

Guidelines

Note that this cover letter template **must be completed in full** and then uploaded from your computer once you have logged on to the ScholarOne website for the PhytoCare: Journal of Pharmacology and Natural Remedies Journal, where you will also enter other information.

You are required to provide the details for three suggested reviewers. This information is entered directly on the ScholarOne website after you have logged in and entered preliminary information and uploaded your submitted manuscript.

PhytoCare: Journal of Pharmacology and Natural Remedies has a specific style that all manuscripts must strictly adhere to. The details including formatting of tables, where to place subfigure lettering and the formatting and use of units are provided with many examples in the Guidelines for Authors available at Journal website:

<https://journals.ai-mrc.com/phytocare/about/submissions#authorGuidelines>

You must download and read this document carefully. All manuscripts are quickly checked by the editorial staff and those not conforming to the Journal style are immediately rejected.

Please ensure you include all the information where red star * is provided in the template below.

Author's Affiliation*: _____

Dear Associate Professor Dr. Apt Kintoko, M.Sc.
Editor-in-chief
PhytoCare: Journal of Pharmacology and Natural Remedies

This manuscript describes original work and is not under consideration by any other journal. All authors approved the manuscript and this submission for your consideration for publication in PhytoCare: Journal of Pharmacology and Natural Remedies. Please find the enclosed manuscript entitled "[Add Title here*](#)" by [Add Author\(s\) here*](#). The manuscript has [Add number of pages here*](#) pages [Add number of table\(s\) here*](#) table(s) and [Add number of figure\(s\) here*](#) figure(s).

The manuscript is a (Choose one type by select the Checkbox ☐)*

☐ Research article ☐ Review article

The manuscript is in (Choose one field by select the checkbox ☐)*

☐ Pharmacological Research
☐ Pharmaceutical Science
☐ Natural and Herbal Remedies

The manuscript highlights the following points (Describe in brief about 3–4 lines)*

[Add information here about 3–4 lines, it should capture the editor's attention, provide information about the novelty and importance of your findings—they offer an important opportunity to convince the journal editors to consider your manuscript for publication](#)

I certify hereby that the following points have been addressed in this manuscript.

(Complete the checkboxes ☐)

- * ☐ 1. Confirm that the manuscript has been submitted solely to this journal and is not published, in press, or submitted elsewhere.
- * ☐ 2. Confirm that all the research meets the ethical guidelines, including adherence to the legal requirements of the study country.
- * ☐ 3. Confirm that your manuscript is written to conform to the PhytoCare: Journal of Pharmacology and Natural Remedies format.
- * ☐ 4. Confirm that you have prepared a complete text minus the title page, acknowledgments, and any running headers with author names, to allow blinded review.
- * ☐ 5. Confirm that it was English edited from native English speaker or professional language proofreading agency.
- * ☐ 6. Confirm that you acknowledge and accept the non-refundable submission fee policy.

PhytoCare requests submission of copies of informed consents from human subjects in clinical studies or IRB approval documents.

☐ Available

Submit copies of informed consents from human subjects in clinical studies or IRB approval documents to the to the PhytoCare: Journal of Pharmacology and Natural Remedies.

☐ Unavailable

I will be the corresponding author and may be contacted at:

(Should be the same person as specified in the title page, manuscript, and online submission system)

Corresponding Author's Information

Name*: _____

Affiliation*:

Major _____ Department _____

Faculty _____ University _____

District _____ Province _____ Postal code _____

Country _____

Mobile phone number*: _____ E-mail address*: _____

I hope that the enclosed manuscript and reviewer suggestions fulfill the requirements for publication in PhytoCare: Journal of Pharmacology and Natural Remedies. Thank you for receiving our manuscript and considering it for review. We appreciate your time and look forward to your response.

Yours Sincerely,

[Add the Corresponding author's e-signature or scan/photocopy of signature in the box*](#)

[\(Add Corresponding Author's full name here\)*](#)

Criteria for suggested reviewers

1. Two external and one internal
2. Hold a doctoral degree or an academic title of Professor
3. Has expertise in the area agreeable or relevant to the paper
4. Continually produce research work

(Editorial Board reserve the right to assign the appropriate reviewers)

Reviewers suggested by author(s) (Optional)

First Reviewer (External Reviewer of your institute)

Title*: ☐ Professor ☐ Associate Professor ☐ Assistant Professor ☐ Dr.

Name (English)*: _____

Name (Ind): _____

Specialist*: _____

Affiliation*: _____

Major _____ Department _____

Faculty _____ University _____

District _____ Province _____ Postal code _____

Country _____

E-mail*: _____

Telephone*: _____

Second Reviewer (External Reviewer of your institute)

Title*: ☐ Professor ☐ Associate Professor ☐ Assistant Professor ☐ Dr.

Name (English) *: _____

Name (Ind): _____

Specialist*: _____

Affiliation*: _____

Major _____ Department _____

Faculty _____ University _____

District _____ Province _____ Postal code _____

Country _____

E-mail*: _____

Telephone*: _____

Third Reviewer (Internal Reviewer of your institute)

Title*: ☐ Professor ☐ Associate Professor ☐ Assistant Professor ☐ Dr.

Name (English) *: _____

Name (Ind): _____

Specialist*: _____

Affiliation*: _____

Major _____ Department _____

Faculty _____ University _____

District _____ Province _____ Postal code _____

Country _____

E-mail*: _____
Telephone*: _____