal of Health and Community Research (LMJHCR) are initially assessed by the editorial team at Link Medical Interface, Lahore. This evaluation, which typically takes 1-2 days, verifies the manuscript's alignment with the journal's scope and its originality.

1.2 Selection of Reviewers:

The Editorial Board selects reviewers based on their qualifications and expertise in the relevant field. Manuscripts are reviewed by two external experts who are not affiliated with the journal's organization to maintain impartiality.

1.3 Review Process:

Reviewers are given seven days to complete their review. Depending on their feedback, manuscripts may be returned to the authors for major or minor revisions. Authors are expected to resubmit the revised manuscript within 14 days for minor revisions or 30 days for major revisions, although extensions can be granted upon request.

1.4 Final Review and Decision:

The revised manuscript is reviewed again by the initial reviewers. If the two reviewers disagree, a third reviewer may be consulted, or the Editor may make the final decision. The decision to accept or reject the manuscript is made within two days following the final review.

1.5 Post-Acceptance Process:

Once a manuscript is accepted, it undergoes final copy editing, English proofreading, and verification of article processing charges, if applicable. The accepted manuscript is typically published within three days of acceptance.

1.6 Total Publication Timeline:

The entire publication process is designed to be completed within 15-30 days from the submission date.

1.7 Conflict of Interest:

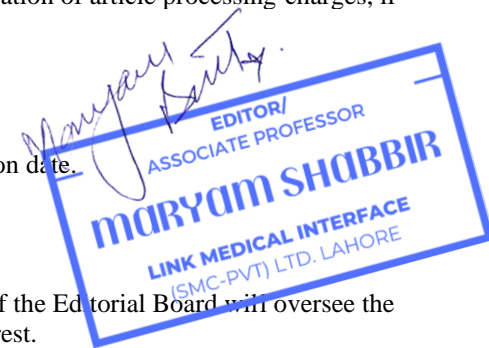
In cases of potential conflict of interest related to a specific manuscript, an alternative member of the Editorial Board will oversee the peer review process. Reviewers, authors, and editors must declare any potential conflicts of interest.

1.8 Anonymity and Transparency:

Reviewers remain anonymous throughout the review process to ensure impartiality. The pre-publication history of articles will not be disclosed to maintain confidentiality.

1.9 Misconduct and Penalties:

Falsification of information by authors or reviewers, such as providing false names or email addresses, will lead to manuscript rejection and may result in further penalties under the journal's misconduct policy. Allegations of misconduct will be investigated according to COPE guidelines.



1.10 Guest Editorials:

Guest editorials are internally reviewed by the Editor-in-Chief or an appointed Editor and subsequently reviewed by an external guest editor for a final decision.

1.11 Open Access and Fees:

LMJHCR operates as an open access journal, and article processing charges (APCs) may apply. These fees are clearly communicated to authors before final acceptance.

2 Publication Frequency

The Link Medical Journal of Health and Community Research (LMJHCR) is published bi-annually by Link Medical Interface, Lahore.

2.1 Open Access Policy

LMJHCR is an open access journal. All articles are freely available online immediately upon publication. The journal's content is released under the Creative Commons Attribution License (CC BY), which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

2.2 Archiving

LMJHCR employs a Long-term Preservation and Archiving (LPTA) strategy to ensure data continuity. The journal utilizes the LOCKSS network, managed by PKP Private, to distribute and preserve files across a network of participating libraries. Each article is assigned a separate DOI for easy retrieval and reference.

2.3 Crossmark Policy Statement

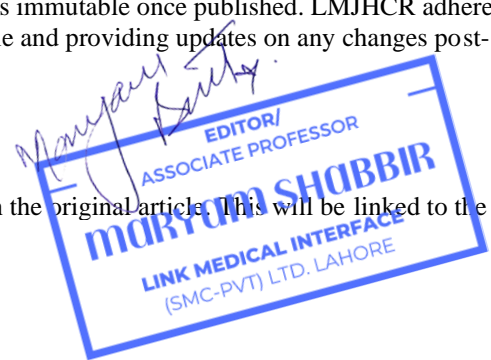
All articles published in LMJHCR receive a DOI and are part of the permanent scholarly record. Articles may be revised or updated by publishing new versions, which are added to the article's history. Each version is immutable once published. LMJHCR adheres to the CrossMark policy, helping readers identify the most current version of an article and providing updates on any changes post-publication.

