

## ***INFORMATION FOR AUTHORS***

***Medical Review*** publishes papers (previously neither published in nor submitted to any other journals) from various fields of biomedicine intended for broad circles of doctors.

Since January 1<sup>th</sup>, 2013 the Medical Review has been using the service e-Ur: Electronic Journal Editing. All users of the Registration system, i.e. authors, reviewers, and editors have to be registered users with only one e-mail address. Registration should be made on the web address:

<http://aseestant.ceon.rs/index.php/medpreg/user/register>.

Manuscript submission should be made on the web address:

<http://aseestant.ceon.rs/index.php/medpreg/>

A SUPPLEMENTARY FILE, WITH THE STATEMENT THAT THE PAPER HAS NOT BEEN SUBMITTED OR ACCEPTED FOR PUBLICATION ELSEWHERE AND A CONSENT SIGNED BY ALL AUTHORS, HAVE TO BE ENCLOSED WITH THE MANUSCRIPT.

Authors may not send the same manuscript to more than one journal concurrently. If this occurs, the Editor may return the paper without reviewing it, reject the paper, contact the Editor of the other journal(s) in question and/or contact the author's employers.

Papers should be written in English language, with an abstract and title page in English, as well as in Serbian language.

All papers submitted to ***Medical Review*** are seen by one or more members of the Editorial Board. Suitable articles are sent to at least two experts to be reviewed, their reports are returned to the assigned member of the Editorial Board and the Editor. Revision of an article gives no guarantee of acceptance and in some cases revised articles are rejected if the improvements are not sufficient or new issues have arisen. Material submitted to the Journal remains confidential while being reviewed and peer-reviewers' identities are protected unless they elect to lose anonymity.

*Medical Review* publishes the following types of articles: editorials, original studies, preliminary reports, review articles, professional articles, case reports, articles from history of medicine and other types of publications.

**1. Editorials** – up to 5 pages – convey opinions or discussions on a subject relevant for the Journal. Editorials are commonly written by one author by invitation.

**2. Original studies** – up to 12 pages – present the authors' own investigations and their interpretations. They should contain data which could be the basis to check the obtained results and reproduce the investigative procedure.

**3. Review articles** – up to 10 pages – provide a condensed, comprehensive and critical review of a problem on the basis of the published material being analyzed and discussed, reflecting the current situation in one area of research. Papers of this type will be accepted for publication provided that the authors confirm their expertise in the relevant area by citing at least 5 self-citations.

**4. Preliminary reports** – up to 4 pages – contain scientific results of significant importance requiring urgent publishing; however, it need not provide detailed description for repeating the obtained results. It presents new scientific data without a detailed explanation of methods and results. It contains all parts of an original study in an abridged form.

**5. Professional articles** – up to 10 pages – examine or reproduce previous investigation and represent a valuable source of knowledge and adaption of original investigations for the needs of current science and practice.

**6. Case reports** – up to 6 pages – deal with rare casuistry from practice important for doctors in direct charge of patients and are similar to professional articles. They emphasize unusual characteristics and course of a disease, unexpected reactions to a therapy, application of new diagnostic procedures and describe a rare or new disease.

**7. History of medicine** – up to 10 pages – deals with history with the aim of providing continuity of medical and health care culture. They have the character of professional articles.

**8. Other types of publications** – The journal also publishes feuilletons, book reviews, extracts from foreign literature, reports from congresses and professional meetings, communications on activities of certain medical institutions, branches and sections, announcements of the Editorial Board, letters to the Editorial Board, novelties in medicine, questions and answers, professional and vocational news and In memoriam.

## **Preparation of the manuscript**

The complete manuscript, including the text, all supplementary material and covering letter, is to be sent to the web address above.

### **The covering letter:**

– It must contain the proof given by the author that the paper represents an original work that it has neither been previously published in other journals nor is under consideration to be published in other journals.

- It must confirm that all the authors meet criteria set for the authorship of the paper, that they agree completely with the text and that there is no conflict of interest.
- It must state the type of the paper submitted (an original study, a review article, a preliminary report, a professional article, a case report, history of medicine).

