

# medicina<sup>®</sup>

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The Journal of Croatian Medical Association – Rijeka Branch

## Instructions to Authors

**Please read carefully. Failure to conform to standards outlined here will delay processing.** Instructions to authors of *Medicina*<sup>®</sup> are in accordance with the “Uniform Requirements for Manuscripts Submitted to Biomedical Journals”, published by the International Committee of Medical Journal Editors (ICMJE)<sup>1</sup>. The standards for the Editorial process are in accordance with the Committee on Publication Ethics (COPE) guidelines in „A Code of Conduct for Editors of Biomedical Journals“<sup>2</sup>.

**Please Note:** Beginning March 1, 2008 *Medicina*<sup>®</sup> is following new policies.

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## **MEDICINA<sup>®</sup> POLICIES**

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### **General information and scope.**

**Medicina<sup>®</sup>** is the official journal of the Croatian Medical Association – Rijeka Branch and was launched in 1964. **Medicina<sup>®</sup>** is a peer-reviewed journal which publishes articles of general interest in all aspects of human biomedical sciences, including Basic and Clinical research, Public health care and organization, Medical history presentations, Medical bioethics and Medical education.

The audience for **Medicina<sup>®</sup>** titles consists of clinicians, research scientists and a range of professionals in the healthcare community. Authors should bear in mind the multidisciplinary status of the readership when writing the article.

The journal publishes the following types of articles: *Editorials, Original scientific papers, Short communications (Notes), Preliminary communications, Reviews, Professional papers, Case reports, Conference papers, Meeting abstracts, Letters to the Editor, Book reviews and Appendixes.*

### **Editorial policies.**

All manuscripts submitted to **Medicina<sup>®</sup>** must be written in Croatian or in English and are given equal consideration, irrespective of country of origin, as long as the main criteria are met (i.e. the manuscript is written and prepared according to the **Medicina<sup>®</sup>** Instructions to authors and the article fits into the scope of **Medicina<sup>®</sup>**). Neither the journal, nor the publisher will assume any responsibility for statements in the articles, which are the sole responsibility of the authors.

A manuscript containing original material will be considered for publication with the understanding that:

- all named authors have agreed to its submission
- if neither the article nor any part of its essential substance, tables, or figures has been or will be published elsewhere before appearing in **Medicina<sup>®</sup>** (this restriction does not apply to abstracts or press reports published in connection with scientific meetings)
- it is not under consideration for publication by another journal
- any work in preparation, submitted, in press, or published that is potentially overlapping either in the actual data presented or in the conceptual approach is enclosed along with the original submission
- if the paper is accepted it will not subsequently be published in the same or similar form in any language in any other media without the consent of the Publisher

### **Authorship criteria.**

Following the recommendations contained in the Uniform Requirements, **Medicina<sup>®</sup>** defines "author" as a person who has participated sufficiently in the work to take public responsibility for portions of the content. All persons designated as authors should qualify for authorship and all those who qualify should be listed.

Specifically, an author is a person who:

- has made substantial contributions to conception and design, or acquisition of data, or analysis and interpretation of data

- has drafted the submitted article or revised it critically for important intellectual content
- has provided final approval of the version to be published.

Any person who does not meet all three of the listed criteria does not qualify as an author and should not be designated as an author.

Those persons who contribute to the submitted manuscript, without qualifying as authors (such as a person who provided purely technical help, writing assistance, or a department chair who provided only general support), should be listed (with their written permission) in the Acknowledgments section, together with a description of their individual contributions and institutional affiliations. Financial and material support should be named in the Acknowledgments, and what they did should be described (for further information please see the Acknowledgments section).

When authorship is attributed to a group, all authors must meet the listed criteria and must be responsible for the quality, accuracy, and ethics of the work. All authors must participate in determining the order of authorship, and each author must be prepared to explain the order in which authors are listed in the submission. The Editor may require authors to justify the assignment of authorship.

### **Corresponding Author.**

The author designated as the corresponding author is responsible for correspondence and copyright ownership of the manuscript. The corresponding author warrants that the article is original, that is not under consideration by any other journal, that has not been previously published, and that the data in the manuscript has been reviewed by all authors, who agree with the analysis of the data and the conclusions reached in the manuscript.