2.4 Addendum

An Addendum may be published to incorporate critical results that were omitted in the original article. This will be linked to the original publication and included in the current journal issue.

2.5 Erratum

An Erratum is issued for significant errors like incorrect formatting or errors in the author list that could impact the scientific integrity of the publication. Spelling or grammatical mistakes are typically not corrected post-publication unless they affect the reader's understanding.

A handwritten signature in blue ink is written over a blue rectangular stamp. The stamp contains the text: 'EDITOR/ ASSOCIATE PROFESSOR', 'MARYAM SHABBIR', 'LINK MEDICAL INTERFACE', and '(SMC-PVT) LTD. LAHORE'.

2.6 Corrections

Authors may request name changes post-publication via the Editorial Office. Such updates will be reflected in the article metadata without notifying co-authors or issuing an Erratum. Scientifically significant errors are addressed through a Correction notice, linked to the original article and detailed on the abstract page.

2.7 Retractions

Retractions are issued in accordance with COPE guidelines for serious issues like ethical breaches or data errors that compromise the article's integrity. Retracted articles are marked but remain online to maintain the integrity of the scientific record. Partial retractions are issued if only specific portions of the paper are compromised. Full article removal is reserved for extreme cases, such as legal issues or substantial harm potential.

3 Conflicts of Interest / Financial Disclosure

3.1 Disclosure of Conflicts:

All authors must disclose any potential conflicts of interest that might influence their work. This includes, but is not limited to, financial interests such as employment, consultancies, stock ownership, honoraria, paid expert testimonies, patent applications/registrations, and travel grants that occurred within three years of beginning the work submitted.

3.2 Transparency of Data:

Authors funded by organizations must provide a statement declaring that they had full access to the data and take full responsibility for the integrity and accuracy of the data analysis. This statement should accompany the manuscript submission.

3.3 Reviewer Conflicts:

Reviewers must also disclose any conflicts of interest that could affect their impartiality in reviewing a manuscript.

3.4 Publication of Conflicts:

All conflicts of interest, grant support, and financial disclosures will be published alongside the relevant articles to maintain transparency.

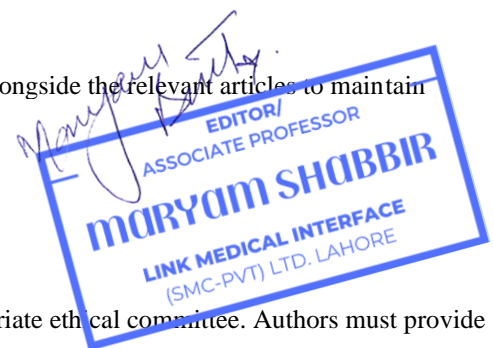
4 Protection of Research Participants

4.1 Ethical Approval:

All research involving humans or animals must have prior approval from an appropriate ethical committee. Authors must provide an ethical approval certificate at the time of manuscript submission.

Research involving human participants must adhere to the latest version of the Helsinki Declaration as revised by the World Medical Association (WMA). It is imperative that studies conform to these international standards for conducting medical research.

For studies involving animals, authors must follow the WMA Declaration on animal use, the International Association of Veterinary Editors' guidelines on animal ethics and welfare, and the NIH Guide for the Care and Use of Laboratory Animals.



4.2 Research Integrity:

LMJHCR endorses the principles of research integrity, including objectivity, honesty, openness, fairness, accountability, and stewardship, as outlined by the Committee on Publication Ethics (COPE). Alleged misconduct will be handled in accordance with COPE standards.

4.3 Informed Consent:

Authors must ensure that informed consent has been obtained for all identifiable personal information used in their submissions, in compliance with data protection and privacy laws. This includes informed consent for the use of case details, images, or any identifiable health information.

4.4 Animal Research:

Authors must declare that all applicable legal and ethical regulations concerning the humane treatment of animals used in studies have been followed.

Methods sections should clearly describe steps taken to minimize pain or discomfort and include detailed information about animal care.

4.5 Rs Principle:

LMJHCR advocates for the 3Rs principle in research involving animals:

Replacement: Use alternative methods to avoid or replace the use of animals.

Reduction: Reduce the number of animals used in experiments.

Refinement: Employ methods that minimize suffering and improve animal welfare.

4.6 Clinical Trials:

Consistent with the ICMJE recommendations, all clinical trials must be registered in a publicly accessible international trial registry that meets the ICMJE's criteria. This ensures transparency and accessibility of trial information.