### **The manuscript:**

#### **General instructions.**

Use Microsoft Word for Windows to type the text. The text must be typed in font *Times New Roman*, page format A4, space 1.5 (for tables as well), margins set to 2.5 cm and font size 12pt. All measurements should be reported in the metric system of the International System of Units – SI. Temperature should be expressed in Celsius degrees (°C) and pressure in mmHg.

The manuscript should contain the following elements:

#### **1. The title page.**

The title page should contain a concise and clear title of the paper, without abbreviations, then a short title (up to 40 characters), full names and surnames of the authors (not more than 6) indexed by numbers corresponding to those given in the heading along with the full name and place of the institutions they work for. Contact information including the academic degree(s), full address, e-mail and number of phone or fax of the corresponding author (the author responsible for correspondence) are to be given at the bottom of this page.

#### **2. Summary.**

The summary should contain up to 250 words, without abbreviations, with the precise review of problems, objectives, methods, important results and conclusions. It should be structured into the paragraphs as follows:

- Original and professional papers should have the introduction (with the objective of the paper), materials and methods, results and conclusion
- Case reports should have the introduction, case report and conclusion
- Review papers should have the introduction, subtitles corresponding to those in the paper and conclusion.

The authors should provide up to 10 keywords below the summary. These keywords will assist indexers in cross-indexing the article and will be published with the summary, but the authors' keywords could be changed in accordance with the list of Medical Subject Headings, MeSH of the American National Medical Library.

The summary should be written in both languages, English as well as Serbian. The summary in Serbian language should be the translation of the summary in English; therefore, it has to contain the same paragraphs.

### **3. The text of the paper.**

- The text of original studies must contain the following: introduction (with the clearly defined objective of the study), materials and methods, results, discussion, conclusion, list of abbreviations (if used in the text) and not necessarily, the acknowledgment mentioning those who have helped in the investigation and preparation of the paper.
- The text of a case report should contain the following: introduction (with clearly defined objective of the study), case report, discussion and conclusion.

**Introduction** contains clearly defined problem dealt with in the study (its nature and importance), with the relevant references and clearly defined objective of the investigation and hypothesis.

**Materials and methods** should contain data on design of the study (prospective/retrospective, eligibility and exclusion criteria, duration, demographic data, follow-up period). Statistical methods applied should be clear and described in details.

**Results** give a detailed review of data obtained during the study. All tables, graphs, schemes and figures must be cited in the text and numbered consecutively in the order of their first citation in the text.

**Discussion** should be concise and clear, interpreting the basic findings of the study in comparison with the results of relevant studies published in international and national literature. It should be stated whether the hypothesis has been confirmed or denied. Merits and demerits of the study should be mentioned.

**Conclusion** must deny or confirm the attitude towards the problem mentioned in the introduction. Conclusions must be based solely on the author's own results, corroborating them. Avoid generalized and unnecessary conclusions. Conclusions in the text must be in accordance with those given in the summary.

**4. References** are to be given in the text under Arabic numerals in parentheses consecutively in the order of their first citation. Avoid a large number of citations in the text. The title of journals should be abbreviated according to the style used in Index Medicus (<http://www.nlm.nih.gov/tsd/serials/lji.html>). Apply Vancouver Group's Criteria, which define the order of data and punctuation marks separating them. Examples of correct forms of references are given below. List all authors, but if the number exceeds six, give the names of six authors followed by 'et al'.

Articles in journals

*\* A standard article*

Ginsberg JS, Bates SM. Management of venous thromboembolism during pregnancy. J Thromb Haemost 2003;1:1435-42.

*\* An organization as the author*

Diabetes Prevention Program Research Group. Hypertension, insulin, and proinsulin in participants with impaired glucose tolerance. Hypertension 2002;40(5):679-86.

*\* No author given*

21st century heart solution may have a sting in the tail. BMJ. 2002;325(7357):184.

