> Croat Med J. 2007;48:116-26

Guidelines for Authors: Editorial Policy

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

Editorial policy

We welcome all contributions that enhance or illuminate medical sciences. In addition to scientific articles, letters, news, and comments are welcome if they serve the purpose of transfer of original and valuable information to our readers. Our special interest lies in two fields. The first pertains to the medical topics relevant for global medicine. The second area is medicine in developing and emerging countries. We are paying special attention to this area for three reasons: (a) Croatia is an "emerging" country and a country undergoing major socioeconomic changes; (b) authors from such countries need and deserve assistance which we can offer; and (c) we can provide a medium for reporting biomedicine worth publishing and preserving from developing and emerging countries that would receive little attention otherwise.

Table 1 summarizes our publication priorities. These priorities should be understood broadly; 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. *CMJ* also solicits works of art or poetry, which either deal with medicine or are produced by medical workers.

To give an equal publishing chance to manuscripts from different environments, we will normally publish no more than two papers by the same author or coauthor within one calendar year. This rule also applies to editors. Also, we recommend authors not to separate fragments of a study into individual reports, but rather to present a full report on the topic.

As the member journal of the International Committee of Medical Journal Editors (ICMJE), *CMJ* subscribes to the policy of trial registration as a prerequisite for manuscript processing. Please consult ICMJE editorial statements on this policy (1,2) for its principles and definition of registration data set and the ICMJE Web site (www.icmje.org) for latest trial registries.

Editorial research

We are keen to better understand and improve editorial conduct, decision making, issues related to peer review and communication of science in general. Therefore, we occasionally take part in or conduct editorial research and your submitted manuscript might be used in such research. If you do not want your manuscript entered into such a study please let us know in your submission letter. Your decision to take part or not will have no effect on the editorial decision on your manuscript.

Editorial procedure

The Editor-in-Chief reads every manuscript received and assigns it a general priority level: (a) manuscripts sent to reviewers immediately; (b) manuscripts returned to authors with suggestions for the improvement of data presentation; and (c) rejected manuscripts. Both Co-Editors-in-Chief read the revised manuscript. If the manuscript is improved adequately, it is sent to *three* reviewers for extramural review and to the Statistical Editor, if it contains numerical data. This editorial procedure reinforces our author-helpful policy because all manuscripts undergo editorial scrutiny and advice.

Review process

1. *Pre-review* (if necessary). One to three weeks after submission of the manuscript, the author may receive Editor's letter with a copy of the manuscript with suggestions for the improvement of data presentation. This is the manuscript pre-review. The author should closely follow the instructions, revise the manuscript, and submit the revised version.

2. *Authorship statement*. Together with the pre-review or separately, the corresponding author will receive the Authorship Statement form, which should be filled in, signed and returned to the Editor. In this way, the authors confirm the originality of the report

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
field of study			
Basic sciences	high	relevant for clinical work	completed testing of a defined hypothesis
Clinical sciences	very high	proper study design	clear and simple hypothesis, adequate sample size and controls, statistics; no bias against studies with „negative" results"
Public health	very high	originality of research data	no compilations of publicly available data (eg, from WHO)
Health care organization	very high	large, of wide (eg, national) importance, not (only) plans for the future	not descriptive; only with a hypothesis, and concrete data; scientific analysis
Medicine in developing and emerging countries	very high	we are ready to assist less advantaged authors	first send us a draft by e-mail
War and post-war related medicine	very high	we are ready to assist less experienced authors	first send us a draft by e-mail
Health and human rights	very high	no politics; the work has to deal with health	no commentaries; the report should contain concrete data
Medical education	very high	research data	no commentaries; the report should contain 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
Forum	discussion on an important topic	the case should be based on research data arguments	clearly written, with a sharp focus and relevance to modern medicine
Short communications	low	absolutely important to be published fast	the case must be strong
Case reports*	low	completeness and originality	clear-cut relevance to the field
Correspondence	rather low	research-related only	precise, short, polite
Poetry and other artwork	very welcome	authors from medicine, or medicine as the subject	English language only

*Unique case of hitherto unknown symptom or disease; new correlations of two or more diseases; new variant of known disease's course; disease course indicating new therapeutic or side effects.

and validity of authorship, and assert compliance with the review process, ie, that he/she shall not withdraw the paper until it is published or rejected.

3. *Peer review*. The *CMJ* promotes expert refereeing by peers as a best available method for the maintenance of standards of excellency in the scientific community, and is committed to promoting its peer review quality and fairness, as well as its speed and efficiency. Authors are welcome to suggest up to five potential reviewers for their manuscript (excluding co-authors or collaborators for the last three years), or to ask for the exclusion of reviewer(s) and the reasons for it. The reviewers are asked to treat the manuscript with confidentiality, and reveal any research conflict of interest with the reviewed manuscript. Reviewers do not have to sign the review forms with suggestions to the authors, but may do so if they wish.