The corresponding author is the guarantor, and must assume full responsibility for the integrity of the submission as a whole, from inception to published article.

**Medicina**<sup>®</sup> will correspond with only one author on each submission. It is the responsibility of the designated corresponding author to communicate with the coauthors.

### **Licence to Publish. Medicina Author Agreement.**

Once manuscript has been accepted for publication, the Editorial office will send the Authorship Agreement Form to the corresponding author. A copy of the Authorship Agreement can be found on the journal web site (available at <http://hrcak.srce.hr/medicina>). Authors should download the agreement and complete, sign, and fax it to the Editorial Office. By signing the Agreement, each author agrees to his or her obligations and makes certain representations in connection with the submission. Among other things, each author is asked to represent that:

- he or she has participated sufficiently in the research and analysis of data, as well as the writing of the manuscript, to qualify as an "author" under **Medicina's** definition
- no portion of the work or a related work has been published previously or is in preparation for or under consideration for publication elsewhere, except as outlined either on the title page of the manuscript or in the cover letter accompanying the submission
- all actual and potential conflicts of interest have been disclosed

- all information provided to **Medicina**<sup>®</sup> in connection with the submission is true and complete, and complies with **Medicina's** policies.

By signing the **Medicina**<sup>®</sup> Author Agreement, as required, each author grants Croatian Medical Association an exclusive license to publish, in return for which they can re-use their papers in their future printed work. An author's intellectual property rights transfer to **Medicina**<sup>®</sup> only if a manuscript is accepted for publication. The manuscripts may not be submitted elsewhere for printing or publication.

### **Scientific integrity and responding to allegations of possible misconduct.**

If misconduct by authors or reviewers is suspected, either pre- or post-publication, **Medicina**<sup>®</sup> reserves the right to proceed according to the procedures described below. Authors have a right to respond to such allegations and for investigations to be carried out with appropriate speed and due diligence. If the response is unsatisfactory, then an appropriate authority will be asked to investigate fully. **Medicina**<sup>®</sup> will correct the record or archive as necessary.

Some examples of misconduct include falsification of data, plagiarism (both plagiarism of others and self-plagiarism), improper designations of authorship, duplicate publication, misappropriation of others' research, failure to disclose conflicts of interest, and failure to comply with applicable legislative or regulatory requirements. Misconduct also includes failure to comply with any of **Medicina's** other ethical rules and policies not specifically enumerated here

If the Editor discovers or is presented evidence of such problems, he will first consult with the Executive Editors for Medical Ethics and with them contact the appropriate officials (employers, funders, regulatory authorities) at the institutions from which the manuscript originated and the journal publishers (Croatian Medical Association), referring to information from the Committee on Publication Ethics (COPE), encouraging them to investigate. It is then left to these institutions to pursue the matter appropriately.

The journal will publish 'retractions' if work is proven to be fraudulent, or 'expressions of concern' if the Editor has well-founded suspicions of misconduct. If the Editor was not aware that the article has already been published, a notice of duplicate publication will be published without the authors' explanation or approval.

### **Conflict of interest.**

Authors are responsible for scientific integrity as well as the professional, scientific and financial independency of the conducted research. Thereafter, all authors have to sign the Conflict of Interest Disclosure Form (<http://hrcak.srce.hr/medicina>) and return it to the Editorial office.

Authors must state explicitly whether potential conflicts do or do not exist (e.g. personal or financial relationships that could influence their actions) and any such potential conflict of interest (including sources of funding) should be summarized in a separate section of the published article. Peer reviewers must disclose any conflicts of interest that could bias their opinions of the manuscript, and they should disqualify themselves from reviewing specific manuscripts if they believe it appropriate.

Examples of potential conflicts of interest include, but are not limited to, employment, consultancies, stock ownership, honoraria, paid expert testimony, patent applications/registrations, and grants or other funding. Such information will be held in confidence while the paper is under review and will not influence the

Editorial decision, but if the article is accepted for publication, **Medicina**<sup>®</sup> will determine what, if any, pertinent parts of an author's conflicts of interest disclosures will appear with the article.