*\* A volume with supplement*

Magni F, Rossoni G, Berti F. BN-52021 protects guinea pig from heart anaphylaxis. *Pharmacol Res Commun* 1988;20 Suppl 5:75-8.

*\* An issue with supplement*

Gardos G, Cole JO, Haskell D, Marby D, Pame SS, Moore P. The natural history of tardive dyskinesia. *J Clin Psychopharmacol* 1988;8(4 Suppl):31S-37S.

*\* A summary in a journal*

Fuhrman SA, Joiner KA. Binding of the third component of complement C3 by *Toxoplasma gondi* [abstract]. *Clin Res* 1987;35:475A.

#### Books and other monographs

*\* One or more authors*

Murray PR, Rosenthal KS, Kobayashi GS, Pfaller MA. *Medical microbiology*. 4th ed. St. Louis: Mosby; 2002.

*\* Editor(s) as author(s)*

Danset J, Colombani J, eds. *Histocompatibility testing* 1972. Copenhagen: Munksgaard, 1973:12-8.

*\* A chapter in a book*

Weinstein L, Shwartz MN. Pathologic properties of invading microorganisms. In: Soderman WA Jr, Soderman WA, eds. *Pathologic physiology: mechanisms of disease*. Philadelphia: Saunders; 1974. p. 457-72.

*\* A conference paper*

Christensen S, Oppacher F. An analysis of Koza's computational effort statistic for genetic programming. In: Foster JA, Lutton E, Miller J, Ryan C, Tettamanzi AG, editors. *Genetic programming. EuroGP 2002: Proceedings of the 5th European Conference on Genetic Programming; 2002 Apr 3-5; Kinsdale, Ireland*. Berlin: Springer; 2002. p. 182-91.

*\* A dissertation and theses*

Borkowski MM. *Infant sleep and feeding: a telephone survey of Hispanic Americans* [dissertation]. Mount Pleasant (MI): Central Michigan University; 2002.

#### Electronic material

*\* A journal article in electronic format*

Abood S. Quality improvement initiative in nursing homes: the ANA acts in an advisory role. Am J Nurs [Internet]. 2002 Jun [cited 2002 Aug 12];102(6):[about 1 p.]. Available from: <http://www.nursingworld.org/AJN/2002/june/Wawatch.htm>Article

*\* Monographs in electronic format*

CDI, clinical dermatology illustrated [monograph on CD-ROM]. Reeves JRT, Maibach H. CMEA Multimedia Group, producers. 2nd ed. Version 2.0. San Diego:CMEA;1995.

*\* A computer file*

Hemodynamics III: the ups and downs of hemodynamics [computer program]. Version 2.2. Orlando (FL): Computerized Educational Systems; 1993.

## **5. Attachments (tables, graphs, schemes and photographs).**

THE MAXIMUM NUMBER OF ATTACHMENTS ALLOWED IS SIX!

Tables, graphs, schemes and photographs are to be submitted as separate documents, on separate pages.

- Tables and graphs are to be prepared in the format compatible with Microsoft Word for Windows programme. Photographs are to be prepared in JPG, GIF, TIFF, EPS or similar format.
- Each attachment must be numbered by Arabic numerals consecutively in the order of their appearance in the text
- The title, text in tables, graphs, schemes and legends must be given in both Serbian and English languages.
- Explain all non-standard abbreviations in footnotes using the following symbols \*, †, ‡, §, ||, ¶, \*\*, † †, ‡ ‡ .
- State the type of color used and microscope magnification in the legends of photomicrographs. Photomicrographs should have internal scale markers.
- If a table, graph, scheme or figure has been previously published, acknowledge the original source and submit written permission from the copyright holder to reproduce it.
- All attachments will be printed in black and white. If the authors wish to have the attachments in color, they will have to pay additional cost.

## **6. Additional requirements**

SHOULD THE AUTHOR AND ALL CO-AUTHORS FAIL TO PAY THE SUBSCRIPTION FOR MEDICAL REVIEW, THEIR PAPER WILL NOT BE PUBLISHED.