

## Instructions to the Authors

[About the Journal](#) | [Scope of the journal](#) | [The Editorial Process](#) | [Clinical trial registry](#) | [Authorship Criteria](#) | [Contribution Details](#) | [Conflicts of Interest/ Competing Interests](#) | [Submission of Manuscripts](#) | [Copies of any permission\(s\)](#) | [Types of Manuscripts](#) | [Protection of Patients' Rights..](#) | [Sending a revised manuscript](#) | [Reprints and proofs](#) | [Manuscript submission..](#) | [Copyrights](#) | [Contact form](#)

### About the Journal



The Nigerian Journal of Ophthalmology (NJO), the journal of the Ophthalmological Society of Nigeria, publishes articles on clinical, laboratory and community medicine, basic medical sciences, medical technology, as well as the economics and management of health care delivery, especially in the African environment. The Nigerian Journal of Ophthalmology (NJO), the journal of the Ophthalmological Society of Nigeria, publishes articles on clinical, laboratory and community medicine, basic medical sciences, medical technology, as well as the economics and management of health care delivery, especially in the African environment.

### Scope of the journal



The journal will cover technical and clinical studies related to health, ethical and social issues in field of clinical, laboratory, community medicine, basic medical sciences, medical technology, economics and management of health care delivery. Articles with clinical interest and implications will be given preference.

### The Editorial Process



A manuscript will be reviewed for possible publication with the understanding that it is being submitted to Nigerian Journal of Ophthalmology alone at that point in time and has not been published anywhere else. Manuscripts submitted, or already accepted for publication elsewhere. The journal expects that authors would authorize one of them to correspond with the Journal for all matters related to the manuscript. All manuscripts submitted are to be duly acknowledged. On submission, editors review all submitted manuscripts initially for suitability for formal review. Manuscripts with insufficient originality, serious scientific or technical flaws, or lack of originality or message are rejected before proceeding for formal peer-review. Manuscripts that are unlikely to be of interest to the Nigerian Journal of Ophthalmology readers are also liable to be rejected at this stage.

Manuscripts received from Editorial Board members will be screened by the Editor in Chief and sent to external peer reviewers. The editorial board members who are authors will be excluded from publication.

Manuscripts that are found suitable for publication in Nigerian Journal of Ophthalmology are sent to two or more expert reviewers. During submission, the contributor is requested to provide names of two or three reviewers who have had experience in the subject of the submitted manuscript, but this is not mandatory. The reviewers should not be affiliated with the same institutes as the contributor/s. However, the final decision of reviewers is at the sole discretion of the editor. The journal follows a double-blind review process, wherein the reviewers and authors are unaware of each other's identity. Every manuscript is also assigned to the editorial team, who based on the comments from the reviewers takes a final decision on the manuscript. The comments and suggestions (acceptance/ rejection/ amendments in manuscript) received from reviewers are conveyed to the corresponding author. If required, the author is requested to provide a point by point response to reviewers' comments and submit a revised version of the manuscript. This process is repeated until the author and editors are satisfied with the manuscript.

Manuscripts accepted for publication are copy edited for grammar, punctuation, print style, and format. Page proofs are sent to the corresponding author. The corresponding author is expected to return corrected proofs within three days. It may not be possible to incorporate corrections received after that period. The whole process of submission of the manuscript to final decision and sending and receiving proofs is carried out online. To achieve faster and greater dissemination of knowledge and information, the journal publishes articles online as 'Ahead of Print' immediately on acceptance.

### Processes for appeals


The authors do have the right to appeal if they have a genuine cause to believe that the editorial board has wrongly rejected the paper. If the authors wish to appeal the decision, they should email the editor (email: [\[email protected\]](#)) explaining in detail the reason for the appeal. The appeals will be acknowledged by the editorial office and will be investigated in an unbiased manner. The processing of appeals takes 6 – 8 weeks. While under appeal, the said manuscript should not be submitted to other journals. The final decision rests with the Editor in Chief of the journal. Second appeals are not considered.

