**COVER LETTER**

To,

The Editor-in-chief

Annals of Pathology and Laboratory Medicine (APALM)

**Subject:** Submission of Manuscript for publication

We intend to publish an article entitled “S**EVERE LOW BACK PAIN AS THE PRESENTING FEATURE OF ALKAPTONURIA IN A YOUNG FEMALE** in your journal as a***,* Case Report**On behalf of all the authors, I will act and guarantor and will correspond with the journal from this point onward.

All authors of this manuscript declare that this manuscript represents valid work and that neither this manuscript nor one with substantially similar content under the present authorship has been published or is being considered for publication elsewhere and the authorship of this article will not be contested by anyone whose name(s) is/are not listed here, and that the order of authorship as placed in the manuscript is final and accepted by the co-authors. Each author also acknowledges that this final version was read and approved.

We certify that all the data collected during the study is presented in this manuscript and no data from the study has been or will be published separately. We attest that, if requested by the editors, we will provide the data/information or will cooperate fully in obtaining and providing the data/information on which the manuscript is based, for examination by the editors or their assignees.

We also certify that we have taken all necessary permissions from our institution and/or department for conducting and publishing the present work. There is no ethical problem or conflict of interest.

We have read the all policies including Copyright Policy of the Journal and agree to abide by the same in the event such work is published by the journal.

We would like to suggest following **reviewer** (s) for the article.

|  |  |  |  |
| --- | --- | --- | --- |
| **S.No.** | **Name** | **Name of institute** | **Email id** |
| 1 | Dr.Gethamani V | BGS Institute of Medical Sciences  | drgeethavenkat@yahoo.co.in |
| 2 | Dr.Manjunatha | Mandya Institute Of Medical Sciences and Research Center | drmanju26@gmail.com |
| 3 | Dr.Lekha MB | Ambedkar medical college | dr\_lekha@rediffmail.com |
| 4 |  |  |  |

CONTRIBUTION DETAILS:

|  |  |
| --- | --- |
| **Nature of work** | **AUTHORS** |
| **1** | **2** | **3** | **4** | **5** | **6** |
| Concepts | ☑ |  |  |  |  |  |
| Design |  | ☑ |  |  |  |  |
| Definition of intellectual content | ☑ | ☑ |  |  |  |  |
| Literature search | ☑ | ☑ |  |  |  |  |
| Clinical studies | ☑ | ☑ |  |  |  |  |
| Experimental studies | ☑ | ☑ | ☑ |  |  |  |
| Data acquisition | ☑ | ☑ |  |  |  |  |
| Manuscript preparation | ☑ | ☑ |  |  |  |  |
| Manuscript editing | ☑ | ☑ |  |  |  |  |
| Manuscript review | ☑ | ☑ | ☑ |  |  |  |
| Guarantor | ☑ |  |  |  |  |  |

N.B. Tick mark ☑ as applicable. Except Original article use not applicable (N/A) wherever necessary.

Thanking you,

Yours sincerely,

**Name (Corresponding author) Dr.Archana Shetty**

**Postal Address:** Dr. Archana Shetty

Associate Professor, Pathology,

FF3, Mythili, Sai Durga Apartments,

Padmavathi Meenakshi Kalyana Mantapa Road,

Rajarajeshwarinagar, Bangalore 560098

Phone no: 9986577343

**Email:** archanashetty2924@gmail.com

Date:

**TITLE PAGE**

**Article Details:**

|  |  |
| --- | --- |
| Type of article | **Case Report** |
| Manuscript Title | S**EVERE LOW BACK PAIN AS THE PRESENTING FEATURE OF ALKAPTONURIA IN A YOUNG FEMALE** |
| Running Title | **ALKAPTONURIA IN A YOUNG FEMALE** |

**Authors’ Details**

|  |  |  |  |
| --- | --- | --- | --- |
| S. No. | Author/s Names (First Name, Middle Name and Surname) |  Email | Affiliation (Department and full name of institute)  |
| 1 | Archana Shetty | archanashetty2924@gmail.com | Associate Professor, Pathology, Sapthagiri Institute Of Medical Sciences & Research Center, Bangalore |
| 2 | Padma Priya Kasukurti | padmakasukurti@gmail.com | Assistant Professor, Pathology, Sapthagiri Institute Of Medical Sciences & Research Center, Bangalore |
| 3 | Hariprakash |  | Associate Professor, Neurosurgery, Sapthagiri Institute Of Medical Sciences & Research Center, Bangalore |
| 4 | Vijaya C |  |  Professor & Head, Pathology, Sapthagiri Institute Of Medical Sciences & Research Center, Bangalore |

**Correspondence Details**

|  |  |
| --- | --- |
| Institution to which this study is associated with | Sapthagiri Institute Of Medical Sciences & Research Center, Bangalore |
| Corresponding Author’s Name, Mailing Address, e-mail address and phone number with country code and area code | **Name:** Dr.Archana Shetty**Postal Address**: Dr. Archana ShettyAssociate Professor, Pathology,FF3, Mythili, Sai Durga Apartments,Padmavathi Meenakshi Kalyana Mantapa Road,Rajarajeshwarinagar, Bangalore 560098**Email**: archanashetty2924@gmail.comCountry INDIA Area code 560098 |

**Other Details**

|  |  |
| --- | --- |
| Total Word Count | Abstract 177 Main text 1274 reference 279 |
| Total No of Tables | NIL |
| Total No of Figures: | 5 |
| Total No of References | 13 |
| Funding Source | NONE |
| Conflict of Interest (Y/N) |  N |
| If Yes, Details | NA |