

Submission Preparation Checklist

As part of the submission process, authors are required to check off their submission's compliance with all of the following items, and submissions may be returned to authors that do not adhere to these guidelines.

- The submission has not been previously published, nor is it sent to another journal for consideration (or an explanation has been provided in Comments to the Editor).
- The submission file is in OpenOffice, Microsoft Word, or RTF document file format.
- Where available, URLs for the references have been provided.
- The text is double-spaced; uses a 12-point font; employs italics, rather than underlining (except with URL addresses); and all illustrations, figures, and tables are placed at the end of text. Resolution of illustrations and figures should be at least 300 DPI.
- The text adheres to the stylistic and bibliographic requirements outlined in the Author Guidelines.
- Author will upload Cover letter to the editor, Authorship statement and COI disclosure, also for each author separately.
- When uploading revised version, author will upload a file with replies to reviewers. Revisions in text should be marked yellow.

Author Guidelines

Submission of manuscript

Submission of manuscript is online, at
<http://seemedj.mefos.unios.hr/index.php/seemedj/login>.

For additional information please contact the journal secretary Marija Raguž (seemedj@mefos.hr).

All manuscripts undergo a single-blinded peer review process. Manual sections regarding submission process can be found here.

Authorship

Anyone named as an author should have made a significant contribution to the overall design of the study or the execution of the work described (Author Submission Statement).

Individuals who simply provided assistance, e. g., supplied facilities, strains or reagents, or who critiqued the paper, should not be listed as authors, but may be recognized in the Acknowledgement section.

Corresponding author has the authority to act on the behalf of all other authors in all the matters pertaining to the publication of the manuscript.

All authors are obliged to fill in the AA/CT form and submit it at the time of the manuscript submission. Submission will not be sent to review until AA/CT forms of all listed authors are uploaded.

Base on ICMJE recommendations, authorship is based on the following 4 criteria:

- Substantial contributions to the conception or design of the work; or the acquisition, analysis, or interpretation of data for the work; AND
- Drafting the work or revising it critically for important intellectual content; AND
- Final approval of the version to be published; AND
- Agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved (<http://www.icmje.org/recommendations/browse/roles-and-responsibilities/defining-the-role-of-authors-and-contributors.html>). As for the conflict of interest, all authors must sign ICMJE COI disclosure Statement form (http://www.icmje.org/coi_disclosure.pdf).

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that the material is being reprinted with permission must be included in the relevant figure legend or table footnote of the manuscript.

Ethical Considerations

Any experimental research that is reported in the manuscript should be performed with the approval of an appropriate ethics committee, and that should be stated in the Material and methods section. Research carried out on humans must be in compliance with Helsinki Declaration, and any experimental research on animals must follow internationally recognized guidelines. A statement of this effect must appear in the Methods section of the manuscript, including the name of the body which gave approval, with reference number where appropriate. Informed consent must also be documented. Manuscripts may be rejected if editorial office considers that the research has not been carried out within an ethical framework, e.g. if the severity of the experimental procedure is not justified by the value of the knowledge gained.

To protect the privacy of individuals mentioned in clinical studies, in case histories, do not identify them by their names or initials, do not give hospital unit numbers. For all articles that include information or clinical photographs relating to individual patients, written and signed consent to publish from each patient must also be mailed or faxed to the editorial staff. The manuscript should also include a statement to this effect in the Acknowledgements section, as follows: "Written consent was obtained from the patient or their relative for publication of study".

Manuscript categories

Editorial: 1000 words maximum; up to 20 references; unstructured abstract up to 100 words (if it applicable).

Brief communication: contains new unpublished scientific information of a scientific research, or describes an original laboratory method. It should not contain more than 1600 words. Provide Abstract (up to 150 words); Key words and unstructured Body of Manuscript and Reference list up to 20 references.

Review: 7000 words maximum; comprehensive references; 3 - 5 key words; unstructured abstract up to 250 words. Authors of reviews are encouraged to enclose figures and tables with their text in relation to the content.

