

Instructions to the Authors

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Contributors are requested to read the instructions of the journal very carefully and follow them.

Aim and Scope

International Journal of Environmental Health Engineering (IJEHE) is an open access, multidisciplinary, peer-reviewed journal publishing high-quality articles in English in all areas related to Environmental sciences, environment and human health, ecological effects of pollutants in water, air, and soil environments including: toxic effects of environmental agents on humans and animals and interrelationships between the environment and human health, distribution and ecological effects of pollutants in water, air, and soil environments, Treatment processes for surface and ground waters and municipal, agricultural and industrial wastewaters, including residuals management, point and non-point sources of pollution, water quality standards and the analysis, monitoring and assessment of water quality by chemical, physical and biological methods, hazardous, industrial and municipal solid waste management, and remediation and bioremediation of pollutants, mathematical application and modeling techniques, public health and risk assessment, and occupational health, epidemiologic studies, risk assessment, relevant ethical, legal, social, environmental justice, and policy topics, longitudinal human studies, in vitro and in vivo animal research with a clear relationship to human health, and environmental medicine case reports and new techniques for their study and measurement

The journal welcomes the submission of **original research articles, reviews, and Letter to Editor** that meet the general criteria of significance and academic excellence.

Readership

Environmental health and engineering practitioners, Environmental epidemiologist, Medical practitioners, Environmental toxicologists, Civil engineers, Food safety and Health practitioners.

Submission process

Manuscripts Submission is acceptable only via Journal URL: <http://www.journalonweb.com/ijehe> and <http://www.ijehe.org>

IJEHE Publication Fee

All manuscripts (original articles, review articles, brief reports, and case reports) except for “letter to the editor” go through manuscript payment phase.

The publication fee as following Tables should be paid after accepting the manuscript and it is payable to the MedKnow publisher account.

Article Type	Word Limit	Max Number of Tables and Figures	Article Processing Fee	Extra Payment per 600 Words
Original Article	3500	5	300\$	50\$
Review Article	6000	Unlimited	300\$	50\$
Brief Report	1000	2	150\$	50\$
Letter to Editor	500	1	Free	-

For Iranian authors, because of sanctions and money transfer problems, the journal also accepts the Iranian Rial (IRR).

Article Type	Word Limit	Max Number of Tables and Figures	Article Processing Fee	Extra Payment per 600 Words
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Original Article	3500	5	10,000,000 IRR	2,000,000 IRR
Review Article	6000	Unlimited	10,000,000 IRR	2,000,000 IRR
Brief Report	1000	2	5,000,000 IRR	2,000,000 IRR
Letter to Editor	500	1	Free	-

Peer review process

Image: Top

International Journal of Environmental Health Engineering respects the scientific submission of its authors and believes in following a double-blind peer review process. All manuscripts are considered to be confidential. They are double-blind peer-reviewed by at least 3 anonymous reviewers selected by the Editorial Board. Reviewers' comments will be discussed by the Editorial Board, and then they will be sent to the corresponding author to consider the necessary actions and responses. The revised manuscript will then be evaluated by the Editorial Board, and the final decision of the Editor-in-Chief will be sent to the corresponding author. A significant effort from the author and the journal perhaps enables to strike an equilibrium to meet the professional expectations of the peers in the world of scientific publication.

Paper preparation (Manuscript submission)



[1] Title Page / First Page / Covering Letter

This file should provide:

1. The type of manuscript (review article, original article, brief communication, case report, letter to the editor, etc.), title of the manuscript, running title, names of all authors / contributors (with their highest academic degrees, designation and affiliations) and name(s) of department(s) and/or institution(s) to which the work should be credited (without the name of schools/ faculties and postal details like buildings, etc.). All information which can reveal your identity should be here. Use text / doc files. Do not zip the files;
2. Source(s) of support in the form of grants, equipment, drugs, or all of these;
3. Acknowledgment(s), if any. One or more statements should specify 1) contributions that need acknowledging but do not justify authorship, such as general support by a departmental chair; 2) acknowledgments of technical help; and 3) acknowledgments of financial and material support, which should specify the nature of the support. This should be included in the title page of the manuscript and not in the main article file;
4. A full statement to the editor about all submissions and previous reports that might be regarded as redundant publication of the same or very similar work. Any such work should be referred to specifically, and referenced in the new paper. Copies of such material should be included with the submitted paper, to help the editor decide how to handle the matter;
5. Registration number in case of a clinical trial and where it is registered (name of the registry and its URL);
6. "Conflicts of Interest" of each author / contributor. A statement of financial or other relationships that might lead to a conflict of interest, if that information is not included in the manuscript itself or in an authors' form;
7. A statement that the manuscript has been read and approved by all the authors, that the requirements for authorship as stated earlier in this document have been met, and that each author believes that the manuscript represents honest work, if that information is not provided in another form (see below); and
8. The name, address, **academic** e-mail, and telephone number of the corresponding author, who is responsible for communicating with the other authors about revisions and final approval of the proofs