One to three months after submission of the manuscript, the authors will receive the reviews. The comments and suggestions made by the reviewers should be addressed and closely followed. In this respect, the Editor's accompanying letter will give clear general instructions for further work on the manuscript.

4. *Author's cover letter accompanying the revised version of the pape*r. The authors should state clearly and precisely every step taken in accordance with the reviewers' requests. The description should be listed on a numbered basis, in the order of reviewers' comments. Altered paragraphs in the new version of the manuscript should be specified using page and paragraph numbers. Paragraph on top of a page is considered No. 1, even if it does not begin on that page.

Acceptance criteria

CMJ reviewers are asked to apply highest international standards in their assessment of the submitted work. The key advice on concrete criteria that they receive from editors is to look for the originality of work and its importance/relevance to the subject as a whole. If the article does not fulfill these primary criteria, it should not be accepted.

The articles which receive one or more reviewers' recommendations for "major review", are sent, after revision, with the respective author's cover letter, to the same reviewer, who makes the final recommendation on acceptance or rejection.

Scientific integrity

The Editorial Board of the *CMJ* is devoted to the promotion of scientific integrity as a vital component of the research process (3). *CMJ*'s Research Integrity Editor will deal with all issues related to possible scientific misconduct in manuscripts submitted to or published in the *CMJ* (4). The following guidelines are aimed to increase awareness of our authors and decrease misunderstandings

about the publication process in a scientific journal.

Although rare events, duplicate publication and scientific fraud (falsification and fabrication of data, and plagiarism) are most important issues with serious impact on the integrity of the scientific community. The CMJ will not consider papers that have already been published as an article or have been submitted or accepted for publication elsewhere in print or in electronic media. This policy does not preclude consideration of a paper that has been rejected by another journal or of a complete report that follows publication of a preliminary report, such as an abstract or poster displayed at a professional meeting. Short abstracts (400 words) of preliminary research findings presented at conferences and included in conference proceedings are not considered previous publications. Authors should indicate this on the first page of the manuscript and in the cover letter. Presentations longer than an abstract may disqualify the paper. The author should alert the Editor if the work includes subjects on which a previous report has been published. Any such work should be referred to and referenced in the new paper. If the Editor was not aware of the violations and the article has already been published, a notice of duplicate publication will be published without the authors' explanation or approval. This policy is based on the international copyright laws, ethical conduct, and cost-effective use of resources (3). If the Editor discovers or is presented evidence of such problems, he will contact the appropriate official(s) at the institution(s) from which the manuscript originated. It is then left to the institution(s) in question to pursue the matter appropriately. The CMJ will, depending on the circumstances, publish errata, corrigenda, or retractions of manuscripts.

In cases of scientific disagreement about the methodology and/or contents of an article published in the *CMJ*, which do not allege fraud, the *CMJ* encourages the concerned individuals to either directly contact the authors or write a letter to the Editor.

The CMJ will permit a publication of an already published article in the CMJ in another language if all of the following conditions are met: (a) the authors have received approval from the editors of both journals; (b) the paper for secondary publication is intended for a different group of readers; in this case, an abbreviated version is sufficient; and (c) a footnote on the title page of the secondary version acknowledges the primary reference.

Authorship criteria

CMJ follows the authorship criteria developed by the International Committee of Medical Journal Editors (5). All persons designated as authors should qualify for authorship, and all those who qualify should be listed. Each author should have participated sufficiently in the work to take public responsibility for appropriate portions of the content. One or more authors should take responsibility for the integrity of the work as a whole, from inception to published article.

Authorship credit should be based only on 1) substantial contributions to conception and design, or acquisition of data, or analysis and interpretation of data; 2) drafting the article or revising it critically for important intellectual content; and 3) final approval of the version to be published. Conditions 1, 2, and 3 must all be met. Acquisition of funding, the collection of data, or general supervision of the research group, by themselves, do not justify authorship. Authors should provide a description of what each contributed. All others who contributed to the work who are not authors should be named in the Acknowledgments, and what they did should be described. Increasingly, authorship of multicenter trials is attributed to a group. All members of the group who are named as authors should fully meet the above criteria for authorship. Group members who do not meet these criteria should be listed, with their permission, in the Acknowledgments or in an Appendix. The order of authorship on the byline should be a joint decision of the coauthors. Authors should be prepared to explain the order in which authors are listed. List (in the Acknowledgments) all contributors who do not meet the criteria for authorship, such as a person who provided purely technical help, writing assistance, or a department chair who provided only general support. Financial and material support should also be acknowledged. Groups of persons who have contributed materially to the paper but whose contributions do not justify authorship may be listed under a heading such as "clinical investigators" or "participating investigators," and their function or contribution should be described, for example "served as scientific advisors," "critically reviewed the study proposal," "collected data," or "provided and cared for study patients." Because readers may infer their endorsement of the data and conclusions, all persons must have given written permission to be acknowledged.

