

Croatian Medical Journal: GUIDELINES FOR AUTHORS

Scope

Croatian Medical Journal (CMJ) is an international peer reviewed journal open to scientists from all fields of biomedicine and health related research.

Although CMJ welcomes all contributions that increase and expand on medical knowledge, the two areas are of the special interest: topics globally relevant for biomedicine and health and medicine in developing and emerging countries.

CMJ requires that all manuscripts be prepared in accordance with the “Recommendations for the conduct, reporting, editing, and publication of scholarly work in medical journals” set by the International Committee of Medical Journal Editors (ICMJE) (<http://www.icmje.org/icmje-recommendations.pdf>). CMJ follows the Committee on Publication Ethics (COPE) guidelines (<https://publicationethics.org/resources/guidelines>). All submissions are accepted with the understanding that they have not been, and will not be, published elsewhere substantially in any format. Also, there should be no ethical concerns with the content or data collection. CMJ reserves the right to request any research materials on which the paper is based.

Table 1 summarizes CMJ publication priorities. These priorities are not binding – we welcome good scientific reports regardless of the topic and form. However, the editorial preferences in Table 1 may encourage authors uncertain of the significance of their reports. All contributions are initially examined by the Editor-in-Chief and Senior Editorial team, who consider each submission on the basis of originality, quality, strong results, and ethical values.

TABLE 1. Publishing priorities in the *Croatian Medical Journal*

Topics of the manuscript	Acceptance priority	Useful guidelines for the content and structure of the manuscript	
		general	specific
Basic sciences	high	relevant for medicine	completed testing of a defined hypothesis
Clinical sciences	high	proper study design	clear and simple hypothesis, adequate sample size, controls, and statistics
Translational research	high	connects basic and clinical medicine	relevance and application of molecular studies for medicine
Public health	high	originality of research data	no compilations of publicly available data (eg, from WHO)
Health care organization	low	of international importance, not (only) plans for the future	not descriptive; only with a hypothesis, and concrete data; scientific analysis
Health and human rights	low	no politics; the work has to deal with health	no commentaries; the report should contain analysis of concrete data
Medical education	low	research data	no commentaries; the report should contain analysis of concrete data
Types of articles			
Original research articles	absolute preference	completed and high-quality work	clear hypothesis; strong, databased arguments
Reviews	solicited only	on a relevant subject	significant own previous publications
Short communications	low	absolutely important to be published fast	the case must be strong
Case reports	low	showing new disease mechanism, diagnostic, and/or therapy	clear-cut relevance to the field
Essays	low	discussion on an important topic	clearly written, with a sharp focus and relevance to modern medicine
Correspondence	low	research-related only	precise, short, polite

Policy of trial registration

Since 2005, to promote the culture of transparency in research and reporting, publishing study protocols, and publishing negative results, and to promote trial registration, CMJ, as the ICMJE member journal, requires registration of trials in a public trials registry as a condition of consideration for publication. The ICMJE expanded the definition of the types of trials that must be registered and adopted the World Health Organization's (WHO) definition of clinical trial (3): "any research study that prospectively assigns human participants or groups of humans to one or more health-related interventions to evaluate the effects on health outcomes" (<http://www.who.int/ictrp/en/>). The ICMJE implemented the WHO definition of clinical trials for all trials that begin enrollment on or after 1 July 2008. In addition to accepting registration in any of the 5 existing registries, the ICMJE will accept registration of clinical trials in any of the primary registers that participate in the WHO International Clinical Trials Registry Platform (<http://www.who.int/ictrp/network/primary/en/index.html>). Registration in a partner register only is insufficient. The Registry names and web addresses for trial registration are listed in the Table 2. In each register authors can find guidelines for registration process. After successful registration, authors will obtain a registration number, which should be included (with the name of registration database) at the end of article's Abstract.