### **Conflict of Interest Policy for Editors.**

Original manuscripts authored or coauthored by the Editor-in-Chief or the Associate editor are handled by members of the Editorial board, who make the ultimate acceptance or rejection. The entire process is handled confidentially.

The Editor-in-Chief may, from time to time, refer a manuscript, whether or not he is the author, to the Associate editor or members of the Editorial board to avoid a real or reasonably perceived conflict of interest.

### **Copyright Information.**

Authors should understand that if accepted for publication, copyright of the paper shall be assigned to the Publisher. *Croatian Medical Association – Rijeka Branch* is the owner of all copyright to any work published by **Medicina**<sup>®</sup>. The Publisher and its licensees have the right to use, reproduce, transmit, derive works from, publish, and distribute the contribution, in **Medicina**<sup>®</sup> or otherwise, in any form or medium. The full text of articles published in this journal can be used free of charge for personal and educational purposes while respecting authors' and publishers' copyrights. For commercial purposes, the authors may not use or authorize the use of the contribution in any language without the written consent of the Publisher. No material published in the journal may be stored on microfilm or videocassette or in electronic databases or reproduced photographically without the prior written permission of the publisher. The articles published in this journal are protected by copyright, which covers translation rights and the exclusive right to reproduce and distribute all of the articles printed in the journal.

### **Guidelines for Clinical Trials.**

**Medicina**<sup>®</sup> defines a clinical trial according to the ICMJE definition. A clinical trial is any research project that prospectively assigns human subjects to intervention or concurrent comparison or control groups to study the cause-and-effect relationship between a medical intervention (eg. drugs, devices, surgical procedures) and a health outcome.

**Medicina**<sup>®</sup> prefer to publish clinical trials that have been included in a clinical trials registry that is accessible to the public at no charge, is electronically searchable, is open to prospective registrants and is managed by a not-for-profit organization, such as [www.clinicaltrials.gov](http://www.clinicaltrials.gov) (sponsored by the United States National Library of Medicine)<sup>4</sup>. After successful registration, authors will obtain a registration number which should be included (with registration database) at the end of article Abstract.

In manuscripts that report data from randomized clinical trials, authors should follow the flow diagram or checklist in Consolidated Standards of Reporting Trials (CONSORT) format and provide all of the information required by the CONSORT checklist. If necessary, information may be submitted in a separate document accompanying the manuscript submission. The CONSORT information is available at [www.consortstatement.org](http://www.consortstatement.org).

### **Ethical conduct of studies involving humans and animals.**

For studies involving data relating to human or animal experimental investigations, appropriate institutional review board approval is required and should be described within the article. For those investigators who do not have formal Ethics Review Committees, the principles outlined in the Declaration of Helsinki of 1975 should be followed (available at [www.WMA.net](http://www.WMA.net)). For investigations involving human subjects, authors should explain how informed consent was obtained from the participants involved.

*Patients' rights to privacy.* Patients have a right to privacy that should not be infringed without informed consent. Identifying information, including patients' names, initials, or hospital numbers, should not be published in written descriptions, photographs, and pedigrees unless the information is essential for scientific purposes and the patient (or parent or guardian) gives written informed consent for publication. Authors should disclose to these patients whether any potential identifiable material might be available via the Internet as well as in print after publication. When informed consent has been obtained it should be indicated in the published article.

Studies involving animals must be carried out according to the Guiding principles for research involving animals and human beings<sup>3</sup>.

The Editor reserves the right to seek further clarification regarding the conditions under which the study was performed and to refuse publication where ethical approval is lacking.

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# **MEDICINA**<sup>®</sup> GUIDELINES FOR MANUSCRIPT PREPARATION

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Authors should have read the **Medicina**<sup>®</sup> policies while writing the manuscript. Correct preparation of the manuscript by the author(s) will expedite the reviewing and publication procedures. Croatian-speaking authors may consult instructions in Croatian at <http://hrcak.srce.hr/medicina>.

## **Submission of manuscripts.**

To submit a manuscript, please prepare your manuscript according to the instructions set forth in detail. **Articles are submitted by e-mail to the Editor-in-chief: [sasa.ostojic@medri.hr](mailto:sasa.ostojic@medri.hr).**

Please name your manuscript in the following style: Surname – Manuscript (example, Elliott – Manuscript).

