# Majalah Kedokteran Bandung (MKB)

*Revised Author Guidelines – 2026*

These guidelines apply to manuscripts submitted to Majalah Kedokteran Bandung (MKB). Authors should also use the current MKB manuscript template and comply with the journal's editorial and publication policies.

## 1. Scope and Article Types

Majalah Kedokteran Bandung (MKB) is an open-access, peer-reviewed medical journal publishing research in **tropical medicine, infectious diseases, experimental and natural product–based biomedical research, clinical and translational medicine, and relevant public health topics.**

- Original Research Article
- Case Report (limited publication; priority is given to rare, unusual, or clinically significant cases)
- Systematic Review and Meta-analysis (PRISMA 2020)

## 2. General Manuscript Requirements

- All manuscripts must be written in American English.
- Use Times New Roman, 12-point font, on A4 paper with double spacing unless otherwise specified.
- Authors are strongly encouraged to limit the manuscript to 3,500 words for effective and concise communication. The word count excludes the running title, title page, abstracts, and references.
- The combined number of tables, figures, and charts must not exceed six.
- Abbreviations should be spelled out at first mention, followed by the abbreviation in parentheses, unless the abbreviation is a standard unit of measurement.
- Bullets and numbered lists are not allowed in the main text of the manuscript. Research methods and findings should be presented in appropriate narrative paragraphs.
- References should begin on a new page.
- All pages should be numbered consecutively, beginning with the title page.
- **MKB does not accept single-author manuscripts**. A minimum of two authors is required.
- Manuscripts must not have been published previously and must not be under consideration by another journal.

## 3. Title Page

- English title: no more than 14 words; concise, informative, and specific.
- The Indonesian title should contain no more than 14 words or 200 characters. **An Indonesian title is not required for manuscripts submitted by international authors.**
- List all authors and their affiliations (department, institution, city, country).
- Clearly identify the corresponding author and provide the institutional address and e-mail address.

## 4. Abstract and Keywords

Abstracts must be written in an **unstructured format**. Subheadings such as Background, Methods, Results, and Conclusion should not be used. The English abstract should not exceed 250 words. The Indonesian abstract should not exceed 200 words. Both should use Times New Roman, 12-point font, with single spacing.

**An Indonesian title and abstract are not required for manuscripts submitted by international authors.**

Keywords: Provide 3–5 keywords without abbreviations, arranged in alphabetical order and selected based on Medical Subject Headings (MeSH).

## 5. Original Research Article

### Abstract

The abstract should briefly include the background and significance of the study, objective, subjects or study objects, study design, methods, study period, main findings, and a concise conclusion.

### Introduction

The Introduction should be 1–2 pages in length and consist of no more than five paragraphs. It should describe the research problem, include relevant facts and figures, establish the significance of the problem, summarize the current state of knowledge, identify the research gap and novelty, and clearly state the study objective at the end. Citation numbers should be superscript, without parentheses, and placed after punctuation. Subtitles or subheadings are not allowed.

### Methods

The Methods section should be written in narrative paragraphs and should include the following information, when applicable:

1. Subjects, objects, or materials used in the study.
2. Methods for preparing study materials.
3. Study design, research procedures, or protocol.
4. Sampling method and sample size.
5. Study setting and study period.
6. Measurement criteria, definitions, scoring systems, or classifications.
7. Questionnaire or research instrument development and validation.
8. Statistical methods used for data analysis.
9. Relevant methodological references.
10. Ethical approval, including the name of the ethics committee and approval number, when applicable.

***Subtitles or subheadings are not allowed within the Methods section.***

### Results

The Results section should correspond directly to the study objectives or research questions. Tables and figures should present only important and relevant findings. Each table and figure must be cited and described in the text before it appears. The narrative should highlight and clarify the main findings without unnecessarily repeating data presented in tables or figures. Interpretation of findings and comparison with previous studies should not be included in the Results section. **Subtitles or subheadings are not allowed.**

### Discussion

The Discussion should interpret the findings in relation to the study objective or hypothesis and should not merely repeat the Results. Findings should be compared with relevant previous studies and literature. Agreements, discrepancies, possible explanations, clinical or scientific implications, and recommendations for further research may be discussed when relevant. The limitations of the study should be stated concisely in the final part of the Discussion. **Subtitles or subheadings are not allowed.**

### Conclusion

The Conclusion must be presented as a separate section. It should be concise, directly address the study objective, and reflect the main findings without introducing new data, arguments, or references. The conclusion should emphasize the main take-home message and may briefly state the implications of the findings. Conclusions should be written in the present tense.

