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| C:\Users\user\Desktop\cropped-Final-logo2.jpg | **SRI SHRIDEVI CHARITABLE TRUST ®****SHRIDEVI INSTITUTE OF MEDICAL SCIENCES & RESEARCH HOSPITAL, TUMKUR****SCIENTIFIC & RESEARCH COMMITTEE** | C:\Users\user\Desktop\download.jpg |

**FORMAT FOR SUBMISSION OF CASE REPORT**

**General Instructions:**

1. **Fill in all the sections of the form.**
2. **Write NA when not applicable.**
3. **Add extra lines if required.**
4. **Entire Manuscript should be in uniform font.**

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| **SECTION A – FOR OFFICE USE ONLY** (Will be filled by the SRC) |
| **Manuscript Number:** |
| **Date of Submission of proposal:** |
| **Date of Review of the proposal:** |
| **Date of Approval of the proposal:** |

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| **SECTION B*–* BASIC INFORMATION** |

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| **Date of Submission:** |

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| --- |
| **Name & designation of Principal Investigator (PI)1:** |

 1PI- faculty/post graduate/under graduate/others (specify);

|  |
| --- |
| **Department:** |

|  |
| --- |
| **Contact details of principal investigator2:** |

2Include telephone/mobile and e-mail ID;

|  |
| --- |
| **Name & designation of co-investigator(s):** |

|  |
| --- |
| **Title of the case report:** |

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| **Purpose of sending to review: Conference presentation/ publication/ any other- specify** |

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| **SECTION C – Case Report (Not more than 350 words)** |

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| **Introduction:** |

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| **Case Details** |

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| History: |

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| Physical examination results: |

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| Results of pathological tests and other investigations: |

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| Treatment plan: |

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| Outcome: |

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| **Discussion:** |

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| **Conclusion:** |

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| **Acknowledgment:** |

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| --- |
| **References (Minimum 5 references, in Vancouver style):** |

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| **SECTION –C: Declaration**□ I/We certify that the information provided in this application is complete and correct.□ I/We confirm that all investigators have approved the submitted version of the proposal/related documents. □ I/We confirm that we will maintain accurate and complete records of all aspects of the study. |

**SECTION- D: Checklist**

|  |  |  |
| --- | --- | --- |
| 1 | Cover letter | Yes/no |
| 2 | Photographs of the patient used for presentation/publication | Yes/no |
| 3 | Duly signed Informed Consent Form | Yes/no |

|  |  |
| --- | --- |
| Signature of Principal Investigator |  |
| Signature of Co-investigator(s) |  |
| Signature of the Head of the Department |  |
| Signature of the Principal |  |