AUTHOR GUIDELINES

Abstract
Bali Medical Journal (BMJ), PRINT-ISSN 2089-1180 and E-ISSN 2302-2914 is an international and peer-reviewed journal published quarterly in print and online by Sanglah General Hospital in collaboration to Indonesian Physician Forum and Indonesia College of Surgeon, Bali-Indonesia which was founded in 2011. The Journal aims to bridge and integrate the intellectual, methodological, and substantive diversity of medical scholarship, and to encourage a vigorous dialogue between medical scholars and practitioners. The Journal welcomes contributions which promote the exchange of ideas and rational discourse between practicing educators and medical researchers all over the world.

Contacts
All enquires for this journal are through single contact person that can be performed through putramanuaba28@yahoo.com or www.balimedicaljournal.com.

Aims and scope
Specific topics of interest include: all aspects of medical and physiology, modelling of diagnose and cure of human diseases, the scientific underpinning of medicine and pathophysiology, biochemistry and biologymolecular solution, decision support systems, biomedicine, and any experimental design and statistical analysis, the application of new analytical and study methods (including biomolecular studies).

Submission of Manuscript
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Article types
Original research articles comprise the largest section of the journal and include Full papers, Rapid reports, Methods, and literature review. Full papers report complete studies that provide new and valuable insights in to Medical science. Rapid reports differ in that the nature of the findings makes priority publication of particular scientific importance, and your covering letter must state clearly why this is considered to be the case. Methods papers should still typically focus, as with any other submission, on timely research that addresses fundamental questions in Medical science. Literature review should indicate a specific review of medical subjects. However, the novel or improved methodology/analytical approach will form an important component, and description and proper evaluation will be a significant proportion of the paper. Papers which only evaluate a new method/analytical approach or critically examine existing practice, will also be considered, where the conclusion is of wide interest to Medical scientists.

Model notes for submissions
Paper should be written ini English using Times New Roman font, pt-size 12. Lines and pages should be numbered (to aid review use continuous numbering for lines).

Where authors have different addresses, use numbered superscripts to refer to each address provided. The format of authors’ affiliations should be: 1. Department of ***, University of ***, City name, State name, Postal code, Country name. State the author for correspondence and include their research fields and email details.

A Total word count for the main body of the text (Introduction, Materials and Methods, Results and Discussion, Conclusion and Acknowledgements), word counts for each section plus the number of figures and tables must be stated on the front page.
Arrange research papers under the headings Abstract, Introduction, Materials and Methods, Results and Discussion, Conclusion, Acknowledgements and References. In the case of Modelling or Theory papers, include a heading of Description in place of Materials and Methods, to include description of the model or theoretical framework.

The Abstract for research papers, which must be usable as a stand-alone document, must not exceed 250 words and only one paragraph can be contained, which should include the objectives, methods, conclusions, and ended with keywords. It should not contain citations of other papers. For reviews, keep to the word limit.

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Abbreviations
All non-standard abbreviations must first appear in parentheses following their meaning written in full at first mention in the Abstract, main text and each table and figure legend. Subsequently, only abbreviations can be used.

Standard abbreviations do not need to be defined and include such terms as the immune terms IL-6, TNF-α; growth regulators such as VEGF; and statistical terms such as SD and ANOVA. There follows a short list of preferred standard abbreviations for cases where confusion is possible.

Tables and figures
Tables
These must be self-explanatory and each presented on a separate page outside the main text, but as part of the same document. Following a concise (single-sentence), informative heading, each table should be fully understandable either through column headings or, if these are insufficient in themselves, through a footnote.

Figures
Refer to all diagrams, graphs and photographs as “Fig.”.

Present at approximately twice the size that they will appear. Ensure that, after reduction, they will be compatible with the double-column format of the journal (column width of 80 mm; maximum printed size of 226 x 170 mm).

Subdivisions of figures should be labeled with lower case, bold letters (e.g. (a), (b)) and referred to in the text in the form Fig. 1a, Fig. 1a, b. Avoid including explanatory material in the figure itself.

Present diagrams and graphs on a white background, with lines approx. 0.5 mm thick, any shading inserted as lines or dots, and symbols approx. 3 mm across. The preferred symbols, in order, are open circles, closed circles, open and closed squares, and open and closed triangles. The same symbol should be used for the same entity in different figures. The scale marks on graphs should be inside the axes. Axes should be clearly marked with units in brackets after the axis title.

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The journal uses SI units wherever possible, but accepts that other units may on occasion have to be used. Products of two units must be written with a space between the units (e.g. 10 g m\(^{-2}\)). Units derived by division must be written using the appropriate index (e.g. m s\(^{-1}\) (not m/s)). Note the placing of the name of a substance in, for example, 10 g mg\(^{-1}\) protein. Use the appropriate prefix for units and thus avoid using multipliers on axes of graphs or in headings of tables.
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References
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Management of childhood glaucoma (CG) is challenging. In Saudi Arabia pediatric population, goniotomy and trabeculectomy are rarely successful.\(^1\) Trabeculectomy has been reported to have a lower success rate in children compare with adults.\(^2,3\)

In References List:

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