Receipt of all manuscripts will be acknowledged within 1 week and authors will be notified as to whether the article is to progress to external review. If an author does not receive confirmation of submission, he or she should contact the Editorial Office. Initial screening of articles by the Editor-in-Chief or members of the Editorial board will assess the topicality and importance of the subject, the clarity of presentation, and relevance to the audience of the journal.

If the submission is incomplete (eg. missing text components, figures, tables, etc.), the corresponding author will be informed of what is missing and will be asked to resubmit a complete version.

Although we prefer manuscripts to be submitted electronically, alternatively, the original copy of the manuscript and all supporting material can be sent on a compact disc (CD) to the Editorial Office of Medicina via regular mail to the following address: Croatian Medical Association – Branch of Rijeka, Krešimirova 52a/V, p.p. 227, 51000 Rijeka, Croatia (HR).

## **Submission Form.**

When submitting a new manuscript, the authors must **download and fill out the Submission Form** from our website <http://hrcak.srce.hr/medicina>. The Submission Form includes the following information:

- General manuscript information (Title, Authors, Corresponding Author)
- Type of article that the manuscript represents
- Number of pages (excluding abstract, acknowledgments, figure legends, and references). This allows the Editor and reviewers to assess whether the information contained in the paper warrants the amount of space devoted to it, and whether the submitted manuscript fits within the journal's page limits
- The number of Figures and Tables
- Names and addresses of at least two reviewers
- A statement of financial or other relationships that might lead to a conflict of interest, if that information is not included in the manuscript itself
- Statement that the manuscript has been read and approved by all the authors

- Copies of any permission to reproduce published material, to use illustrations or report information about identifiable people, or to name people for their contributions must accompany the manuscript
- Any additional information that may be helpful to the Editor

### **Manuscript Format.**

**The manuscript should not exceed 20 A4 pages (standard margins 2.5cm) without references, tables and figures. Editorial holds rights to all necessary changes to language and style of the original manuscript needed to adhere to uniform standards of the journal.**

Manuscripts (including all text, references, figure legends, and tables) should be typed, **double spaced** in Croatian or standard English, with **11-point Arial font and each page numbered in the lower right corner starting with the title page**. Our preferred file type for new manuscript submissions is **Word Doc** documents. Each figure should be prepared as a separate digital file (see figure preparation instructions that follow).

### **Article sections.**

Order the elements comprising the manuscript as follows:

- Title page
- Abstract
- Key words
- Organizational components depending on the article type (Please be sure to **read** which organizational components are required for each article type at <http://hrcak.srce.hr/medicina>)
- Acknowledgments
- References
- Tables
- Figure legends
- Highlights

**Title page.** This should include:

- *The title of the article:* in English and Croatian; 100 characters without spaces max. The title should reflect the content of the article. Avoid declarative statements, questions, titles that tantalize but do not inform readers, and subtitles.
- *Full names of each author with institutional affiliations* (the name and address of the institution(s) from which the work originated). **Avoid any abbreviations of academic or professional titles**
- *Reprints and correspondence:* Please provide full name and complete addresses, telephone and fax numbers of the corresponding author, to whom communications, proofs and reprint requests should be sent to with contact information.

**Abstract.** Abstract should be written both in English and Croatian. It should consist of **no more than 250 words**, and organized into paragraphs depending on the article type (for example in original scientific article the paragraphs should be labeled Aim, Methods, Results, Discussion and Conclusions). The abstract should provide the context or background for the study and should state the study's purposes, basic procedures (selection of study subjects or laboratory animals, observational and

analytical methods), main findings (giving specific effect sizes and their statistical significance), and principal conclusions. For all clinical trials (see **Medicina**<sup>®</sup> Policies), the trial registry name and registration number must be stated at the end of the Abstract.

For full details on the organization of abstract depending on the article type, please see <http://hrcak.srce.hr/medicina>.

**Key words.** A list of 3-6 key words is to be provided directly below the abstract. Key words should express the precise content of the manuscript and consist of words or phrases not in the title, as they are used for indexing purposes. They should each be arranged in alphabetical order and separated by a comma (,).