Original article: 7000 words maximum; comprehensive references; 3 - 5 key words; structured abstract up to 250 words.

Professional article: the same as Original article

Erratum

Organization of the Manuscript

Manuscripts can be submitted in English (with US spelling).

Manuscript should be double-spaced (up to 30 lines per page) with 2,5 cm of each side margin. All pages should be numbered, including Title page.

Brevity is an advantage. Do not repeat text in more than one section; do not include text that is redundant with tables and figures. SI units should be used whenever appropriate. Genus and species names should be written in italic in full on first mention. The genus name should then be abbreviated on subsequent mention, provided that no ambiguity will arise. Only generic names of drugs should be used, although trade names may follow in parentheses, if necessary for comprehension. Suppliers of specific instruments or compounds should be noted in parentheses, providing both the company name and location.

All manuscripts should have: Title page (separate page), Abstract (separate page), Keywords, Text, Acknowledgements/Disclosures, References, list of tables and figures, tables and figures.

Title page

All submissions in all categories must include a title page (on separate page) indicating the intended category, the title, the full names and institutional affiliations of each author. The title should give an indication of the scope of the study, but should not be a statement of the conclusions. Please include a running title of up to 40 characters (with spaces). A corresponding author must be named, including a complete postal address, international telephone and fax numbers and an e-mail address.

Abstract

The second page should contain the Abstract, no more than 250 words, with 3 - 5 keywords. In selecting keywords the author should strictly refer to the medical Subject Headings (MeSH) list of the Index Medicus. It should not be descriptive, but should contain only important facts described in the manuscript. Structured Abstract only for Original article should be formatted as follows: Aim of the study, Methods, Results (main, with numbered data), Conclusion (basic).

Keywords

Authors must choose three to five keywords from MeSH.

Main text

Introduction represents a short description of the problem described in the manuscript and purpose of the study. It is necessary to mention only the references in direct relationship with the problem presented in the manuscript. State your hypothesis. Continue logically, and finish the section with a short description of the aim of the study.

Material/Patients and Methods should present concisely and systematically a list of basic procedures, selection of study subjects or laboratory animals, methods of observations and analysis. Avoid listing common or irrelevant methods (use references instead). The essential data on patient characteristics belong here, not in the result section.

Results section should represent a list of basic results without any introduction. Only essential statistical significances should be added in brackets. Draw no conclusions as yet: they belong into the next section.

Discussion includes an interpretation of the study findings, and results considered in the context of results in other trials reported in the literature. Conclusions should be stated in a short, clear and simple manner, and only those that stem directly from the results shown in the paper. Rather than summarizing the data, conclude from them.

Tables, figures and illustrations

Figures and tables should be placed at the end of the manuscript and numbered. A list of Figures/tables with description where appropriate should be placed AFTER the Reference section.

Illustrations should be kept to a minimum. Data reported in tables or figures should not be repeated in the text.

Each table (figure, illustration) should be presented on a separate page in the smaller format possible and contain: a) descriptive or explanatory title; b) respective number (using arabic, not roman numerals) consecutively as cited in the text; c) all the necessary explanations of symbols and abbreviations

Wherever it is possible, tables should be typed as text using 'tabs' to align columns. The use of tables editors should be avoided, as should graphics software to create tables. Please do not use paragraph returns within tables to indicate spacing within blocks of text; use instead a soft return (shift return). Abbreviations may be used, but must be explained in full as footnotes. Units of measurement must be clearly indicated.

Illustrations must be delivered in high-quality electronic format, labeled with the number and author name. To protect privacy of individuals, the eyes must be covered with black colour on the patient's pictures.

Abbreviations

Abbreviations and jargon are discouraged, but SI units should be abbreviated throughout. Other abbreviations should be used only if mentioned three or more times in the text, and should always be written in full on the first mention. This applies separately to the Abstract and the rest of the text.