### Clinical trial registry




Plagiarism includes duplicate publication of the author's own work, in whole or in part without proper citation or misrepresenting other's ideas, words, and other creative expression as one's own. The Journal has a strict anti-plagiarism policy. All manuscripts submitted to Nigerian Journal of Ophthalmology undergoes plagiarism check with commercially available software. Based on the extent of plagiarism, authors may be asked to correct any minor duplication, or similarity with the previous published work. If plagiarism is detected after publication, the Journal will investigate. If plagiarism is established, the journal will notify the authors' institutions and will retract the plagiarised article. To report plagiarism, contact the journal office (email: [\[email protected\]](#))

## Clinical trial registry



Nigerian Journal of Ophthalmology would publish clinical trials that have been registered with a clinical trial registry that allows free online access to public. Registration in the following trial registers is acceptable: <http://www.ctri.nic.in/>; <http://www.anzctr.org.au/>; <http://www.clinicaltrials.gov/>; <http://isrctn.org/>; <http://www.trialregister.nl/trialreg/index.asp>; and <http://www.umin.ac.jp/ctr>. This is applicable to trials that have begun enrollment of subjects in or after June 2008. Clinical trials that have commenced enrollment of subjects prior to June 2008 would be considered for publication in Nigerian Journal of Ophthalmology if they have been registered retrospectively with clinical trial registry that allows unhindered online access to public without charging any fees.

## Authorship Criteria



Authorship credit should be based only on substantial contributions to each of the three components mentioned below:

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.

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 made a substantial contribution 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 to 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 on the type of manuscript, its scope and number of institutions involved (vide infra). The authors should provide a justification, if the number of authors exceeds these limits.

## Contribution Details




Contributors should provide a description of contributions made by each of them towards the manuscript. Description should be divided in following categories, as applicable: concept, design, definition, data analysis, literature search, clinical studies, experimental studies, data acquisition, data analysis, statistical analysis, manuscript preparation, manuscript editing and manuscript review. Authors' contributions should be listed along with the article. One or more author should take responsibility for the integrity of the work as a whole from inception to published article and should be designated as 'guarantor'.

## Conflicts of Interest/ Competing Interests



All authors of articles must disclose any and all conflicts of interest they may have with publication of the manuscript or an institution or product that is mentioned in the manuscript and/or is important to the study presented. Authors should also disclose conflict of interest with products that compete with those mentioned in their manuscript.

## Submission of Manuscripts



Manuscript should be typewritten in English, double-spaced on one side only of 21.6 x 27.9 cm (A4) white bond, with 2.5 cm margins all around. The manuscript should consist of:

1. Title page
2. Summary
3. Text
4. Acknowledgments
5. References
6. Tables
7. Figures
8. Legends

Submit the original and two copies of the manuscript, with three sets of glossy prints of figures. Number manuscript pages consecutively beginning with the title page. Each manuscript component should be numbered in the sequence given above.

**Title page** should include:

- Title of manuscript
- Initials and surname

- Qualification of each author
- Names of each department and institution in which the work was done
- Name and address of corresponding author
- Three to six key words
- A running title of not more than forty characters

(Avoid the use of abbreviations in the title)

**Summary** should contain 150-250 words and be structured under the specified headings for original articles, short communications, case reports, and reviews as follows:

*Original contributions:* (a) Objectives (b) Methods (c) Results (d) Conclusions.

*Reviews:* (a) Purpose (b) Source of data (c) Study selection (d) Data extraction (e) Results (f) Conclusions.

Other articles should be preceded by an unstructured summary.

Editorials, letters, commentaries, medical memoranda and position papers, do not require a summary. Please avoid the use of abbreviations in the summary.

**Key words.** Provide three to six key words (preferably using *Index Medicus Medical Subject Headings*)

Information and Instructions for Authors

**The body of the paper** should consist of an introduction, including a brief review of the literature; details of research design, subject materials and methods, ethics, statistics, results and discussion. Long sections should contain subheadings.

### Abbreviations and nomenclature

List in alphabetical order, non-standard abbreviations contained in the manuscript, excluding those in the references, with definitions after key words. Use abbreviations where necessary to save space in repeating long chemical names or therapeutic regimes. In a figure or table, define the abbreviations in a footnote.

Use generic names for all drugs except where there is a good reason to use proprietary (trade) names, such as for drugs which have adverse effects, or for comparison of different preparations of the same drug.