**Acknowledgments.** All contributors who do not meet the criteria for authorship should be listed in an acknowledgments section. Corresponding authors should declare whether or not they had assistance with study design, data collection, data analysis, or manuscript preparation. If such assistance was available, the authors should disclose the identity of the people that provided this assistance and the entity that supported it in the published article. Grant, financial and material support should also be acknowledged. All acknowledgments should be typed in one separate paragraph that directly precedes the reference section. The inclusion of individuals and/or of institutions in the acknowledgment section in a manuscript requires a signed approval from each individual mentioned in the acknowledgment and/or of an authorized individual representing the institution(s) that clearly states that the individual(s) and/or institution(s) agree to be named in an acknowledgment section of the paper. Illustrations from other publications must be acknowledged. The corresponding author must sign the **Acknowledgment Section** of the Copyright Transfer Form.

**References.** The Editorial department checks all references for validity, however, authors are responsible for the accuracy of their references.

In text, tables and legends, references must be given as superscript Arabic numerals, numbered consecutively in the order in which they appear in the text. At the end of the papers they should be listed as full citations (double-spaced) in numerical order corresponding to the order of citation in the text. References cited only in tables or figure legends should be numbered in accordance with the sequence established by the first identification in the text of the particular table or figure. Once a reference is cited, all subsequent citations should be to the original number. If more than two consecutive references are encountered, please separate them with a **dash**.

Abbreviations for titles of medical journals should conform to those used in the latest edition of *Index Medicus* (please visit <ftp://nlmpubs.nlm.nih.gov/online/journals/ljiweb.pdf>). Whenever possible, authors should focus on recent papers. Papers of particular interest can be identified using one asterisk symbol (\*) and chosen references should be annotated with a brief sentence explaining why the reference is considered to be of interest. If more than two consecutive references are encountered, please separate them with a dash.

The following are sample references:

• **Journal Article:**

**Standard Journal article.** Santos F, Dean W. Epigenetic reprogramming during early development in mammals. *Reproduction* 2004;127:643-51.

**Six or more authors.** Reik W, Constância M, Fowden A, Anderson N, Dean W, Ferguson-Smith A et al. Regulation of supply and demand for maternal nutrients in mammals by imprinted genes. *J Physiol* 2003;547:35-44.

**Journal article with organization as author.** Institute of Medical Illustrators. Photography of cleft audit patients. *J Audiov Media Med.* 2004;27:170-4.

**Journal article with governmental body as author.** National Institutes of Health (US). End-of-life care. National Institutes of Health statement on the state of the science. *AWHONN Lifelines.* 2005;9:15-22.

**Journal article within a supplement.** Draghici S, Khatri P, Shah A, Tainsky MA. Assessing the functional bias of commercial microarrays using the onto-compare database. *Biotechniques.* 2003;(Suppl):55-61.

**In press.** Savinainen KJ, Helenius MA, Lehtonen HJ, Visakorpi T. Overexpression of EIF3S3 promotes cancer cell growth. *Prostate.* In press 2006.

**Internet resource.** Organ Procurement and Transplantation Network. National Data Reports. Available at <http://www.optn.org/latestData/step2.asp>. Accessed January 7, 2008.

- **Books:**

**Standard book with initials for authors.** Benirschke K, Kaufmann P, Baergen RN. *Pathology of the Human Placenta.* 5<sup>th</sup> Edition. New York: Springer Science, 2006;171-8.

**Volumes of Books with a Separate Title for the Volume but Without Separate Authors/Editors:** Moller TB, Reif E. *Pocket atlas of sectional anatomy: computer tomography and magnetic resonance imaging.* Vol. 2, Thorax, abdomen, and pelvis. Stuttgart: Thieme, 2001; 226.

**Parts of books.** Bhatia S, Robinson LL. Epidemiology of leukemia in childhood. *In: Nathan DG, Orkin SH, Look AT, Ginsburg D (eds). Nathan and Oski's Hematology of Infancy and Childhood.* Philadelphia: Saunders Company, 2003;1081-110.

- **Dissertations and theses:**

Banić D. Kvaliteta života bolesnika na redovitoj hemodijalizi. Rijeka: Medicinski fakultet, 1997;85. PhD thesis.