Types Of Manuscripts



Type of Manuscripts	Review article	Original article	Brief communication	Case report	Letter to the Editor
Including ...	Meta-analysis Systematic review Narrative review	Randomized controlled trials, intervention studies, pharmacy practice, outcome studies, case-control series, medication utilization studies, cost-effectiveness studies, and surveys with high response rate	Like as "Original articles"	New, interesting and really rare cases with a clear rational of its report	These should be short and including decisive observations
Word count limitation (including Abstract, and References)	5000	3000 - 3500	2000	1500	500
Headings	Abstract (un-structured), Keywords, Introduction, Methods, Results, Conclusion, References, Table and Figure legends	Abstract, Keywords, Introduction, Methods, Results, Discussion, References, Table and Figure legends (Do not divide the Introduction, Methods, Results and Discussion into various sub-headings)	Like as "Original articles"	Abstract (un-structured), Keywords, Introduction, Case report, Discussion, Reference, Tables and Legends	To the Editor
Abstract	Up to 250 words; un-structured	Up to 250 words; structured as: Objective, Methods, Results, Conclusion	Up to 200 words; structured as: Objective, Methods, Results, Conclusion	Up to 200 words; un-structured	-
References	Unlimited	Up to 30	Up to 12	Up to 10	Up to 5
Tables and Figures	Unlimited	Up to 4	Up to 2	Up to 3	-
Authors	Up to 6	Up to 8	Up to 5	Up to 4	Up to 2
<p>-Editorial, Guest Editorial, and Commentary are solicited by the editorial board.</p> <p>-Letters should not duplicate other material published or submitted for publication. Letters considered for publication undergo external peer review.</p>					

Introduction: State the purpose and summarize the rationale for the study or observation. Please provide a clear research question at the end of Introduction section.

Methods: This part should not be structured or have any sub-headings. In the "Methods" section, please start with the type of study, time period and place which it is carried out. It should include and describe the following aspects (without sub-headings):

Ethics: When reporting studies on human beings, 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 2013 (available at: <http://jamanetwork.com/journals/jama/fullarticle/1760318>). For prospective studies involving human participants, authors are expected to mention about approval of (regional / national / institutional or independent Ethics Committee or Review Board,

obtaining informed consent from adult research participants and obtaining parent(s)' assent for children aged over 7 years participating in the trial. The age beyond which assent would be required could vary as per regional and/or national guidelines. Ensure confidentiality of subjects by desisting from mentioning participants' names, initials or hospital numbers, especially in illustrative material.

Evidence for approval by a local Ethics Committee (for both human studies) must be supplied by the authors on demand. The ethical standards of experiments must be in accordance with the guidelines provided by the "World Medical Association Declaration of Helsinki on Ethical Principles for Medical Research Involving Human Subjects" (<http://jamanetwork.com/journals/jama/fullarticle/1760318>) for studies involving human beings. The journal will not consider any paper which is ethically unacceptable. A statement on ethics committee permission and ethical practices must be included in all research articles under the "Methods" section.

Selection and Description of Participants: Describe your selection of the observational or experimental participants (patients, and controls) clearly, including eligibility and exclusion criteria and a description of the source population. 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 (<http://www.consort-statement.org>).