References

1 De Angelis CD, Drazen JM, Frizelle FA, Haug C, Hoey J, Horton R, et al. Is this clinical trial fully registered? A statement from the international committee of medical journal editors. Croat Med J. 2005;46:499-501. Medline:16100751

2 De Angelis C, Drazen JM, Frizelle FA, Haug C, Hoey J, Horton R, et al. Clinical trial registration: a statement from the International Committee of Medical Journal Editors. Croat Med J. 2004;45:531-2. Medline:15906482

3 Scheetz M. Office of Research Integrity: a reflection of disputes and misunderstandings. Croat Med J. 1999;40:321-5. Medline:10523125

4 Petrovecki M, Scheetz MD. Croatian Medical Journal introduces culture, control, and the study of research integrity. Croat Med J. 2001;42:7-13. Medline:11172649

5 International Committee of Medical Journal Editors. Uniform requirements for manuscripts submitted to biomedical journals. Available at: *www.icmje.org*. Accessed 1 February 2006.

Guidelines for Authors: Manuscript Preparation and Submission

Organization of the manuscript

Manuscripts should meet the general requirements agreed upon by the International Committee of the Medical Journal Editors (1). Croatian-speaking authors may consult instructions in Croatian (2).

Type the whole manuscript double-spaced.

First (title) page

The first page should carry: (a) the article title; (b) full names (first names, middle-name initials, if applicable), and last names of all authors; (c) names of the department(s) and institution(s) to which the work should be attributed; (d) a short running head of not more than 40 characters (count letters and spaces) placed at the foot of the page and identified. If authors belong to several different institutions, superscript digits should be used to relate the authors' names to respective institutions. Identical number(s) in superscript should follow the authors' names and precede the institution names. The name and institution of the first author (and other authors of the same institution) should not bear any number: number one should be applied to the first author on the list who does not come from the first author's institution.

Second page

The second page should contain the Abstract and six to ten key words. In selecting key words, the authors should strictly refer to the Medical Subject Headings (MeSH) list of the Index Medicus.

In the case of reports on clinical trials, the abstract should also include the information on the identifying number of the trial and the name of the registration database.

Any potential conflict of interest should also be disclosed on this page. Authors should disclose any commercial affiliations as well as consultancies, stock or equity interests, and patent-licensing arrangements which could be considered a conflict of interest. The details of such disclosures will be kept confidential but *CMJ* urges the authors to make general statements in the Acknowledgment section of the manuscript.

Other pages

Each manuscript should follow this sequence: title page; abstract, key words, trial identification number for registered trials; text (Introduction, Methods, Results, Discussion); acknowledgments; references; tables (each table complete with title and footnotes on a separate page), figure legends, and the last page.

Last page

The last page should carry: (a) a list of abbreviations used in the paper (if necessary); (b) the name and mailing address of the corresponding author, accompanied by the telephone and fax numbers and e-mail; (c) source(s) of research support in the form of grants, equipment, drugs or all of these, and (d) (optional) suggestions for the referees of the paper, with the complete mailing address, e-mail address, phone and fax numbers.

Text organization and style

title

The title is the most important summary of a scientific article. *CMJ* prefers expressive titles to neutral ones. For example, the title "Elderly displaced persons display deeper psychological disturbances than younger ones" is preferred to "A multivariate analysis of psychological disturbances in elderly displaced persons compared to young ones." The title should also include information on the scope of investigation, eg, the type of study (clinical, experimental, epidemiological) average follow-up time, etc. If animal or cadaver experiments are reported, the title should carry this information.

Abstract

CMJ requires that the authors prepare a structured abstract of not more than 250 words. The abstract should include (at least) four headings:

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 "Analysis of in vitro differentiation of human bone marrow stem cells in the presence of INF-γ or TNF-α."

Methods. Concisely and systematically list the basic procedures, selection of study subjects or laboratory animals, methods of observation and analysis. Avoid listing of common or irrelevant methods; enable the reader to fathom the essence of your procedure(s) and methods. The essential data on patient characteristics belong here, not in the Results section.

Results. List your 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.

Conclusion. List your conclusions in a short, clear and simple manner. State only those conclusions that stem di-

rectly from the results shown in the paper. Rather than summarizing the data, conclude from them.

Do not forget to include the identifying number of the trial and registration database for reports on clinical trials.

Introduction

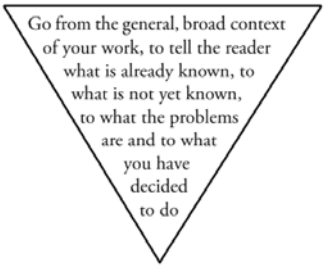

Figure 1. Stylistic structure of the introduction section.