- **Papers and Poster Sessions Presented at Meetings:**

**Standard paper presented.** Bernhardt A, Weiss C, Breuer J, Kumpf M, Sieverding L. The clinical relevance of an elevated lactate level after surgery for congenital heart disease. Abstracts of the 3rd International Symposium on the Pathophysiology of Cardiopulmonary Bypass. Aachen, 2000;16.

**Standard poster presented.** Chasman J, Kaplan RF. The effects of occupation on preserved cognitive functioning in dementia. Poster session at 4th Annual Conference of the American Academy of Clinical Neuropsychology. Philadelphia, 2006;15-17.

- **Journals on the internet:**

Terauchi Y, Takamoto I, Kubota N. Glucokinase and IRS-2 are required for compensatory beta cell hyperplasia in response to high-fat diet-induced insulin resistance. *J Clin Invest* [Internet]. 2007;117:246-57. Available from: <http://www.jci.org/cgi/content/full/117/1/246>

- **Personal communications, unpublished observations, and submitted manuscripts** are not legitimate references. They must be cited in the text only (not in the reference list) as follows: author name, degree(s) held, unpublished data, year. If authors wish to cite the unpublished observations of other workers they need to make sure they hold all necessary permissions.

**Tables.** These should be labeled sequentially as Table 1, Table 2, etc and each should have a short descriptive title. Each table should be self-explanatory, typed double-spaced on separate page, and numbered consecutively with Arabic numerals. Use superscript lowercase letters to denote footnotes within a table in the order they appear. Each table must include definitions of all abbreviations that have been used. Abbreviations must be used more than once; if not, do not abbreviate but write out. Be sure that each table is cited in the text.

Tables should not duplicate the content of the text. Unlike figures or images, tables may be embedded into the separate pages at the end of the manuscript, or supplied as separate electronic files.

**Figures and Illustrations.** Figures and images should **not** be inserted or embedded into the manuscript document; rather, they should be saved and uploaded as separate files and numbered consecutively according to the order in which they have been first cited in the text (i.e. Figure 1, Figure 2 etc).

Medical and scientific illustrations will be created or redrawn in-house if necessary. If an outside illustrator has created a figure, **Medicina**® reserves the right to modify or redraw it to meet our specifications for publication. The author must explicitly acquire all rights to the illustration from the artist in order for us to publish it.

- *Format of submitted art:* Supported formats include TIFF, GIF, JPEG, PDF, PPT, TIF.
- *Resolution:* Files must conform to the following minimum resolution specifications: 300 dpi for black and white and color photographs with no labeling; 600 dpi for combination figures (photographs with labeling); 1200 dpi for line art (eg. graphs, drawings that have no gray tones). For x-ray films, scans, and other diagnostic images, as well as pictures of pathology specimens or photomicrographs, send sharp, glossy, black-and-white or color photographic prints. It is permissible to send low-resolution images for peer review, although we may ask for high-resolution files at a later stage.
- *Image size:* Images should be 20.0 cm wide by 14.5 cm high.

A reasonable number of colour illustrations will be reproduced free of cost to the author, but special arrangements must be made with the Editor for extensive color plates, elaborate tables, or extra illustrations.

*When sending the manuscript by standard mail.* All supporting material to the manuscript can be sent on a compact disc (CD) to the Editorial Office. Illustrations and photographs should not be included in the manuscript itself, but rather as a separate file named according to the order they appear in the manuscript. Illustrations will not be returned.

**Legends for Figures and Illustrations.** Figures should be labeled sequentially, numbered and cited in the text. Figure legends should be printed and double-spaced on a separate sheet entitled "Titles and legends to figures", with Arabic numerals corresponding to the illustrations. Figures should be made as self-explanatory as possible. Titles and detailed explanations belong in the legends and not on the illustrations themselves. Provide a short title in the legend. Maximum length of legends should be limited to 200 words. Letters, numbers, and symbols on Figures should be clear and even throughout, and of sufficient size that when reduced for publication each item will still be legible.

When symbols, arrows, numbers, or letters are used to identify parts of the illustrations, identify and explain each one clearly in the legend. Photomicrographs should have internal scale markers, which have to be explained and the method of staining in photomicrographs should be identified. Symbols, arrows, or letters used in photomicrographs should contrast with the background.