The trial registry should be free, open to all registrants, managed by a credible organization, and searchable electronically.

Essential details to be registered include the unique trial number, intervention and comparison descriptions, study hypothesis, primary and secondary outcomes, eligibility criteria, key trial dates, participant numbers, funding sources, and principal investigator contact information.

Authors must include the clinical trial registration number in their manuscript.

4.7 Transparency and Access:

Participants in clinical trials should be informed that their contributions are crucial for advancing medical knowledge and improving health care. The results of such trials should be publicly accessible to ensure that this knowledge can aid in better healthcare decision-making.



5 Plagiarism Policy

5.1 Definition and Scope:

Plagiarism involves presenting another's language, text, thoughts, ideas, or expressions as one's own original work. This includes self-plagiarism, such as duplicate publication, content recycling, and salami slicing.

5.2 Prevention and Detection:

LMJHCR utilizes TURNITIN to check the similarity index of submitted manuscripts. A similarity index greater than 50% will result in automatic rejection without further review.

The Higher Education Commission (HEC) of Pakistan requires a similarity index of less than 20% for a manuscript to be considered authentic. Authors are encouraged to submit a TURNITIN similarity report as a supplementary file if previously checked.

5.3 Consequences of Plagiarism:

If plagiarism is detected post-publication, the article will be retracted, and the authors may face a permanent or temporary ban from submissions to LMJHCR. The author's institution may also be notified for further action.

Detected plagiarism prior to publication will lead to immediate rejection of the manuscript, and the authors may be barred from submitting any future work to LMJHCR for a specified period.

6 Policies Related to the Use of AI in Manuscripts

6.1 Disclosure Requirement:

Authors must disclose the use of AI-assisted technologies in their manuscript preparation. This includes technologies like chatbots or image generators. Such disclosures should be clearly stated in the methodology section or as a separate statement in the manuscript.

6.2 Authorship and AI:

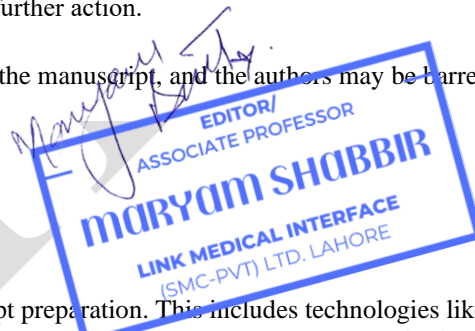
AI tools, algorithms, or systems must not be credited as authors of the manuscript. Authorship should reflect the contributions of human researchers who have significantly engaged in the conceptualization, execution, and interpretation of the research.

6.3 Human Oversight:

Authors are responsible for overseeing the entire manuscript preparation process, ensuring that AI-generated content is appropriate and accurate. Authors must also ensure the manuscript is free from plagiarism and adheres to ethical standards.

6.4 Attribution of AI-Generated Content:

Any content generated or significantly influenced by AI must be clearly attributed in the manuscript. Authors should indicate which parts of the manuscript were assisted by AI, including citations or references to the algorithms, datasets, or software utilized.



7 Repository Policy

7.1 Versions Permitted for Deposit:

Authors are permitted to deposit all versions of their manuscript—preprint, author’s accepted manuscript, and version of record—into an institutional or subject repository without any embargo.

8 Data Sharing Policy

8.1 Data Deposit and Accessibility:

Authors are encouraged to submit their research data to a public repository. Authors should include information or links to the data in a dedicated section at the end of the manuscript to facilitate data sharing and transparency.

9 Advertisement Policy

9.1 General Guidelines:

All advertisements submitted to the Link Medical Journal of Health and Community Research (LMJHCR) are subject to approval by the journal's management, which reserves the right to reject or cancel any advertisement at any time.

Advertisements are published on the warranty by the agency and advertiser, confirming their authorization to publish the contents and subject matter of the advertisement.

9.2 Liability and Indemnification:

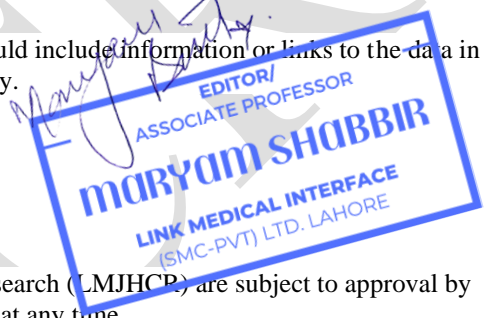
Advertisers and their agencies agree to indemnify and hold harmless LMJHCR, its officers, agents, and employees against any expenses and losses arising from claims related to the advertisement’s content. LMJHCR is not responsible for any failure to publish an advertisement but will attempt to accommodate such advertisements in subsequent available spaces.