The Introduction section should include the hypothesis and specific protocol objectives. The author should briefly introduce the problem, particularly emphasizing the level of knowledge about the problem at the beginning of the investigation. Continue logically, and finish the section with a short description of the aim of the study (Figure 1). The Introduction section should generally not exceed one typewritten page. This is no place to write a review of the field or to mention textbooks commonplaces: you are addressing an educated reader, and this section should introduce him/her to the specific problem investigated.

Patients/material and methods

This section need not be brief. Use of subheadings is advised. For clinical trials define: (a) planned study population, including controls; (b) inclusion and exclusion criteria; (c) planned subgroup analyses; (d) prognostic factors that may affect study results; (e) outcome measures and minimum difference(s) to be considered clinically important; (f) planned treatment interventions; (g) method of assignment of subjects to treatments (eg, randomization method, blinding or masking procedure, matching criteria); (h) planned sample size and power calculations; (i) rules for stopping the study; and (j) methods of statistical analysis in sufficient detail to permit replication. It is important to specify exactly how the patients were selected. The patients should be characterized in detail, so as to avoid confusion about uncontrolled variables. Give the reasons for a given patient's exclusion from the follow-up, and analyze whether or not he/she was a representative of the primary series. A follow-up close to 100 percent is required in most studies. Follow-up time should generally not be less than 2 years. Give the exact dates of the study.

Control group(s) should be described as precisely as experimental groups. For animals, the species, sex, age, breed, and physiologic condition should be given.

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

In reports on the experiments on human subjects, it should be indicated whether the procedures followed were in accordance with the ethical standards of the responsible committee on human experimentation (institutional or regional) or with the Helsinki Declaration (3), as revised in 1975 and 1983. Do not use patients' names, initials, or hospital numbers, especially in illustrative material. Permission to use patient's pictures and their informed consent must accompany such material. All human and animal studies must have been approved by the authors' Institutional Review Board.

Statistics

List the tests used. Relate each test to a particular data analysis. This should be repeated in the Results section. Tables should not contain only statistical test results. Statistics is a tool, not the purpose of analysis; it serves to corroborate the specific data. Statistical significances should be shown along with the data in the text, as well as in tables and figures. Provide exact p-values, with three decimal places.

Results

A clinical study as conducted should include: (a) inclusive dates of accrual of study population; (b) sample size achieved; (c) how many subjects were excluded or withdrew, and the reasons; (d) demographic and clinical characteristics of the study population, including controls; and (e) how the study as conducted deviated from the study as planned, and the reasons (eg, compliance).

Study findings should include: (a) estimates of treatment effects, stated as comparisons among treatment groups (eg, differences in risks, rates or means of outcome measures, as well as exact p-values; (b) measures of precision for outcome measures and for estimates of treatment effects (confidence intervals, standard errors); (c) summary data and appropriate descriptive statistics; (d) complications of treatment; and (e) repository where original data can be obtained (eg, principal investigator).

Key rules for writing the Results section are: (a) the text should be understandable without referring to the respective tables and figures, and vice versa; (b) however, the text should not simply repeat the data contained in the tables and figures; and (c) the text and data in tables and figures should be related to the statements in the text by means of reference marks.

Thus, it is best to describe the main findings in the text, and refer the reader to the tables and figures, implying that details are shown there. Information on significance and other statistical data should preferably be given in the tables and figures. The formulations such as "It is shown in Table 1 that the outcome of Group A was better than that of Group B" should be replaced by "The outcome of Group A was better than that of Group B (Table 1)."

Call experimental groups by their real (albeit maybe more descriptive/lon-

ger) names, rather than assigning them numbers or letters. The need for brevity should not clash with the requirement that all results be presented.

Discussion

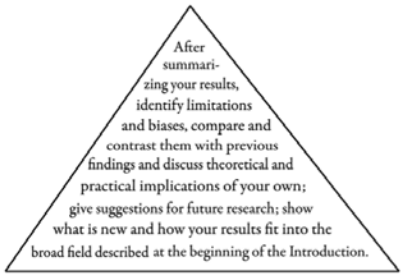

Figure 2. Stylistic structure of the discussion section.

The discussion section should include interpretation of study findings, and results considered in the context of results in other trials reported in the literature (Figure 2). 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) discussion of relevant literature providing evidence or counterevidence for your findings; and (c) assessment of the significance of the conclusions for the application in further research.

Do not recapitulate your results, discuss them!

Tables

Tables should bear Arabic numerals. Each table should be put on a separate sheet of paper (using page brake function). Each table should be self-explanatory, with an adequate title (clearly suggesting the contents), and logical presentation of data. The title should not repeat the information given in the headings. Use tables in order to present the exact values of the data that cannot be summarized in a few sentences in the text. Use tables instead of case reports unless a very small number of cases are presented. Avoid repetitive words in the columns: these should be coded, and their explanations given in the footnotes. Never present the same data in more than one way: present them in a table OR a figure. Data should be organized so that related elements read downward, not across. The data arranged in columns should correspond to the time sequence of their collection when read from left to right:

Age→Sex→Symptoms→Physical findings→Radiographs→Treatment →Outcome.