TABLE 2. Registries accepted by the International Committee of Medical Journal Editors (3,4)

Registry name	Uniform Resource Locator
ClinicalTrials.gov (a service of the US National Institutes of Health)	http://clinicaltrial.gov
Australian New Zealand Clinical Trials Registry (ANZCTR)	http://www.anzctr.org.au/
Brazilian Clinical Trials Registry (ReBec)	http://www.ensaiosclinicos.gov.br/
Chinese Clinical Trial Registry (ChiCTR)	http://www.chictr.org/
Clinical Research Information Service (CRiS), Republic of Korea	http://nrc.cdc.go.kr/cris/index.jsp
Clinical Trials Registry - India (CTRI)	http://www.ctri.in/
Cuban Public Registry of Clinical Trials (RPCEC)	http://registroclinico.sld.cu/
EU Clinical Trials Register (EU-CTR)	https://www.clinicaltrialsregister.eu/
German Clinical Trials Register (DRKS)	https://drks-neu.uniklinik-freiburg.de/drks_web/
Iranian Registry of Clinical Trials (IRCT)	http://www.irct.ir/
ISRCTN.org	http://www.isrctn.org/
Japan Primary Registries Network (JPRN) (in Japanese)	http://rctportal.niph.go.jp/
The Netherlands National Trial Register (NTR)	http://www.trialregister.nl/trialreg/index.asp
Pan African Clinical Trial Registry (PACTR)	http://www.pactr.org/
Sri Lanka Clinical Trials Registry (SLCTR)	http://www.slctr.lk/

The latest legislature on trial results registration in the USA, which requires mandatory registration of trial results, raised concerns among authors whether data registration constitutes a previous publication and thus makes the submission to the journal a redundant publication. At its 2008 annual meeting, the ICMJE reaffirmed that posting of trials results in a public database is not a publication as defined by its member journals.

Finally, the revised Declaration of Helsinki (<https://www.wma.net/policies-post/wma-declaration-of-helsinki-ethical-principles-for-medical-research-involving-human-subjects/>) elaborates in two items the registration in publicly available databases and ethical obligations to publish or otherwise make publicly available negative and inconclusive, as well as positive results. Item 19 requires: "Every clinical trial must be registered in a publicly accessible database before recruitment of the first subject" and item 30 states: "Authors, editors and publishers all have ethical obligations with regard to the publication of the results of research. Authors have a duty to make publicly available the results of their research on human subjects and are accountable for the completeness and accuracy of their reports. They should adhere to accepted guidelines for ethical reporting. Negative and inconclusive as well as positive results should be published or otherwise made publicly available.

Sources of funding, institutional affiliations and conflicts of interest should be declared in the publication. Reports of research not in accordance with the principles of this Declaration should not be accepted for publication“.

Affirmation of Authorship Form/ICMJE Form for Disclosure of Potential Conflicts of Interest

All contributing authors must fill out and sign these statements and submit them to the Editorial Office. Submitted manuscripts will not be considered until signed statements from all authors have been received.

As for Authorship criteria, CMJ adheres to the ICMJE recommendations, which propose that 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 Form for Disclosure of Potential Conflicts of Interest (http://www.icmje.org/coi_disclosure.pdf).

Other possible conflict of interest

All reviewers, editors, section editors, Editorial Board members, included in the publication process will also be asked to disclose any potential conflict of interest regarding the manuscript they are asked to review (primarily relationships with the pharmaceutical industry; incorporated into our submission system).

Review process

CMJ does not charge any financial fee to the authors nor does offer any financial rewards to the reviewers. Identity of authors and reviewers is known to the Editor-in-Chief and Senior Editorial team only. Each manuscript undergoes expert review (by two independent experts in the field) and statistical review (if necessary). The review process (before the final decision) usually takes up to 12 weeks. Manuscripts often require further changes in the copyediting process, and authors can expect to be contacted for revision more than once.

PLAGIARISM DETECTION

Manuscripts are checked for text similarity and manually verified by the research integrity editor. We use CrossRef Similarity Check software (<https://www.crossref.org/services/similarity-check/>) and deal with manuscripts suspected on plagiarism following the COPE flowcharts (<http://publicationethics.org/resources/flowcharts>) and ICMJE guidelines.

CMJ takes special care on integrity and visibility of scholarly publications as stated in Sarajevo Declaration (Croat Med J. 2016;57:527-9.; <http://www.cmj.hr/2016/57/6/28051276.htm>).