9.3 Advertisement Content:

All advertisements must clearly identify the advertiser. Any use of LMJHCR’s name or reference to its products or services in promotional materials must receive prior written approval from LMJHCR. Pharmaceutical advertisements must include the chemical, generic, or official name and quantity of all active substances, along with the recommended dosage. Compliance with all applicable laws, rules, and regulations is mandatory.

9.4 Digital Advertising:

Digital advertisements that involve the use of LMJHCR trademarks or copyrighted material must be pre-approved by LMJHCR. Unauthorized linking to or from LMJHCR’s website is prohibited. The use of technology for collecting personally identifiable information through advertisements (e.g., pixels, cookies) is strictly prohibited.



9.5 Cancellation Policies:

9.5.1 Run-of-Site Banner Programs:

Cancellations must be made in writing and can be done without penalty 21 days before the campaign start date. Cancellations within 21 days incur a penalty of 50% of the reserved campaign amount.

9.5.2 Flat Fee-based, SOV-based, or Fixed Placement Programs:

Cancellations must be made in writing 30 days prior to the campaign start date without penalty. Cancellations made 30 to 15 days before the start incur a 50% penalty, and those made within 14 days of the start date incur a 100% penalty.

10 Appeals Process

10.1 Initiating an Appeal:

Readers, authors, reviewers, or any other individuals may submit a formal appeal regarding issues such as conflicts, delays in review or publishing, article processing charges, or manuscript rejection. Appeals should be sent to the Chief Editor at editor@lmjhcr.com.

10.2 Appeals Committee Review:

The Appeals Committee, composed of members from the Editorial Board or Advisory Board, will examine and investigate the case. This committee is tasked with providing recommendations to the Editorial Board, which will make the final decision.

10.3 Complaints Process

10.3.1 Filing a Complaint:

Complaints concerning publication misconduct by an author, a reviewer, or any member of the Editor or Editorial Board should be sent in writing to the Chief Editor via editor@lmjhcr.com. The Complaints Process Committee, part of the Editorial Board or Advisory Board, will investigate these issues and suggest a course of action to the Editorial Board.

11 Authorship Criteria

11.1 Guidelines for Authorship:

LMJHCR adheres to the International Committee of Medical Journal Editors (ICMJE) guidelines for authorship, which define significant intellectual contributions to a work as necessary for authorship.

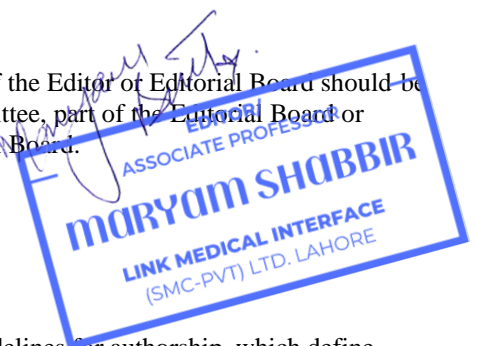
11.2 Criteria to Qualify as an Author:

Substantial contributions to the conception or design of the work, or the acquisition, analysis, or interpretation of data.

Drafting the work or revising it critically for important intellectual content.

Final approval of the version to be published.

Agreement to be accountable for all aspects of the work, ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.



11.3 Additional Authorship Information:

Authorship should not be justified by mere provision of funding, data collection, or general project management. These contributions may be acknowledged differently.

The corresponding author must ensure all listed authors meet the authorship criteria and are listed in the correct order at the time of submission. Changes to authorship after submission are not permitted.

In cases of large, multi-center studies, the primary authors who take responsibility for the manuscript should be clearly identified. The full criteria for authorship should be met by these individuals.

Contributions from all authors will be listed alongside the published document, and any disputes regarding authorship will be resolved by the Editorial Board in accordance with ICMJE and COPE norms.

12 Author Guidelines

12.1 Submission of Manuscripts

12.1.1 Originality and Exclusivity:

Only original manuscripts that have not been published elsewhere or submitted for publication elsewhere will be considered.