## 6. Case Report

### Abstract

The abstract should briefly explain why the case is important to report and its novelty. It should include relevant patient clinical and demographic characteristics, diagnosis, intervention or management, outcomes, the case period or clinical course when relevant, and the clinical significance, lessons learned, or potential implications of the case.

### Introduction

The Introduction should briefly summarize the background and context of the case, explain why the case is unique or important to report, summarize relevant literature, and clearly state the novelty and clinical significance. The purpose of reporting the case should be stated at the end. Subtitles or subheadings are not allowed.

### Case(s)

The Case section should provide a clear and chronological description of the patient's clinical course. Information presented in tables or figures should not be unnecessarily repeated in the narrative. The following information should be included when relevant:

- Relevant patient demographic characteristics, such as age, sex, ethnicity, and occupation.
- Medical, family, and psychosocial history, including relevant lifestyle, dietary, or genetic information.

- Relevant comorbidities, previous interventions, and their outcomes.
- Presenting symptoms, signs, and chief complaints.
- Diagnostic assessments and relevant investigations.
- Diagnosis and differential diagnosis, when applicable.
- Treatment, intervention, or clinical management.
- Follow-up and clinical outcomes.
- Other clinically significant information relevant to the case.
- Written informed consent for publication and ethics approval when required by institutional policy.

***Subtitles or subheadings are not allowed within the Case section.***

### Discussion

The Discussion should interpret the significance of the case in relation to relevant existing literature and should not merely repeat information have presented in the Case section. It may discuss disease mechanisms, diagnostic pathways, clinical guidelines, treatment considerations, similarities or differences from previously published cases, and possible explanations. The clinical implications and lessons learned should be clearly described. Limitations of the case report should be stated concisely in the final part of the Discussion. Subtitles or subheadings are not allowed.

### Conclusion

The Conclusion should be presented as a separate section and written concisely in one paragraph. It should summarize the most important clinical message and primary take-home lesson without introducing new information or references. It should be written in the present tense.

## 7. Systematic Review and Meta-analysis (PRISMA 2020)

The title should clearly identify the manuscript as a systematic review or systematic review and meta-analysis, as applicable.

### Abstract

The unstructured abstract should briefly include the background and rationale, review objective, main databases or information sources, eligibility criteria, risk of bias assessment, number of included studies, key findings, overall interpretation and implications, PROSPERO or other registration number when applicable, and a concise conclusion. When certainty of evidence is assessed, the overall certainty may also be briefly reported.

### Introduction

The Introduction should provide the clinical or scientific background, summarize the current state of evidence, identify gaps or uncertainties, explain the rationale for the review, and clearly state the objective. When applicable, the objective should be formulated according to the PICOS framework (Population, Intervention, Comparator, Outcome, and Study Design). Subtitles or subheadings are not allowed.

## Methods

The Methods section should be written in the past tense and provide sufficient information to allow the review to be reproduced. It should include, when applicable:

- Eligibility criteria, including Population, Intervention or Exposure, Comparator, Outcomes, and Study Design.
- Information sources, including databases, other sources, search period, and date of the last search.
- Search strategy, including the main search terms and location of the complete strategy in an appendix or supplement when applicable.
- Study selection process, including the number of reviewers and method used to resolve disagreements.
- Data extraction process, including data collected and reviewers involved.
- Risk of bias or quality assessment and the tool used (e.g., RoB 2 or ROBINS-I).
- Effect measures, such as RR, OR, MD, or SMD, when applicable.
- Data synthesis, including qualitative synthesis and/or meta-analysis and the statistical model used.
- Assessment of heterogeneity, subgroup analyses, and sensitivity analyses, when applicable.
- Assessment of reporting or publication bias, when applicable.
- Assessment of certainty of evidence, such as the GRADE approach, when applicable.
- Protocol registration, including the registration number, when applicable.

*Subtitles or subheadings are not allowed within the Methods section*.

## Results

The Results should present the review findings according to its objectives and should include, when applicable, the PRISMA flow diagram, characteristics of included studies, risk of bias assessment, individual study results, qualitative synthesis and/or meta-analysis, pooled estimates and measures of uncertainty, heterogeneity, subgroup or sensitivity analyses, reporting or publication bias, and certainty of evidence. Subtitles or subheadings are not allowed.

## Discussion

The Discussion should interpret the main findings without merely repeating the Results, compare them with existing evidence, explain agreements or discrepancies, and describe the clinical or scientific implications. Strengths and limitations of the review, including limitations related to included studies, the search strategy, risk of bias, heterogeneity, or certainty of evidence, should be stated concisely. Recommendations for future research may be included when appropriate. Subtitles or subheadings are not allowed.