Manuscript preparation and submission

The following items must be submitted to CMJ:

1. Cover letter: the letter should state the major finding of your study and explaining what is novel in the manuscript. The cover letter should include the date of submission, the title of the manuscript and information on the manuscript's prior publication or previous rejection by another journal. If the manuscript has been rejected previously by another journal, the author(s) should describe specifically how it has been improved since being rejected.

2. Manuscript Text: see "Text organization and Style" below.

3. CMJ Affirmation of Authorship Form

(http://neuron.mefst.hr/docs/CMJ/Guidelines/CMJ_Affirmation_of_Authorship_Form_v2017.11.17.docx):

each author must have contributed significantly to, and be willing to take public responsibility for, one or more aspects of the study: its design, data acquisition, and analysis and interpretation of data. All authors must have been actively involved in the drafting and critical revision of the manuscript, and each must provide final approval of the submitted version.

TEXT ORGANIZATION AND STYLE

Manuscripts should meet the general requirements agreed upon by the ICMJE, available at www.icmje.org/icmje-recommendations.pdf.

Manuscripts must be submitted as a Word file (doc, docx).

Each original research paper should follow this sequence: abstract with trial identification number for registered trials; text; acknowledgments; references; tables (each table complete with title and footnotes on a separate page), and figure legends.

Abstract

Original research articles should have a structured abstract of not more than 250 words. The abstract should include four headings: Aims, Methods, Results, and Conclusion. Do not cite references in the abstract and limit the use of abbreviations and acronyms.

Aim. State explicitly and specifically the purpose of the study. Formulations such as "The purpose of this study was to gain a better insight into the influence of several growth factors on the differentiation of bone marrow cells in the in vitro culture" should be replaced by "To analyze in vitro differentiation of human bone marrow stem cells in the presence of INF- γ or TNF- α ."

Methods. Describe study's design. Concisely and systematically list the basic procedures, selection of study participants or laboratory animals, methods of observation and analysis. In the case of clinical

trials, the abstract should also include the identification number of the trial and the name of the registration database. Authors of clinical articles are instructed to select the Level of Evidence of their study using the Oxford Centre for Evidence Based Medicine Table (<http://www.cebm.net/wp-content/uploads/2014/06/CEBM-Levels-of-Evidence-2.1.pdf>). Authors of basic science articles are instructed to select the Level of Relevance of their study. This rating will be reviewed by a CMJ Editorial Board member, who will make the final determination.

Results. List your most important results, i.e. the results that present the answer to your research question. Only essential statistical significances should be added in parentheses. Draw no conclusions as yet: they belong into the next section.

Conclusion. State only those conclusions that stem directly from the results shown. Rather than summarizing the data, conclude from them.

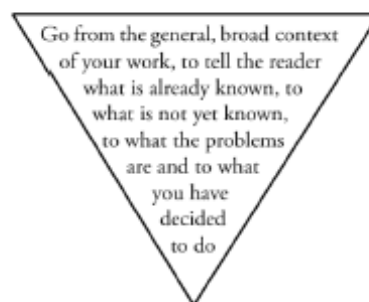
Text of an original research article

Organize the manuscript into four main headings: Introduction, Patients/Material and Methods, Results, and Discussion. Manuscripts should be no longer than 3000 words, excluding the abstract and references. Meta-analyses and systematic reviews should be no longer than 3500 words, excluding the abstract and references.

Introduction

The purpose of the introduction is to pinpoint the knowledge gap that your study is trying to fill. Avoid presenting textbook knowledge and stick only to what is important for your research. Briefly describe what is already known about the problem and continue logically to what is not known, i.e. end the section with your hypothesis (Figure 1). Pay great attention to forming your hypothesis as the entire structure of the scientific article rests on a well-formed research question.

Figure 1.



Stylistic structure of the introduction section.

Patients/material and methods

This section should consist of the following subsections: patients/material, methods, instrument (if applicable), and statistical analysis.