Submissions must be made through the journal's online submission system.

12.2 Online Submission

12.2.1 Account and Process:

Corresponding authors must either register or log into an existing account on our website.

The submission process consists of a straightforward 5-step procedure.

Manuscripts must be blinded: remove all identifying information including authors' names, affiliations, or locations from the manuscript text; this information should instead be included in the metadata.

Supplementary files, such as data sets or fee documents, can be uploaded as needed.

12.3 Language

12.3.1 Usage:

Manuscripts must be submitted in English. Both British and American English are acceptable, though British English is preferred.

12.4 Writing Style and Format

12.4.1 Text Specifications:

Text should be in Times New Roman, size 12, justified alignment, with 1.0 line spacing.



Tables and illustrations should be placed within the text at the appropriate points, not at the end.

12.4.2 Submission Format According to the Type of Manuscript

Review Article: Up to 3500 words, excluding references.

Original Article: Up to 2500 words, excluding a structured abstract of 250 words and a minimum of 20 references.

Case Report: Should include an Abstract, Introduction, Case Report, Discussion, and Conclusion.

Short Report: Should include an Abstract, Introduction, Patients Methods and Results, and Conclusion.

Special Communication: Should include an Abstract, Introduction, Methods and Results, and Conclusion.

Short Reports/Communications/Case Reports: Up to 1250 words, excluding title page and an unstructured abstract of 150 words, with no more than two tables or figures and 10 references.

Letters to the Editor: Up to 250 words if referencing a recent journal article, or 400 words otherwise, with no more than five references and one table or figure.

12.5 Title and Keywords

12.5.1 Requirements:

Titles should reflect the study design, objectives, and variables, and provide information about the population's characteristics and geographic location.

Use simple, specific titles without abbreviations.

Include 5-10 keywords, selectable from the Medical Subject Headings (MeSH) at [MeSH Browser](#).

12.6 Abbreviations

12.6.1 Usage:

Use only standard abbreviations; define each abbreviation upon its first appearance in the text.

Commonly recognized abbreviations may be used without definition.

12.7 Tables and Illustrations

12.7.1 Specifications:

No limit on the number of tables and illustrations as long as they are necessary and relevant to the content.

Each table and illustration should be self-explanatory and include a descriptive legend.

High-quality graphics are required; graphs and charts should be submitted in an editable format.



Cite the source for any tables or illustrations adapted from published works, and obtain permission for reproduction where necessary.

12.8 References

12.8.1 Style and Formatting:

Follow the Vancouver citation style.

References should be numbered consecutively in the order in which they are first mentioned in the text.

List up to six authors per citation; use "et al." for additional authors.

Abbreviate journal titles according to the style used in the Index Medicus/Medline/PubMed/NLM Catalogue.

12.9 Units of Measurement and Drug Names

12.9.1 Standards:

Use International System of Units (SI) wherever possible.

Refer to drugs by their generic names; brand names may be included in parentheses if necessary.

13 Original Article Guidelines for LMJHCR

13.1 Abstract

13.1.1 Word Limit:

Typically 250 words; up to 350 words in exceptional cases.

13.1.2 Content Structure:

Background: Briefly introduce the problem or area of research interest, including specific objectives.

Methods: Describe the study design, duration, setting, population, sampling methods, data collection, and analysis plans.

Results: Summarize the key findings of the study.

Conclusion: Provide a concise interpretation of the results.

13.2 Text Structure

13.2.1 The main body should adhere to the IMRAD format:

13.2.2 Introduction

13.2.2.1 Content Requirements:

Detail quantitative data related to the study variables and objectives, such as disease prevalence, incidence, or metrics of health-related events.



Describe data sources ranging from global to local studies.

Clearly state the research problem, knowledge gap, research question, objectives, hypotheses, and the significance of the study.

13.2.3 Materials and Methods

13.2.3.1 Detailed Descriptions Required:

Study Design: Specify the type (e.g., cross-sectional, case-control, cohort, trial), including the academic or professional department and institution, city, and country.

Study Duration: Include the exact duration with day, month, and year.

Ethical Considerations: Mention approvals from the institutional review board and ethical committee, including patient consent.

Population & Sampling: Define the study population and explain the sampling size calculation and techniques. Detail the inclusion and exclusion criteria.

Equipment and Procedures: Describe all procedural steps from enrollment to discharge, including interventions and equipment used, with specifications.