Acknowledgement

All results presented previously at a scientific meeting or in another public context must be acknowledged, giving the context, location and date of presentation.

Acknowledged individuals must be named in full.

Funding

All articles must include "Funding" section.

This section should appear after the "Acknowledgement" section. Authors must list any source of funds, i.e., details of funding of work, or authors, or professional help in writing a work, as follows: "This work was supported.....", including full official funding agency name and reference number.

If no specific funding has been received than this also should be clearly stated: "Funding: no specific funding was received for this study".

Transparency declaration

All authors must disclose any degree of commercial or potential dual interest, financial and personal relationships with other people or organizations that could inappropriately influence (bias) their work (employment, consultancies, stock ownership, honoraria, paid expert testimony, patent applications/registrations, and grants or other in this section.

If there is no conflict of interest, it should be stated: "Competing interests: None to declare".

References

The author is responsible for the accuracy and completeness of all references, which should be numbered sequentially and not alphabetically, with the numbers cited in the text in parenthesis, before punctuation marks, according to the Vancouver style (examples following). Provide names of all authors. Consult the List of Journals in Index Medicus for standard journal abbreviations.

Journal reference

Fodor SP, Rava RP, Huang XC, Pease AC, Holmes CP, Adams CI. Multiplexed biochemical assays with biological chips. *Nature* 1993; 364: 555-6.

The Royal Marsden Hospital Bone-Marrow Transplantation Team. Failure of syngeneic bone-marrow graft without preconditioning in posthepatitis marrow aplasia. *Lancet* 1977; 2: 242-4.

Anonymous. Coffee drinking and cancer of the pancreas (Editorial). *Br Med J* 1981; 283:628.

Lundstrom E, Nylander C. An electrostatic approach to membrans bound receptors. *Period Biol* 1983; 85 (suppl 2): 53-60.

Whole book (personal authors)

Berry MJ, Linoff G. Data mining techniques for marketing, sales and costumer support. New York: Wiley, 1997.

Whole book (editors)

Finch RG, Greenwood D, Norrby SR, Whitley RJ, eds. Antibiotic and chemotherapy. 8. ed. Philadelphia: Churchill Livingstone, 2003.

Book chapter

Weinstein L, Swartz MN. Pathogenic properties of invading microorganisms. In: Sodeman WA, ed. Pathogenic phisiology: mechanism of disease. Philadelphia: W B Saunders, 1974: 457-72.

Published meeting abstract

Uzunovic-Kamberovic S, Zorman T, Hendrickx M, Smole-Mozina S. Epidemiological relatedness among *C. jejuni* and *C. coli* PFGE genotypes from different sources. In: Abstracts of the 11th International Congress of Infectious Diseases, Cancun, Mexico, 2004. Abstract P59.003, p. 188. International Society of Infectious Diseases, Boston, MA, USA.

Monographs

Hunninghake GW, Gadek JE, Szapiel SV. The human alveolar macrophage, U: Harris CC, ur. Cultured human cells and tissues in biomedical research. New York: Academic Press, 1980: 54-6. (Stoner GD, ur. Methods and respectives in cell biology; vol 1)

Publication of agenses, societies

Ranofsky AI. Surgical operations in short-stay hospitals: United States - 1975, Hyattsville, Maryland: National Centre for Health Statistics, 1978; DHEW publication no (PHS) 78-1785. (Vital and health statistics; series 13; no 34)

Ph. D. or MA theses

Cairins RR. Infrared spectroscopic studies of solid oxigen Berkclely. University of California, Los Angeles 1965; Ph. D. thesis.

Website

World Health Organization. Global strategy for the containment of antimicrobial resistance. <http://www.who.international> (date last accessed).

Online reference:

Dimick JB, Welch hg, Birkmeyer JD. Surgical mortality as an indicator of hospital quality. JAMA 292. [Online] posting or revision date. <http://jama.ama-assn.org/cgi/content/short/292/7/847>. (date last accessed)

References to unpublished data should be made parenthetically in the text.

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