## Conclusion

The Conclusion should be presented as a separate section and should directly address the objective of the systematic review. It should provide an overall interpretation of the evidence without introducing new information or references and should take into account the certainty and limitations of the available evidence.

*Authors of systematic reviews and meta-analyses should follow PRISMA 2020 and submit the completed PRISMA checklist.*

## 8. Tables

Tables should be prepared using single spacing and numbered consecutively with Arabic numerals according to the order of their first citation in the text. Each table should have a clear and concise title. Only horizontal lines above and below the column headings and at the bottom of the table are permitted. Vertical lines should not be used. All abbreviations must be defined in footnotes. Footnote symbols should be used consistently in the following order: *, **, #.

Tables must be placed within the main text, close to their first citation. Information presented in tables should not be unnecessarily repeated in the narrative. The combined number of tables, figures, and charts must not exceed six.

*For systematic reviews and meta-analyses, statistical results such as effect estimates, confidence intervals, and measures of heterogeneity may be presented in tables when relevant. Table contents and column headings may be adapted to the review question and study design.*

## 9. Figures, Photographs, and Charts

- Figures, photographs, and charts should be numbered consecutively according to their first citation in the text.
- Each figure should have a clear and concise legend.
- Identifiable patient photographs or images require written permission for publication.
- Previously published images must be appropriately cited and accompanied by permission when required.
- Figures may be uploaded separately in JPEG, TIFF, or EPS format.
- Minimum resolution: 300 dpi for photographs or grayscale/color images and 600 dpi for line art or figures containing typographic elements.
- Color images should use RGB mode when applicable.
- The combined number of tables, figures, and charts must not exceed six.

## 10. References

References should be formatted according to the **Vancouver AMA (American Medical Association)** style and numbered consecutively in the order in which they are first cited in the text. References should not be arranged alphabetically.

- For references with six authors or fewer, list all authors.
- For references with more than six authors, list the first six authors followed by et al.
- Original Research Articles and Case Reports should include 15–25 references published within the last 10 years.
- At least 80% of the references must be journal articles; no more than 20% may consist of textbooks.

- Articles accepted for publication but not yet published should be cited as “in press.”
- Authors are strongly encouraged to use reference management software such as EndNote®, Mendeley®, or Zotero®.

For systematic reviews and meta-analyses, a minimum of 15 and a maximum of 35 references is recommended. The number of references may exceed 35 when necessary to ensure complete citation of all included studies and relevant methodological guidelines.

## Examples of Reference Format

Authors should follow the examples below when preparing the reference list. The examples are provided to help authors apply the AMA reference style consistently.

### From Journal

#### Standard Article

Langan NP, Pelissier BMM. Gender differences among prisoners in drug treatment. J Subst Abuse. 2011;13(3):291–301.

#### Reference with More Than Six Authors

Polanco FR, Dominquez DC, Grady C, Stoll P, Ramos C, Mican JM, et al. Conducting HIV research in racial and ethnic minority communities: building a successful interdisciplinary research team. J Assoc Nurses AIDS Care. 2011;22(5):388–96.

#### Organization as Author

WHO. Rubella vaccines: WHO position paper-recommendations. Vaccines. 2011;29(48):8767–8.

#### Reference without Author Name

Role of diagnostic imaging in early diagnosis and stage determination of rheumatoid arthritis. Clin Calcium. 2011;21(7):949–53.

#### Article Not Written in English

Budiman A, Hilmanto D, Garna H. Musim hujan sebagai faktor risiko kambuh pada anak penderita sindrom nefrotik sensitif steroid. MKB. 2011;43(3):112–6.

#### Reference with DOI

Finley JP, Ramsay JM, Bullock A, Chen RP, Warren AE, Wong KK. Benefits of an international working exchange in pediatric cardiology. Pediatr Cardiol. 2011;32(1):59–62. doi:10.1007/s00246-010-9816-4

#### Volume with Supplement

Van Spronsen FJ, Huijbregts SC, Bosch AM, Leuzzi V. Cognitive, neurophysiological, neurological and psychosocial outcomes in early-treated PKU-patients: a start toward standardized outcome measurement across development. Mol Genet Metab. 2011;104(suppl 1):S45–S51.

### Issue with Supplement

Dietz CA, Nyberg CR. Genital, oral, and anal human papillomavirus infection in men who have sex with men. J Am Osteopath Assoc. 2011;111(3 suppl 2):S19–S25.

### Books and Other Monographs

### Individual Author

Gatterman M. Whiplash: A Patient-Centered Approach to Management. Missouri: Elsevier Mosby; 2011.

### Editor as Author

Nriagu J, ed. Encyclopedia of Environmental Health. Michigan: Elsevier BV; 2011.