Each column heading for numerical data should include the unit of measurement applied to all the data under the heading. Choose suitable SI units, so that the values given in the table should fall within the range 0-999. Large numbers can be expressed in smaller units with appropriate column headings (or footnotes).

Headings such as $\times 10^3$ for thousands should be avoided, as it is not clear whether the data given are to be or have already been multiplied by that factor. The precision of biological measurements seldom allows for more than 2 decimal digits. Tabular footnotes should be indicated with superscript lowercase letters. Use table grid option in MS Word for table lines (both vertical and horizontal).

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

*,†,‡,§,II,¶,**,††,‡‡,...

Figures

Diagrams, line drawings and photographs should be referred to as figures. They should be numbered in sequence with Arabic numerals. Legends to figures should be listed on a separate page, in the consecutive order. The legend of a figure should contain the following information: (a) the word "Figure", followed by its respective number; (b) figure title; (c) all the necessary explanations of symbols and findings, written continuously; (d) statistics. Do not put the title of the figure on the figure! Several figures related to the same patient, eg, 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 a series of 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. The axes should be equal in length so as to make the diagrams square. They should normally be thinner than curve lines. 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.

Figures should be drawn professionally. Photographs must be sharp and glossy or delivered in high-quality electronic format. All micrographs must include a bar to indicate the scale. Graphs or charts must be provided as complete MS Excel files. Do not draw three-dimensional graphs if not absolutely necessary. Do not shade the background. Do not use grids. Most figures are properly presentable in column width, ie, 7.9 cm. Suitable line thickness for this format is 0.17-0.35 mm, and suitable type size for capital letters is 10 points.

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 (eg, joint space) should be at the same level. Pu-

blication of color illustrations is to be paid by the author (equivalent of €250 per page). Color illustrations cannot be printed black-and-white. If you send color figures, we will print them in color and the Publisher will charge you as indicated.

Advice on preparing digital images

File names should be alphanumeric. Do not include any spaces or special characters.

The best file format is TIFF. We cannot accept PowerPoint files; also, files saved in TIF format from Power Point application are not at sufficiently high resolution to meet our formatting requirements.

Submitted digital halftones of black and white photographic images must have an image resolution of at least 300 dpi at publication size. To check the size and resolution of the image in Adobe Photoshop, select "Image Size" in the "Image" menu. Make sure the "Resample Image" box in "Image Size" dialog window is not checked and the "Width," "Height," and "Resolution" boxes are linked by the graphic chain. (It may be necessary to click twice on the "Resample Image" box to establish this link.) This will mean that no resolution (ie dots or data) is lost when reducing the dimensions of an image and that the machine does not add dots to an image when increasing its dimensions. Set the print size to the desired size of the image in the printed journal and make sure that the resolution at this size is equal to or above 300 dpi. Please submit in the TIF format by selecting this choice in the format box of the "Save" dialog window. Files should be in grayscale format.

The resolution for color images should also be at least 300 dpi. Please submit files in RGB format. For published manuscripts, image files will be posted online in their original RGB format, maintaining the full color of your original files. When saving, always embed any ICC profile you have worked with. All profiles will be accurately converted to Adobe RGB. If possible, we recommend that authors use Adobe RGB when preparing files. Note that we will still need to convert all RGB files to CMYK for printing on paper and color shifts may occur in conversion. You will not receive a CMYK proof. You can view an approximation of print results by converting to CMYK in Photoshop or Illustrator.

For line art, vector files should be created in an illustration program such as Adobe Illustrator and should be saved and submitted as EPS (Encapsulated PostScript). Only Times, Helvetica, Arial, or Symbol fonts should be used. Using other fonts may result in lost or improperly converted characters. All color art should be in RGB format.

For figures with a combination of photographs and line art, prepare photographic image files in Photoshop as above at 300 dpi as described above. Prepare line art in Illustrator as above (if you will be importing color images, be sure to create an RGB Illustrator file). Image files should be placed into the file containing the line art. Always embed images, never link. In Illustrator, copying and pasting or dragging directly from Photoshop will embed the image. If you use the "Place" command, be sure to uncheck "Link" in the dialogue box. If you use another illustration program, please refer to the specific documentation for that application (generally there will be a "link," "proxy" or "OPI" option on import which should be unchecked). Save as EPS, always embedding any color profile used. We recommend Adobe RGB.

Common mistakes in presenting data

Averages (means) should be followed by ±SD, and medians by ranges (in parentheses).

Percentages should not be given when the total sample number is less than 100. Otherwise, use absolute numbers, decimal fractions or "one third," "three quarters," etc. Percentages above 10 usually do not need decimals.

Details on the style of scientific writing can be found in several excellent books (4,5). Useful statistical advice is available in the recent CMJ editorial (6).