Describe the study procedures in sufficient detail to enable replication, including: (a) study design (b) time and location of the study; (c) planned study population, including controls, with all the relevant characteristics (sex, age, etc.). List the species, sex, age, breed, and physiologic condition of

laboratory animals.; (d) inclusion, non-inclusion, and exclusion criteria, the number and percentage of patients included/not-included/excluded, and the final size of the sample. Give the reasons for a patient's exclusion from the follow-up, and state whether or not he/she was a representative of the primary series; (e) planned subgroup analyses; (f) prognostic factors that may affect study results; (g) outcome measures and minimum difference(s) to be considered clinically important; (h) planned treatment interventions; (i) method of allocation of participants to treatments (e.g., randomization method, blinding or masking procedure, matching criteria); (j) planned sample size and power calculations; (k) rules for stopping the study; and (l) methods of statistical analysis.

Names of chemicals and devices used should be followed by the information on the manufacturer (name, city, and country) in parentheses. Give generic names for the drugs and chemicals, followed by their commercial names in parentheses.

All human and animal studies must have been approved by the relevant ethics committees (Institutional Review Board (IRB) Approval) and this should be clearly presented here. Official number of the approval is required.

Informed consent for participation in the study in which approval for presentation of the data in submitted manuscript is given should be signed by all patients included in the study, when necessary (please consult <http://icmje.org/recommendations/browse/roles-and-responsibilities/protection-of-research-participants.html>). It is the author's responsibility to ensure that a patient's anonymity be carefully protected.

Statistical remarks

If sample size was calculated before the study start, methodology, references and software used should be clearly stated. If number of subjects was limited otherwise, for example by funding or duration of the study, this should be stated. In such cases, authors are encouraged to provide results of a post-hoc power analysis in the Discussion section. Prior to statistical analysis, authors should test appropriate variables for normality distribution. Method of the testing should be mentioned.

List the statistical tests used. Relate each test to a particular data analysis. For descriptive data, based on the types of variables and normality of distribution, authors should provide tabular description of their data with percentages, standard deviation and means or median and interquartile range, depending on variable type and normality of distribution. In cases where multiple comparisons (i.e. multiple statistical tests) are used, appropriate correction of type I error rate (significance level) should be used in discussing the results.

Provide the chosen level of significance and the name of the statistical package used (version, manufacturer, city, state).

Results

Present your results logically following the order established in the Methods section. List only the major findings, along with numerical data, and for details refer to Tables and Figures [e.g. Men had a better outcome than women (Table 1)."].

Provide exact P-values, with three decimal places or as $P < 0.001$.

Discussion

This section has three main functions: (a) assessment of the results for their validity with respect to the hypothesis, relevance of methods, and significance of differences observed; (b) comparison with other findings presented in the relevant literature, although complete literature review is unnecessary; and (c) assessment of study's limitations and the outcome significance for the further research.

Discussion section should start with answers to the next two questions:

1. What is the main finding of your study?
2. Is your hypothesis affirmed or refuted?

After answering these two questions, continue with interpretation of study findings in the context of other studies reported in the literature. A complete literature review is unnecessary. Be succinct. Do not recapitulate your results, discuss them! However, speculation must be avoided.

Finally, the discussion section should finish with a short conclusion that conveys a clear take-home message. The message has to be based on answer to your hypothesis with addition of future research suggestions or implementation of clinical changes based on your results.

Tables

Use tables in order to present the exact values of the data that cannot be summarized in a few sentences in the text. Tables should bear Arabic numerals. Each table should be self-explanatory, with an adequate title (clearly suggesting the contents), and logical presentation of data. The title of a Table should preferably include the main results shown in the Table. The title of the Table should be written above the Table. Avoid repetitive words in the columns: these should be abbreviated and their explanations given in the footnotes. Present the same data either in a table OR a figure.

Each column heading for numerical data should include the unit of measurement applied to all the data under the heading. Choose suitable SI units. The precision of biological measurements should determine the number of decimal digits. The number of decimal digits of percentages should be in concordance the sample size.

Place explanatory matter in footnotes, not in the heading. Explain in footnotes all abbreviations that are used in each table. Mark the footnotes using the following symbols, in this sequence:

*, †, ‡, §, ||, ¶, **, ††, ‡‡, ...

Create tables using the table creating and editing feature of your word processing software (e.g., Word, WordPerfect). Do not use Excel or comparable spreadsheet programs. Each table should be presented on a separate page at the end of manuscript text file (after the reference list).