### Organization as Author

UNAIDS. Update on the HIV Epidemic, 2011: Global HIV/AIDS Response—Progress Report 2011. Geneva: WHO Library Cataloguing Data; 2011.

### Chapter in a Book

Belott PH, Reynolds DW. Permanent pacemaker and implantable cardioverter-defibrillator implantation. In: Ellenbogen K, Wilkoff B, Kay GN, Lau CP, eds. Clinical Cardiac Pacing, Defibrillation and Resynchronization Therapy. 4th ed. Birmingham: Elsevier Inc; 2011:443–515.

### Conference Proceeding

Nicolai T. Homeopathy. Proceedings of the Workshop Alternative Medicines; November 30, 2011; Brussels, Belgium. Brussels: ENVI; 2011.

### Paper in Conference Proceedings

Tirilly P, Lu K, Mu X. Predicting modality from text queries for medical image retrieval. In: Cao Y, Kalpathy-Cramer J, Unay D, eds. MM 11: Proceedings of the 2011 International ACM Workshop on Medical Multimedia Analysis and Retrieval; November 28–December 1, 2011; Arizona, USA. New York: ACM; 2011:7–12.

### Dissertation

Suprapto. Penjatuhan pidana mati terhadap pelaku tindak pidana narkotika dan psikotropika di Indonesia dalam perspektif hak asasi manusia berdasarkan UUD 1945 [dissertation]. Bandung: Universitas Padjadjaran; 2011. Accessed April 25, 2020. https://pustaka.unpad.ac.id/archives/84877

### Electronic Material

### Homepage/Website

NIH; National Library of Medicine. Andermann syndrome. Published 2020. Accessed April 25, 2020. https://ghr.nlm.nih.gov/condition/andermann-syndrome

## 11. End-of-Manuscript Statements

### Acknowledgment

Acknowledgments should be limited to individuals or institutions that made a meaningful contribution to the study or manuscript but do not meet the criteria for authorship. This may include technical assistance, administrative support, material support, or other relevant contributions. All sources of financial support or research funding must also be disclosed in this section, including the name of the funding agency and grant number, when applicable.

### Conflict of Interest

Authors must disclose any financial, personal, professional, or other relationships that could be perceived as influencing the conduct or reporting of the study. If no conflict of interest exists, authors should state: "The authors declare no conflict of interest."

### Authors' Contributions

The contribution of each author should be clearly stated. Contributions may include study conception and design, data collection, data analysis and interpretation, manuscript drafting, critical revision, and final approval. For systematic reviews, contributions may also include literature searching, study selection, data extraction, risk of bias assessment, and evidence synthesis.

### Data Availability Statement (if applicable)

Authors may provide a statement describing whether the data supporting the findings are publicly available, available upon reasonable request, included in the article or supplementary materials, or restricted due to ethical, privacy, or confidentiality considerations.

### AI Disclosure

An AI Disclosure statement is required only when generative artificial intelligence or AI-assisted technologies were used in the preparation of the manuscript. Authors must disclose such use in accordance with the journal's AI Policy. If no such tools were used, a separate AI Disclosure statement is not required.

## 12. Ethical Requirements

- Original research involving human participants or animals must state the ethics committee/institutional review body and approval number, when applicable.
- Case reports must have written informed consent for publication. Ethics committee approval should be reported when required by institutional policy.
- Systematic reviews of published data generally do not require ethics committee approval; protocol registration should be reported when applicable.
- Authors are responsible for protecting patient privacy and confidentiality.

## 13. Submission Documents

Authors should prepare and upload all documents required by the journal and the submission system, including the manuscript and applicable supporting files. The journal may request additional documents during editorial screening or revision.

- Cover letter
- Conflict of interest declaration
- Ethics approval and/or informed consent documentation, when applicable
- Proofreading certificate, when required
- Reporting guideline checklist (e.g., PRISMA 2020 for systematic reviews)
- Response to reviewers and revised manuscript files during revision

## 14. Recommended Manuscript Order

| Article Type | Recommended Order |
|---|---|
| Original Research Article | Title Page → Abstracts → Introduction → Methods → Results → Discussion → Conclusion → Acknowledgment → Conflict of Interest → Authors' Contributions → Data Availability Statement (if applicable) → References |
| Case Report | Title Page → Abstracts → Introduction → Case(s) → Discussion → Conclusion → Acknowledgment → Conflict of Interest → Authors' Contributions → Data Availability Statement (if applicable) → References |
| Systematic Review / Meta-analysis | Title Page → Abstracts → Introduction → Methods → Results → Discussion → Conclusion → Acknowledgment → Conflict of Interest → Authors' Contributions → Data Availability Statement (if applicable) → References |

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