13.2.3.2 Data Collection Plan

Methods:

Outline methods like literature surveys, questionnaires, interviews, and observations.

Discuss how the questionnaire was developed and pretested (e.g., Cronbach's alpha).

Describe the transformation of qualitative data into quantitative measures.

Avoid Common Pitfalls in Questionnaire Design: Avoid double-barreled, leading, memory-dependent, emotionally charged, overly personal, and technically complex questions.

Data Analysis Plan:

Statistical Analysis:

Describe descriptive and inferential statistical methods.

Detail how the data was prepared for analysis.

Explain the procedures for hypothesis testing and parameter estimation.

Note any software or calculators used for analysis.

13.2.4 Results

Participant Details: Include total number and demographic breakdown, dropouts, and follow-up details.



Descriptive Analysis: Present a thorough analysis as per the plan, including counts, percentages, means, medians, and ranges.

Estimation of Parameters: Provide confidence intervals and estimates for key statistics.

Hypothesis Testing: Detail the outcomes of statistical tests.

13.2.5 Discussion

Synthesize Findings: Compare your results with both local and global studies, focusing on similar findings and variances.

Data Interpretation: Discuss findings strictly based on empirical data and avoid speculative conclusions.

Study Context: Relate findings to the broader literature, specifying study details for comparisons.

13.2.6 Conclusion

13.2.6.1 Summarize Key Findings:

Reflect on the research objectives and the main outcomes.

13.2.6.2 Clarity and Speculation:

Avoid ambiguous statements and unfounded conclusions.

13.2.6.3 Recommendations:

Optionally, provide suggestions for future research or practical applications based on the findings.

13.2.7 General Formatting and Submission

13.2.7.1 Language:

Manuscripts should be submitted in clear English, with preference for British English, though American English is acceptable.

13.2.7.2 Typography:

Use Times New Roman, size 12, justified, with 1.0 line spacing.

13.2.7.3 Figures and Tables:

Integrate within the text at relevant points and ensure high-quality graphics.

13.3 Copyright Notice

13.3.1 Creative Commons License:

This work is licensed under the Creative Commons Attribution-NonCommercial 4.0 International License.



13.3.2 Sharing Permissions:

Readers may copy and redistribute the material in any medium or format.

13.3.3 Adaptation Permissions:

Readers may remix, transform, and build upon the material for any non-commercial purpose.

13.3.4 Attribution:

Appropriate credit must be given to the original author and source, a link to the license must be provided, and if changes were made, they must be indicated.

13.3.5 Restrictions:

The material cannot be used for commercial purposes. Additionally, users cannot apply legal terms or technological measures that legally restrict others from doing anything the license permits.

14 Privacy Statement

14.1 Use of Personal Information:

The names and email addresses entered on this journal site will be used exclusively for the specified purposes of LMJHCR.

14.2 Privacy:

Personal information provided will not be made available for any other purpose or to any other party.

15 Author Fees

15.1 Fee Structure:

Article Processing Fee: There is no fee for processing articles submitted to LMJHCR.

Article Publication Fee:

National: Rs 10,000 per article.

International: 50 USD per article.

16 Waiver Policy

16.1 Policy Statement:

LMJHCR is committed to ensuring that fees do not hinder the publication of valuable work.

A handwritten signature in blue ink, 'Maryam Shabbir', is written over a blue rectangular stamp. The stamp contains the text: 'EDITOR/ ASSOCIATE PROFESSOR', 'MARYAM SHABBIR', 'LINK MEDICAL INTERFACE', and '(SMC-PVT) LTD. LAHORE'.

16.2 Eligibility for Waivers:

- Authors who are unable to afford the publication fees can request a full or partial waiver.
- Requests for waivers must be made at the time of submission and will be considered on a case-by-case basis.
- Authors need to provide a brief statement of financial need and, if applicable, proof of lack of funding.
- Consideration for waivers will not influence the review process or acceptance of the article.

16.3 Detailed Waiver Policy

16.3.1 Application Process:

Authors requesting a waiver should submit a written application to the editor at the time of their submission.

The application should include:

A statement explaining the reason for the waiver request.

Supporting documents demonstrating financial hardship or lack of institutional funding.

16.3.2 Review of Applications:

The waiver requests are reviewed confidentially by the journal's financial committee.

Decisions are based on the financial status of the author(s), funding availability, and the scientific merit of the work submitted.

16.3.3 Notification:

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