Figures

Cite figures consecutively in the order in which they are discussed in the text. Number figures in sequence with Arabic numerals in the figure legend in the order in which they are discussed. The legend of a figure should contain the following information: (a) the word "Figure", followed by its

respective number; (b) figure title containing major finding (e.g., Manuscript which follow Guidelines for Authors had higher acceptance rate, and NOT Relationship with manuscripts style and their acceptance rate). Explain what each figure shows. Legends to figures should be listed on a separate page at the end of manuscript (after the tables, if there are any), in the consecutive order.

Please make sure the figure does not show the patient name or institution name on it so it is blinded for peer review.

Several figures related to the same patient, e.g., radiographs taken at different times, should be labeled Figure 1 A, B, C, etc. rather than Figures 1, 2, 3. Symbols should be consistent throughout all figures. Use simple symbols, like closed and open circles, triangles and squares. Different types of connecting lines can be used. The meanings of symbols and lines should be defined in the legend. Identify machine settings for magnetic resonance images, and give the magnification of all photomicrographs. Each axis should be labeled with a description of the variable it represents. Only the first letter of the first word should be capitalized. The labeling should be parallel with the respective axis. All units should be expressed in SI units and parenthesized. Make liberal use of scale markings, directed outwards. Axes should not extend beyond the last numeral, and should never be terminated by arrows. Choose units so that the values expressed may fall within the range between 0 and 999. All the values on a given axis should have the same number of decimals. If an axis is labeled in percentages, this should be indicated. If an axis is not continuous, this must be indicated by a clearly marked interruption.

Radiographs should be cropped so as to present only what is essential. It is rarely necessary to show normal radiographs, even for the purpose of comparison. Frontal and lateral projections should be of the same scale and density, and corresponding details (e.g., joint space) should be at the same level. Authors should mask patients' eyes and remove patients' names from figures unless they obtain written consent from the patients and submit written consent with the manuscript.

Graphs, charts, titles, and legends in accepted manuscripts will be edited according to CMJ style and standards prior to publication. Preferred format for graphs or charts is XLS or XLSX. Graphs and charts saved as image (raster) files such as JPG, TIF, or GIF and imported or copied/pasted into Word or Power Point are not acceptable.

Each figure must be saved in a TIF, EPS, JPG, or PDF file and submitted as a separate file. Figures should not be embedded in the manuscript text file. The resolution for photographic images should also be at least 300 dpi, and the minimum image width should be 6 cm. Photographs and radiographs with text should be saved at a resolution of at least 600 dpi. Please submit files in RGB format.

Publication of color illustrations is to be paid by the author (equivalent of €250 per page).

References

CMJ uses the ICMJE recommendations for reference formatting (http://www.nlm.nih.gov/bsd/uniform_requirements.html), with sequential numbering in the text, and respective ordering within the list. References cited in the manuscript are listed in a separate section immediately following the text. The authors should verify all references. Consult Index Medicus or PubMed (<http://www.ncbi.nlm.nih.gov/entrez/>) for standard journal abbreviations. A reference cited only in a table or figure is numbered in the sequence established by the first mention in the text of the table or figure containing the reference.

Do not put a full stop after the reference number. Separate reference number and (last) name of first author by a single space. For a standard journal article, provide names of all authors when there are

six or fewer; if there are seven authors or more, list only the first six, followed by et al. Journal references should include the following information, listed in the order indicated: authors, full stop, article title and subtitle, full stop, journal abbreviation, full stop, year, semi colon, volume number in Arabic numerals, colon, inclusive pages, and full stop. If a journal carries continuous pagination throughout a volume (as many medical journals do) the month and issue number should be omitted (e.g. Marusic M, Misak A, Kljakovic-Gaspic M, Fister K, Hren D, Marusic A. Producing a scientific journal in a small scientific community: an author-helpful policy. *Int Microbiol.* 2004;7:143-7.). Do not put MEDLINE ID's or DOI in references. For all other publications, follow ICMJE's recommended style for references.

Manuscripts not meeting these specifications will be returned for revision.

Acknowledgements

Technical help, critical reviews of the manuscript and financial or other sponsorship may be acknowledged. Do not acknowledge paid services, e.g., professional translations into English. CMJ urges the authors to make general statements related to their conflict of interest in the acknowledgements section. Acknowledgements are uploaded separately from the manuscript.