Acknowledgments

Authors must identify financial support for research in the Acknowledgment section of the manuscript. Technical help, critical reviews of the manuscript and financial or other sponsorship may be acknowledged. Do not acknowledge paid professional translations into English. Financial and material support should also be acknowledged.

References

CMJ uses the ICMJE recommendations for reference formatting (ref. 1 and *http://www.icmje.org/*), 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/query.fcgi?db=journals)* 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 MEDLINE ID's or DOI in references.

Do not put period after the reference number. Separate reference number and (last) name of first author by one space only.

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, article title and subtitle, journal abbreviation, year, volume number in Arabic numerals, and inclusive pages.

Please note the following examples for format and punctuation:

Article: Vrdoljak E, Milas L. Apoptosis: basic biology and relationship to cancer. Croat Med J. 1996;37: 141-51.

Supplement (to the volume): Gale RP. Nuclear terrorism. Croat Med J. 1992;33 War suppl 2:3-5.

Book references are listed as follows: authors, title, edition (if other than first), volume (if more than one), city, publisher, year. When referring to a book chapter, the order changes as follows: authors of the chapter, title of the chapter, "In:", editors/authors of the book (for editors, the names should be followed by "editor(s)"), edition (if other than first), volume (if more than one), city, publisher, year, and inclusive pages of the chapter.

Book (personal authors): Colson JH, Armour WJ. Sports injuries and their treatment. 2nd rev. ed. London: S. Paul; 1986.

Book (editors): Faist E, Baue AE, Schildberg FW, editors. The immune consequences of trauma, shock and sepsis. Mechanisms and therapeutic approaches. 1st vol. Lengerich (Germany): Pabst Science Publishers; 1996.

Chapter in a book: Weinstein L, Swartz MN. Pathologic properties of invading microorganisms. In: Sodeman WA Jr, Sodeman WA, editors. Pathologic physiology: mechanisms of disease. Philadelphia (PA): Saunders; 1974. p. 457-72.

Organization as author and publisher: Virginia Law Foundation. The medical and legal implications of AIDS. Charlottesville (VI): The Foundation; 1987.

Table 1. Checklist of items to include when reporting a randomized trial

	Item number	Descriptor	Reported on page No.
Title and abstract	1	How participants were allocated to interventions (eg, "random allocation," "randomized," or "randomly assigned").	
Introduction			
Background	2	Scientific background and explanation of rationale.	
Methods			
Participants	3	Eligibility criteria for participants and the settings and locations were the data were collected.	
Interventions	4	Precise details of the interventions intended for each group and how and when they were actually administered.	
Objectives	5	Specific objectives and hypotheses.	
Outcomes	6	Clearly defined primary and secondary outcome measures and, when applicable, any methods used to enhance the quality of measurements (eg, multiple observations, training of assessors, etc).	
Sample size	7	How sample size was determined and, when applicable, explanation of any interim analyses and stopping rules.	
Randomization sequence generation	8	Method used to generate the random allocation sequence, including details of any restriction (eg, blocking, stratification).	
Allocation concealment	9	Method used to implement the random allocation sequence (eg, numbered containers or central telephone), clarifying whether the sequence was concealed until interventions were assigned.	
Implementation	10	Who generated the allocation sequence, who enrolled participants, and who assigned participants to their groups.	
Blinding (masking)	11	Whether or not participants, those administering the interventions, and those assessing the outcomes were aware of group assignment. If not, how success of masking was assessed.	
Statistical methods	12	Statistical methods used to compare groups for primary outcome(s); methods for additional analyses, such as subgroup analyses and adjusted analyses.	
Results			
Participant flow	13	Flow of participants through each stage (a diagram is strongly recommended). Specifically, for each group, report the numbers of participants randomly assigned, receiving intended treatment, completing the study protocol, and analyzed for the primary outcome. Describe protocol deviations from study as planned, together with reasons.	
Recruitment	14	Dates defining the periods of recruitment and follow-up.	
Baseline data	15	Baseline demographic and clinical characteristic of each group.	
Numbers analyzed	16	Number of participants (denominator) in each group included in each analysis and whether the analysis was by "intention to treat." State the results in absolute numbers when feasible (eg, 10/20, not 50%).	
Outcomes and estimations	17	For each primary and secondary outcome, a summary of results for each group, and the estimated effect size and its precision (eg, 95% CI).	
Ancillary analyses	18	Address multiplicity by reporting any other analyses performed, including subgroup analyses and adjusted analyses, indicating those pre-specified and those exploratory.	
Adverse events	19	All important adverse events of side-effects in each intervention group.	
Discussion			
Interpretation	20	Interpretation of the results, taking into account study hypotheses, source of potential bias or imprecision and the dangers associated with multiplicity of analyses and outcomes.	
Generalizability	21	Generalizability (external validity) of the trial findings.	
Overall evidence	22	General interpretation of the results in the context of current evidence.	