Reporting Guidelines for Specific Study Designs:

Initiative	Type of Study	Source
CONSORT	Randomised trials	http://www.equator-network.org/reporting-guidelines/consort/
STROBE	Observational studies	http://www.equator-network.org/reporting-guidelines/strobe/
PRISMA	Systematic reviews and meta-analyses	http://www.equator-network.org/reporting-guidelines/prisma/
CARE	Case reports	http://www.equator-network.org/reporting-guidelines/care/

Statistics: Whenever possible, quantify findings and present them with appropriate indicators of measurement error or uncertainty (such as confidence intervals). Exact methods should be used as extensively as possible in the analysis of categorical data. For analysis of measurements, non-parametric methods should be used to compare groups when the distribution of the dependent variable is not normal. Results should be presented with only as much precision as is of scientific value. For example, measures of association, such as odds ratios, should ordinarily be reported to two significant digits. Measures of uncertainty, such as confidence intervals, should be used consistently, including in figures that present aggregated results. Except when one-sided tests are required by study design, such as in non-inferiority trials, all reported P values should be two-sided. In general, P values larger than 0.01 should be reported to two decimal places, those between 0.01 and 0.001 to three decimal places; P values smaller than 0.001 should be reported as $P < 0.001$. Notable exceptions to this policy include P values arising in the application of stopping rules to the analysis of clinical trials and genetic-screening studies. Authors should report losses to observation (such as dropouts from a clinical trial). When data are summarized in the "Results" section, specify the statistical methods used to analyze them. 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. Specify the computer software and each analytical tests used.

Results: This part should not be structured or have any sub-headings. Results should start with baseline parameters and comparison of groups. Present your results in a logical sequence in the text, tables, and illustrations, giving 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. Extra- or supplementary materials and technical detail can be placed in an appendix where it will be accessible but will not interrupt the flow of the text; alternatively, it can be published only in the electronic version of the journal.

When data are summarized in the "Results" section, give numeric results not only as derivatives (for example, percentages) but also as the absolute numbers from which the derivatives were calculated, and specify the statistical methods used to analyze them. Restrict tables and figures to those needed to explain the argument of the paper and to assess its support. Use graphs as an alternative to tables with many entries; do not duplicate data in graphs and tables. Where scientifically appropriate, analysis of data by variables such as age and sex should be included.

Discussion: This part must include summary of:

Key Findings (primary outcome measures, secondary outcome measures, results as they relate to a prior hypothesis);

Strengths and limitations of the study (study question, study design, data collection, analysis and interpretation);

Interpretation and implications in the context of the totality of evidence (is there a systematic review to refer to? if not, could one be reasonably done here and now?; what this study adds to the available evidence; effects on patient care and health policy; possible mechanisms);

Controversies raised by this study; and *Future research directions* (for this particular research collaboration, underlying mechanisms, clinical research).

Do not repeat in detail data or other material given in the "Introduction" or the "Results" section. In particular, contributors should avoid making statements on economic benefits and costs unless their manuscript includes economic data and analysis. Avoid claiming priority and alluding to work that has not been completed. New hypotheses may be stated if needed, however they should be clearly labeled as such. About 40 references can be included. These articles generally should not have more than **six** authors.

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 with square bracket after the punctuation marks. References cited only in tables or figure legends should be numbered in accordance with the sequence established by the first identification in the text at the point where the table or figure is first mentioned. Use the style of the examples below, which are based on the formats used by the National Library of Medicine (NLM) in Index Medicus. The titles of journals should be abbreviated according to the style used in Index Medicus. Use 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 presenting different types of references, please refer to ICMJE Guidelines: <http://www.icmje.org>, or http://www.nlm.nih.gov/bsd/uniform_requirements.html.

Examples for citation in text of manuscript:

Journal article:

1. Gazauli M, Ikonopoulou J, Koundourakis A, Bartos M, Pavlik I, Overduin P et al. Characterization of mycobacterium tuberculosis complex isolates from Greek patients with sarcoidosis by spoligotyping. *J Clin Microbiol* 2005;43:4858-61.
2. Ning L, Bajoghli A, Kubba A, Bhavan J. Identification of mycobacterial DNA in cutaneous lesions of sarcoidosis. *J Cut Pathol* 1999;26:271-8.
3. Gupta D, Agrawal R, Aggarwal AN, Jindal SK. Molecular evidence for the role of mycobacteria in sarcoidosis: A meta-analysis. *Eur Respir J* 2007;30:508-16.
4. Mise K, Goic-Barisic I, Puizina-Ivic N, Barisic I, Tonkic M, Peric I. A rare case of pulmonary tuberculosis with simultaneous pulmonary and skin sarcoidosis: A case report. *Cases J* 2010;3:24-31.