### Acknowledgments

Acknowledgments of general support, financial and material support, technical help, etc. should be indicated at the end of the main text. It is the responsibility of authors to obtain the consent of those benefited by their work.

### Preparation of Manuscripts



Manuscripts must be prepared in accordance with "Uniform requirements for Manuscripts submitted to Biomedical Journals" developed by the International Committee of Medical Journal Editors (October 1997). The uniform requirements and specific requirement of Nigerian Journal of Ophthalmology are summarized below. Before submitting a manuscript, contributors are requested to check for the latest instructions available from the website of the journal (<http://www.nigerianjournalofophthalmology.com>) and from the manuscript submission site <http://www.journalonweb.com/njo>.

Nigerian Journal of Ophthalmology accepts manuscripts written in American English.

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### Types of Manuscripts



### Original articles

Original research concerning any aspect (e.g., aetiopathogenesis, diagnosis, management and prevention) of disease. Animal research contribution of relevance to human health are also welcome. The

pages, double-spaced, (A4) manuscript pages (maximum 4000 words).

**Reviews including meta-analyses**

Detailed, systematic and critical evaluation of the literature on a specified clinical problem. Reviews should include information such as type study, selection process, etc. Reviewed papers should not exceed 15-20 double-spaced, A4 manuscript pages and should contain subheadings.

**Short communications and case reports**

These may be unique case reports, clinical experiences or short reports of original research. Text should not exceed 1500 words or 3-10 double-spaced, A4 pages including tables and legends, a maximum of two references, two illustrations and two tables. The format is the same as original research contributions.

**Workshop and conference reports**

These may be general or specific conferences like medical grand rounds. The text should have a maximum of 5000 words or 15-20 double-spaced, A4 pages.

**Medical memoranda**

These are papers expressing personal or group opinions on political, socioeconomic, and other matters which relate to the practice of medicine. The text should be between 8-15 double-spaced, A4 pages.

**Letters to the editor**

Letters to the editor are handled solely by the editor and not subject to peer review. Letters should contain a maximum of 1000 words, two illustrations / tables and ten references. Contents of letters may include comments on materials published in the NJO, clinical observations or other matters of relevance to medicine and allied professions. Submit an original and one copy, typed in a double-spaced format.

**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 national) and with the Helsinki Declaration of 1975, as revised in 2000 (available at <https://www.wma.net/policies-post/wma-declaration-of-helsinki-ethical-principles-for-medical-research-involving-human-subjects>). For 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 all participants and obtaining 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. When reporting experiments on animals, indicate whether the institution's or a national council's guide for, or any national law on the care and use of laboratory animals was followed. Evidence for approval by a local Ethics Committee (for both human as well as animal studies) must be supplied by the authors on demand. Animal experimental procedures should be as humane as possible. The use of anesthetics and analgesics used should be clearly stated. The ethical standards of experiments must be in accordance with the guidelines provided by the CPCSEA and World Medical Association Declaration on Ethical Principles for Medical Research Involving Humans for studies involving experimental animals and human beings, respectively). The journal will not consider any paper which is ethically unacceptable. Details of ethics committee permission and ethical practices must be included in all research articles under the 'Materials and Methods' section.

**Study design:**

**Selection and Description of Participants:** Describe your selection of the observational or experimental participants (patients or laboratory animals, including controls) clearly, including eligibility and exclusion criteria and description of the source population. **Technical information:** Identify the methods, apparatus (give the manufacturer's name and address in parentheses), and procedures in sufficient detail to allow other researchers to reproduce the results. Give references to established methods, including statistical methods (see below); provide references and brief descriptions for methods that have been published but are not well known. For new or substantially modified methods, give reasons for using them, and evaluate their limitations. Identify precisely all drugs and chemicals used, including generic name(s), dose(s), and route(s) of administration.

Reports of randomized clinical trials should present information on all major study elements, including the protocol, assignment of interventions (methods of randomization, concealment of allocation to treatment groups) and the method of masking (blinding), based on the CONSORT Statement (<http://www.consort-statement.org>).