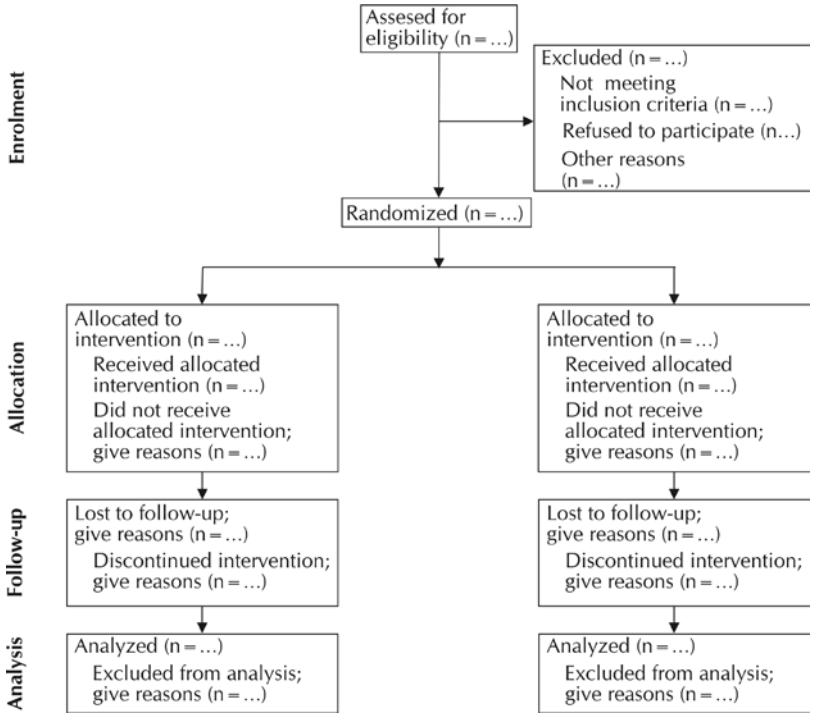

Figure 3. Flow diagram of the progress through the phases of a randomized trial.

Report in the proceedings (conference paper): Harley NH. Comparing random daughter dosimetric and risk models. In: Gammage RB, Kaye SV, editors. Indoor air and human health. Proceedings of the Seventh Life Sciences Symposium; 1984 Oct 29-31; Knoxville (TN). Chelsea (MI): Lewis; 1985. p. 69-78.

Reference language other than English: Original language of the work (eg, Croatian) should be translated into English followed with original language name in square brackets, eg, [in Croatian]. An example (chapter in a book written in Croatian): Krizmanić M. Preparing for the return of the disabled [in Croatian]. In: Krizmanić M, editor. Povratak prognanika. Psihološka, socijalna, zdravstvena i duhovna priprema. Zagreb: Dobrobit; 1995. p. 99-101.

Unpublished information: Reference to a personal communication or manuscript categorized as "in preparation" or "submitted for publication" is discouraged. However, if such a reference is essential and refers to a written communication, the source should be cited parenthetically in the text, with the comment "unpublished data", but not listed with the references. A paper accepted but not yet published is listed with the references, with the indication "in press".

Data deposited in structured database:

Journal article in electronic format: Morse SS. Factors in the emergence of infectious diseases. Emerg Infect Dis [serial online] 1995 Jan-Mar [cited 1996 Jun 5];1(1):[24 screens]. Available from URL: *http://www. cdc.gov/ncidod/EID/eid.htm*.

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

Reporting specific type of studies

Some types of research reports require specific organization of the manuscript and presentation of data. We urge the authors to follow published recommendations for the following study designs: QUORUM for metaanalyses (7), MOOSE for metaanalyses of epidemiological studies (8), STARD for diagnostic test accuracy (9), and CONSORT for randomized controlled trials (10). When you submit a report on a randomized controlled study, you should complete the checklist (Table 1) and flow diagram (Figure 1) and submit both with your manuscript, as these are essential for the review process. These CONSORT guidelines (10) should assist you and your reviewers in assessing the manuscript. Please note the additional subheadings that should appear in the manuscript and the flow diagram which should appear as a figure within the manuscript. For more information on CONSORT and other gui-

Table 2. Common medical and technical abbreviations and symbols

Standad abbrevations and symbols which do not need explanation:

AC	alternating current	OD	oculus dexter (always with a number)	pH	concentration of hydrogen ions; negative logarithm
DC	direct current	OS	oculus sinister (always with a number)		of the hydrogen ion concentration
DNA	DNA	OU	oculus unitas or oculus uterque	Po_2	oxygen pressure
HLA	human leukocyte antigen		(only with a number)	RNA	ribonucleic acid
IQ	intelligence quotient	p-	para- (only in chemical formulas or names)	UHF	ultrahigh frequency
m-	meta- (only in chemical formulas or names)	$Paco_2$	carbon dioxide arterial blood pressure	UV	ultraviolet
o-	ortho- (only in chemical formulas or names)	Pao_2	oxygen arterial blood pressure	VDRL	Venereal Disease Research Laboratory
		Pco_2	carbon dioxide pressure	VHF	very high frequency