Chapter in a book: Poursafa P, Kelishadi R. Particulate Matter: Sources, Emission Rates and Health Effects. *Non-respiratory Health Hazards of Particulate Matter*. 1 ed: NOVA; 2011. P. 250-7.

Book: Eaton AD, Franson MAH. *Standard methods for the examination of water & wastewater*: Amer Public Health Assn; 2005.

Report: USEPA. *Technologies For Treating MtBE and Other Fuel Oxygenates*. Washington, DC 20460: Office of Superfund Remediation and Technology Innovation 2004.

URL: WHO. *Indoor air pollution 2011* [accessed 2011, 17 Dec.]; Available from: <http://www.who.int/indoorair/publications/7989289041683/en/index.html> .

Figures

- Figures should be numbered consecutively according to the order in which they have been first cited in the text.

- 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.
- The photographs and figures should be trimmed to remove all the unwanted areas.
- If photographs of individuals are used, their pictures must be accompanied by written permission to use the photograph.
- If a figure has been published elsewhere, 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

Tables

- Tables should be self-explanatory and should not duplicate textual material.
- Tables with more than 10 columns and 25 rows are not acceptable.
- 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 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: *, †, ‡, §, ||, ¶, **, ††, ‡‡
- Tables with their legends should be provided at the end of the text after the references. The tables along with their number should be cited at the relevant place in the text.

Protection of Patients' Right to Privacy

Identifying information should not be published in written descriptions, photographs, sonograms, CT scans, etc., and pedigrees unless the information is essential for scientific purposes and the patient (or parent or guardian, wherever applicable) gives informed consent for publication. 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 sent through email to editorial or publisher offices.
- 2) If the manuscript contains patient images that preclude anonymity, or a description that has obvious indication to the identity of the patient, a statement about obtaining informed patient consent should be indicated in the manuscript.

Ethical concerns:

The Journal will adhere to the principles and recommendations of the Committee on Publication Ethics ([COPE](#)), the World Association of Medical Editors ([WAME](#)) and the European Association of Science Editors ([EASE](#)). It will also follow research reporting statements of the Enhancing the Quality and Transparency of Health Research ([EQUATOR](#)) Network. Submissions should conform to the Uniform Requirements for Manuscripts Submitted to Biomedical Journals, developed by the International Committee of Medical Journal Editors ([ICMJE](#)).

Conflicts of interest:

Authors must acknowledge and declare any sources of funding and potential conflicting interest, such as receiving funds or fees by, or holding stocks and shares in, an organization that may profit or lose through publication of your paper. Declaring a competing interest will not lead to automatic rejection of the paper, but we would like to be made aware of it.

Acknowledgements:

All contributors who do not meet the criteria for authorship should be covered in the acknowledgement section. It should include persons who provided technical help, writing assistance and departmental head that only provided general support. Financial and material support should be acknowledged in the statement of funding sources

Plagiarism:

The authors are not allowed to utilize verbatim text of previously published papers or manuscripts submitted elsewhere.

Authorship Criteria

Authorship credit should only be based on substantial contributions to each of the following four components:

1. Concept and design of study 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.
4. Accepting the responsibility of the paper content by all authors

Participation solely in the acquisition of funding or the collection of data does not justify authorship. General supervision of the research group is not sufficient for authorship. Each contributor should have participated sufficiently in the work to take public responsibility for appropriate portions of the content of the manuscript. The order of naming the contributors should be based on the relative contribution of the contributor towards the study and writing the manuscript. Once submitted, the order cannot be changed without written consent of all the contributors. The journal prescribes a maximum number of authors for manuscripts depending upon the type of manuscript, its scope and number of institutions involved

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Submission checklist

The following list will be useful during the final checking of a manuscript prior to sending it to the journal for review. Please consult this Guide for Authors for further details of any item.

Ensure that the following items are present:

- Title Page (First page) of the manuscript as outlined in the instructions
- Abstract and keywords, that conforms the instructions for author
- Manuscript file in Microsoft Word including Figures and Table
- Results in the separate section from Discussion.
Further considerations:
 - Manuscript has been 'spell-checked' and 'grammar-checked'
 - References are in the correct format for this journal
 - Clarify if there is any conflict of interest

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