**Highlights (summary).** Highlights are intended to awake interest of the reader and state the most important aspects of the article. The author should include a separate Word doc file named „Surname - Highlights“ in which he or she will include a series of bulleted statements which represent key problems and conclusions, unresolved issues and points for emphasis of work in future (two paragraphs of maximum 50 words). After the manuscript is accepted for publication, these statements will appear throughout text in separate tables, highlighting the most important issues of the article.

### **Abbreviations and units of measurement.**

Authors should express all measurements in Système International (SI) units given in parentheses throughout the text. Except for units of measurement, abbreviations should be used as few as possible. Abbreviations must be defined at first mention. Use only standard abbreviations and avoid abbreviations in the title. The full term for which an abbreviation stands should precede its first use in the text unless it is a standard unit of measurement.

### **Drug names and Devices.**

Generic names of drugs should be used. In the Methods, the complete name and location of the manufacturer must be supplied for all reagents, equipment, and devices used.

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# **MEDICINA<sup>®</sup> MANUSCRIPT PROCESSING**

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## **Initial screening.**

Upon receipt Manuscripts are evaluated by Editor-in-Chief or members of the Editorial board. Those manuscripts that do not meet the main criteria stated in the ***Instructions to authors*** will be returned to authors. The manuscripts are also returned if they are either out of scope or below threshold for the journal, or the presentation or written English is of an unacceptably low standard. Before sending the manuscript to suggested reviewers, The Editor may have suggestions for the improvement of data presentation. The author should closely follow the instructions, revise the manuscript, and submit the revised version. Authors are advised to keep a copy of all manuscripts submitted, because ***Medicina<sup>®</sup>*** will not return submitted manuscripts.

## **Review process.**

As ***Medicina<sup>®</sup>*** is a peer reviewed journal, all manuscripts must go through review process. Review is performed on a double-blind basis – the identities of peer reviewers and authors are kept confidential. Peer reviewers complete a referee report form, to provide general comments to the editor and both general and specific comments to the author(s).

Author(s) must submit the names and current e-mail addresses of two or more possible reviewers which are qualified to review the subject area and haven't seen the manuscript before submission. We encourage authors to suggest the names of possible reviewers, but suggested reviewers can be considered alongside potential reviewers identified by their publication record or recommended by Editorial board members. Each reviewer is informed of the deadline date for returning their evaluation to the authors. If a reviewer does not return his or her manuscript evaluation by the deadline date, then the Editor will either send a follow-up e-mail requesting the review or will appoint a new reviewer. Once reviewed, manuscript accompanied with reviewers' remarks is sent back to the author. Decisions on acceptance or rejection will be communicated only by email to the corresponding author. Submitted material remains confidential.

## **Manuscript revision.**

After peer review is complete, a further week or two (depending on the Editor's decision) is allowed for any revisions to be made. In your written response to the reviewers' comments, give the exact page number(s), paragraphs(s) and line number(s) where each revision was made. The final decision on acceptability for publication lies with the Editor.

## **Manuscript acceptance.**

All accepted manuscripts are subject to copyediting for conciseness, clarity, grammar, spelling, and ***Medicina<sup>®</sup>*** style.

Acceptance is based on significance, originality, and validity of the material presented. On acceptance of a manuscript, all authors must sign an **Authorship Agreement, Conflicts of Interest Disclosure Form and Copyright Transfer Form**. These Forms can be found at <http://hrcak.srce.hr/medicina>. Please complete, sign, and fax the Forms to the Editorial Office. Failure to submit completed signature Forms will delay publication. To ensure proper handling, it is suggested that the corresponding author collects the completed Forms from each author and fax them, simultaneously, to the Editorial Office.

### **In-house production.**

After the revised manuscript has been accepted for publication, it will undergo production in-house. This will involve type-setting, copy-editing, proof-reading and re-drawing of any graphics. Authors will receive proofs of the article to approve before going to print, and will be asked to sign a Copyright Transfer Form.

### **Appeals against rejection.**

Where an author believes that the Editor has made an error in declining a paper, they may submit an appeal. Authors should contact the Editor and the appeal letter should clearly state the reasons why the author(s) considers the decision to be incorrect and provide detailed, specific responses to any comments relating to the rejection of the review.

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