REPORTING SPECIFIC TYPE OF STUDIES

Some types of research reports require specific organization of the manuscript and presentation of data. We ask authors to follow available recommendations for the following study designs. Examples include PRISMA for meta-analyses of randomized controlled trials (<http://www.stard-statement.org/>), MOOSE for meta-analyses of epidemiological studies (<http://jamanetwork.com/journals/jama/article-abstract/192614>), AMSTAR for systematic reviews (<https://amstar.ca/index.php>), STARD for studies of diagnostic accuracy (<http://www.stard-statement.org/>), STROBE for reporting observational studies in epidemiology (cohort, case-control, and cross-sectional studies; <https://www.strobe-statement.org/index.php?id=strobe-home>), ARRIVE for research using laboratory animals (<https://www.nc3rs.org.uk/arrive-guidelines>), CONSORT for randomized controlled trials (<http://www.consort-statement.org/>), TREND for non-randomized controlled trials (<https://www.cdc.gov/trendstatement/>), SQUIRE for quality improvement studies in health care (<http://www.squire-statement.org/>), COREQ for reporting qualitative research (<https://academic.oup.com/intqhc/article/19/6/349/1791966/Consolidated-criteria-for-reporting-qualitative>), and CARE for case reports (<http://www.care-statement.org/>).

Where the subjects of research comprise organisms capable of differentiation by sex and/or by gender the authors should follow SAGER guidelines (<https://researchintegrityjournal.biomedcentral.com/articles/10.1186/s41073-016-0007-6>).

The latest updates of reporting guidelines are available from the EQUATOR Network - an international initiative that seeks to enhance reliability and value of medical research literature by promoting transparent and accurate reporting of research studies (<http://www.equatornetwork.org/resource-centre/library-ofhealth-research-reporting/>).

The authors have to submit relevant checklist and flow diagrams with their manuscript.

Reviews

A review is an invited article written by an expert, providing a critical analysis and recent information on a relevant subject. The expert(s) must have significant own previous publications related to the subject. Unsolicited reviews should be discussed with the Editor-in-Chief (office@cmj.hr) before submission. The review should provide an authoritative, balanced, comprehensive, fully referenced and critical review of the literature. Critical evaluation of the included studies means that specific criteria were used to determine the validity of the selected studies. Such approach facilitates the decision-making process determining which articles would be included in the literature review. The review article should consist of an unstructured abstract and text organized according to the following headings: introduction, relevant section headings of the author's choosing, conclusion, and references. Manuscripts should be no longer than 3500 words of text, excluding the abstract and references. It should be emphasized that systematic reviews and meta-analyses should be submitted under the Original Research Article category and organized accordingly. However, all the reviews should have no more than 75 references.

Short communications

Short communication is an urgent communication of important preliminary result(s) that is very original, of high interest and likely to have a significant impact on the medical community. Regardless to the urgency, the evidence of the finding has to be strong. The authors are encouraged to submit an original research article to CMJ following their Short Communication. Although CMJ is (occasionally) accepting the submission of this type of article, fragmentation of a substantial body of work into several short publications is strongly discouraged. Unnecessary fragmentation is a valid reason for rejection of a Short Communication. Short Communication submission should meet the general requirements agreed upon by the ICMJE. Manuscripts should be no longer than 1200 words of text, excluding the abstract and references.

Case reports

Case reports are carefully documented and particularly instructive reports of new disease mechanism, diagnostic, and/or therapy that will make a straightforward application within the field. There is a general limit of 6 authors. Case Reports should include an unstructured abstract of no more than 250 words with a focus on the clinical relevance/applicability and central point of the study. The text should be limited to 1000 words (text without the title page, abstract, references, tables/figures and their legends) and it should be organized into three main headings: Introduction (as short as possible, up to three sentences), Case Report(s), and Discussion. A word count of the manuscript must be provided with the submission. There is a general limit of two figures or tables and 10 references.