**Reporting Guidelines for Specific Study Designs**

Guideline	Type of Study	Source
<b>STROBE</b>	Observational studies including cohort, case-control, and cross-sectional studies	<a href="https://www.strobe-statement.org/index.php?id=available-checklists">https://www.strobe-statement.org/index.php?id=available-checklists</a>

<b>CONSORT</b>	Randomized controlled trials	<a href="http://www.consort-statement.org">http://www.consort-statement.org</a>
<b>SQUIRE</b>	Quality improvement projects	<a href="http://squire-statement.org/index.cfm?fuseaction=Page.ViewPage&amp;PageID=471">http://squire-statement.org/index.cfm?fuseaction=Page.ViewPage&amp;PageID=471</a>
<b>PRISMA</b>	Systematic reviews and meta-analyses	<a href="http://prisma-statement.org/PRISMAStatement/Checklist.aspx">http://prisma-statement.org/PRISMAStatement/Checklist.aspx</a>
<b>STARD</b>	Studies of diagnostic accuracy	<a href="https://pubs.rsna.org/doi/full/10.1148/radiol.2015151516">https://pubs.rsna.org/doi/full/10.1148/radiol.2015151516</a>
<b>CARE</b>	Case Reports	<a href="https://www.care-statement.org/checklist">https://www.care-statement.org/checklist</a>
<b>AGREE</b>	Clinical Practice Guidelines	<a href="https://www.agreetrust.org/wp-content/uploads/2016/02/AGREE-Reporting-Checklist-2016.pdf">https://www.agreetrust.org/wp-content/uploads/2016/02/AGREE-Reporting-Checklist-2016.pdf</a>

The reporting guidelines for other type of studies can be found at <https://www.equator-network.org/reporting-guidelines/>.

**Statistics:** Whenever possible quantify findings and present them with appropriate indicators of measurement error or uncertainty (such as confidence intervals). Authors should report losses to observation and 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 'normal' (implies a randomizing device), 'normal', 'significant', 'correlations', and 'sample'. Define statistical terms, abbreviations, and most symbols. Specify the computer software used. Use upper italics (*P* 0.04) to include the exact value and not less than 0.05 or 0.001. Mean differences in continuous variables, proportions in categorical variables and relative risks including odds ratios and hazard ratios should be reported with their confidence intervals.

**Results:** 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; e 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, supplementary materials 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 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, analyses of the data by variables such as age and sex should be included.

**Discussion:** 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, 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 what does your 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, 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 analyses. 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 100 words should be included. These articles generally should not have more than six authors.

**References**

Number references in order of appearance in text. Identify a reference number in text, tables, or legends by Arabic numerals in superscript. References should be in the Vancouver style, the standard for articles submitted to biomedical journals.

**Examples of correct forms of references**

1. *Journal articles* should include the following information:

(a) surname and initials of all authors (up to 6) when 7 or more, list the first 6 and add et al., (b) article title, (c) name of journal (d) year (e) volume (f) number (g) pages. Example: Solanke TF, Ayeni O. Effect of a mixture of red pepper (*Capsicum frutescens*). *Niger Med J* 1976; **6 (2)**: 23-25.

2. *Book with one or two authors*

(a) Surname and initials of all authors (b) title of the book (c) city (d) publisher (e) date (g) pages cited. Example: Schram R. *History of Nigerian Health Services*. 2nd ed. Ibadan: Ibadan University Press.

3. *Chapter in a book*

(a) Surname and initials of ALL authors of particular chapter (b) title of chapter (c) editors (d) title of book (e) edition, except if first (f) city (g) publisher (h) year (i) pages. Example: Majekodunmi AA. Oluwalana HO Adeyemo- Doro, ed. *Manual of Emergency Surgery*, 2nd ed. Lagos,

University of Lagos Press, 1991; 30-50. Authors should verify references cited against the original document. Journal abbreviations should be as in the list of journals in the *Index Medicus*.

### Units of measure

Measure height, weight, length, and volume in metres, kilogrammes, litres and other decimal multiples, respectively. Temperature should be reported in degrees celsius, while blood pressure will be given in millimetres mercury (mmHg). Haematological and clinical chemistry measurements should be reported in SI units with conversion factors provided as a footnote.

### Tables

Tables should be double-spaced on separate A4 sheets, numbered consecutively and referred to in the text in Arabic numerals. Their approximate positions in the text should be indicated. The table title and likewise headings over columns should be short or use abbreviations.