Essays

An essay is a personal comment that appeals to our international readership of medical doctors. These original, opinion based essays strictly by a single author have no abstract and no more than 1500 words and up to 30 references. A word count of the manuscript must be provided with the submission. The best personal view pieces make a single strong, innovative, and well-argued point. The essays should be up-to-date, perceptive, and with relevance to modern medicine.

CMJ features a regular essay series on Knowledge Landscapes (<http://www.cmj.hr/2015/56/4/26321023.htm>) in order to stimulate discussion, pose questions and

disseminate results of Navigating Knowledge Landscapes network. The aim of the network is to develop international and inter- and transdisciplinary collaborations, which explore the area of online and offline communication and distribution of health and biomedical information and knowledge.

Correspondence

A Correspondence (or Opinion paper) may address virtually any important topic in medicine, public health, research, discovery, prevention, ethics, health policy, or health law. In general, the correspondence is not linked to a specific article. The correspondence should be well focused, scholarly, and clearly presented. The correspondence should be no longer than 1000 words (main text only) with no more than 7 references, and one small table or figure (optional). A word count of the manuscript must be provided with the submission. It can be signed by no more than three authors. A copyright transfer form must be signed by the Correspondence author(s).

Letter to the Editor:

Letter to the Editor should offer objective and constructive criticism of an article recently published in CMJ. It should reference the title and authors of the article the letter is about and it must be received within 6 months after publication of the article. A Letter should be no longer than 400 words (main text only) with no more than 5 references, and one small table or figure (optional). A word count of the manuscript must be provided with the submission. It can be signed by no more than three authors. Letters to the Editor are sent to the article author's for response. All reasonable efforts will be made to ensure the original manuscript authors are given an opportunity to reply to any comments expressed about their work. Replies to letters to the editor must also must have fewer than 500 words. A copyright transfer form must be signed by the Letter to the Editor author(s). If a response to the letter to the editor is submitted, then all the authors of the article must sign the copyright transfer form as well.

LANGUAGE

CMJ is an English language journal. The use of United States English is strongly encouraged. Although the Editors of CMJ retain the customary right to style and, if necessary, shorten texts accepted for publication, CMJ's Editorial Office does not offer major copyediting services. Therefore, it is the author's responsibility to ensure that the English language is thoroughly revised before submitting the work for publication. Note that the Editorial Office reserves the right to reject a manuscript if the use of language is deemed too poor.

Authors whose native language is not English are strongly encouraged to seek assistance from a English language expert who is familiar with medical terminology in order to ensure that the words used convey the intended meaning both accurately and clearly.

Use of Latin terms should be avoided; if necessary, the terms should be added in parentheses after the English terms. Real names rather than "levels" or "values" should refer to parameters with concrete units (e.g., concentration). Above all, the author should have in mind that his/her article is intended for a general medical journal and a general reader.

ABBREVIATIONS

Abbreviations and acronyms should not be used in the title or page-heading title, and possibly avoided in abstract. In the text, abstract, tables, and figures, they must be expanded at first mention, followed by the abbreviation in parentheses. Abbreviations and acronyms may be used in the text only if they occur three or more times.

SUBMISSION OF MANUSCRIPTS

All manuscripts have to be submitted online at <http://comet.sdewes.org/cmj/index.php>.

A corresponding author has to provide the next data during the submission process: (1) article's title, (2) authors' names (first name, middle-name initials, if applicable, and the last name), in order in which they should appear, their highest academic degrees, telephones and email addresses, (3) institution (and city and state or country) with which each author is affiliated, (4) a short running head of not more than 100 characters (count letters and spaces), (5) source(s) of research support in the form of financial support, grants, equipment, drugs or all of these, (6) publication type, and (7) number of words (text only, without abstract, figure and table legends, references).

The corresponding author will then attach (1) cover letter, (2) manuscript and (3) CMJ Affirmation of Authorship Form.

A pdf file of the submission will be generated by the COMET system within the next few minutes. The corresponding author has to download the pdf file, read it and approve the submission. Once the submission is approved, all co-authors will automatically receive an email notification of the submission.

REVISED SUBMISSION

Author's comments to editor and reviewers are required for revised submissions. Authors must address the reviewer's concerns/suggestions, whether the change is made or not. Authors must also highlight the changes made within the text. Do not track the additions or deletions to the manuscript.

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