Explanations should be placed under the table, not in the heading. Footnote symbols should use the following sequence:

\* † ‡ § ¶ \*\* †† [left to right and top to bottom of the table].

Avoid the use of internal horizontal and vertical lines.

### Figures and illustrations

Submit three sets of professionally drawn or computer scanned or created figures. Original drawings, X-rays, etc. are not acceptable. Black and white glossy prints of figures should be 127 x 173 mm (5 inches). Numbers and symbols should be clear and large enough so that when reduced for

publication each item will be legible. Titles and explanatory notes should be in the legend for the illustrations, NOT on the illustrations themselves. Photomicrographs should have internal scale markers according to the order in which they have been first cited in the text. Materials taken from other sources must be accompanied by written permission for reproduction from the publisher and/or author. Print the back of each figure indicating the number of the figure, author's name and

top of the figure and original source of illustration. Colour figures will be published at the author's expense. Submit figures as unmounted and untrimmed prints in a protective envelope.

### Legends for illustrations/ figures

Legends for illustrations should be numbered consecutively using Arabic numerals and placed directly under each figure. Identify and explain in the legend each symbol, number, letter, etc. used in the figure. Indicate the internal scale or any methods of staining in photomicrographs.

### Revised manuscripts and proofs

Two hard copies of the revised manuscript should be sent along with a 3.5 floppy disc copy using Microsoft Word or another compatible computer programme. Proofs may be sent to the corresponding author if specifically requested. Such proofs must be returned to the editor within seven days of posting.

Protection of Patients' Rights 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 the patient's 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's 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 manuscript. Send them 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 included in the manuscript.

Sending a revised manuscript



The revised version of the manuscript should be submitted online in a manner similar to that used for submission of the manuscript for the first time. However, there is no need to submit the "First Page

file while submitting a revised version. When submitting a revised manuscript, contributors are requested to include, the ‘referees’ remarks along with point to point clarification at the beginning in the re addition, they are expected to mark the changes as underlined or colored text in the article.

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Journal provides no free printed reprints. Authors can purchase reprints, payment for which should be done at the time of submitting the proofs.

**Publication schedule**

The journal publishes articles on its website immediately on acceptance and follows a ‘continuous publication’ schedule. Articles are compiled for ‘print on demand’ semiannual issues.

Manuscript submission, processing and publication charges



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The journal charges following fee on acceptance

Case Report, Editorial, Letter To Editor, Original Article, Review Article: US \$ 100 (for overseas authors), INR 6000 (for authors from India)

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Checklist



**Covering letter**

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- Previous publication / presentations mentioned
- Source of funding mentioned
- Conflicts of interest disclosed

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- Last name and given name provided along with Middle name initials (where applicable)
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- Identity not revealed in paper except title page (e.g. name of the institute in Methods, citing previous study as 'our study', names on figure labels, name of institute in photographs, etc.)

**Presentation and format**

- Double spacing
- Margins 2.5 cm from all four sides
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- Title page contains all the desired information
- Running title provided (not more than 50 characters)
- Abstract page contains the full title of the manuscript

- Abstract provided (structured abstract of 250 words for original articles, unstructured abstracts of about 150 words for all other manuscripts excluding letters to the Editor)
- Key words provided (three or more)
- Introduction of 75-100 words
- Headings in title case (not ALL CAPITALS)
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- References according to the journal's instructions, punctuation marks checked
- Send the article file without 'Track Changes'

**Language and grammar**

- Uniformly American English
- Write the full term for each abbreviation at its first use in the title, abstract, keywords and text separately unless it is a standard unit of measure. Numerals from 1 to 10 spelt out
- Numerals at the beginning of the sentence spelt out
- Check the manuscript for spelling, grammar and punctuation errors
- If a brand name is cited, supply the manufacturer's name and address (city and state/country).
- Species names should be in italics

**Tables and figures**

- No repetition of data in tables and graphs and in text
- Actual numbers from which graphs drawn, provided
- Figures necessary and of good quality (colour)
- Table and figure numbers in Arabic letters (not Roman)
- Labels pasted on back of the photographs (no names written)
- Figure legends provided (not more than 40 words)
- Patients' privacy maintained (if not permission taken)
- Credit note for borrowed figures/tables provided
- Write the full term for each abbreviation used in the table as a footnote

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Clinical trial registry



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