Non-standard abbreviation that have to be explained in the text:

ACTH	corticotropin (previously adrenocorticotropic hormone)	EOG	electro-oculogram, electro-oculographic	mRNA	messenger RNA
ADH	antidiuretic hormone	ESP	extrasensory perception	MS	multiple sclerosis
ADP	adenosine diphosphate	ESR	erythrocyte sedimentation rate	NDA	New Drug Application
ADPase	adenosine diphosphatase	ESRD	end-stage renal disease	NF	National Formulary
AFP	a-fetoprotein	EST	electroshock therapy	NK	natural killer
AIDS	acquired immunodeficiency syndrome	EVR	evoked visual response	NSAID	nonsteroidal anti-inflammatory drug
ALT	alanine aminotransferase (earlier SGOT)	FEV	forced expiratory volume	NS	not significant
AMP	adenosine monophosphate	FEV_1	forced expiratory volume in 1 s	NTP	normal temperature and pressure
ANA	antinuclear antibody	FSH	follicle-stimulating hormone	OR	odds ratio
APB	atrial premature beat	FTA	fluorescent treponemal antibody	PAS	periodic acid-Schiff
ARDS	adult respiratory distress syndrome	FTA-ABS	fluorescent treponema antibody absorption	PEEP	positive end-expiratory pressure
AST	aspartate aminotransferase (previously SGPT)	FVC	forced viral capacity	PET	positron emission tomography
ATP	adenosine triphosphate	GDP	guanosine diphosphate	PID	pelvic inflammatory disease
ATPase	adenosine triphosphatase	GFR	glomerular filtration rate	PKU	phenylketonuria
BCG	Bacille Calmette-Guérin (but: BCG vaccine)	GI	gastrointestinal	PPD	purified protein derivative (tuberculin)
BP	blood pressure	GLC	gas-liquid chromatography	PSRO	Professional Standard Review Organization
BSA	body surface area	GMP	guanosine monophosphate	PT	prothrombin time
BTPS	body temperature, pressure, saturated	GMT	geometric mean titer	PTA	percutaneous transluminal angioplasty
C	complement (eg, C1, C2, ... C9)	GnRH	gonadotropin-releasing hormone	PTSD	posttraumatic stress disorder
cAMP	cylic adenosine monophosphate	HbCO	carboxyhemoglobin	PTT	partial thromboplastin time
CBC	complete blood cell (ADD count)	HBO	hyperbaric oxygen	PUVA	oral psoralen with long-wave UV radiation
CEA	carcinoembryonic antigen	HbO_2	oxyhemoglobin, oxygenated hemoglobin		in the A range
CFT	complement fixation test	HbS	sickle cell hemoglobin	RAM	random access memory
cGMP	cylic guanosine monophosphate	HBV	hepatitis B virus	RAST	radioallergosorbent test
CI	confidence interval	hCG	human chorionic gonadotropin	RBC	red blood cell
CK	creatine kinase	HDL	high-density lipoprotein	REM	rapid eye movement
CK-BB	creatine kinase-BB	HDL-C	high-denstiy lipoprotein cholesterol	ROM	read-only memory
CK-MB	creatine kinase-MB	HIV	human immunodeficiency virus	RR	relative risk
CK-MM	creatine kinase-MM	HMO	Health Maintenance Organization	RSV	respiratory syncytial virus
CMV	cytomegalovirus	HPF	high power field	SCID	severe combined immunodeficiency disease
CNS	central nervous system	HPLC	high performance liquid chromatography	SEM	scanning electron microscope
COPD	chronic obstructive pulmonary disease	HSV	herpes simplex virus	SIADH	syndrome of inappropriate secretion of
CPR	cardiopulmonary resuscitation	HTLV	human T-cell lymphotropic virus,		antidiuretic hormone
CRF	corticotropin-releasing factor		human T-cell leukemia virus	SIDS	sudden infant death syndrome
CSF	cerebrospinal fluid	ID	infective dose	SLE	systemic lupus erythematosus; St Louis encephalitis
CT	computed tomography, computed tomographic	Ig	immunoglobulin	sp g	specific gravity
dAMP	deoxyadenosine monophosphate	IM	intramuscular	STD	sexually transmitted disease
D&C	dilatation and curettage	IND	Investigational New Drug	T_3	triiodothyronine
DDT	dichlorodiphenyltrichloroethane	IOP	intraocular pressure	T_4	thyroxine
DE	dose equivalent	ISG	immune serum globulin	TCD_{00}	tissue culture dose
DEV	duck embryo vaccine	ITP	idiopathic thrombocytopenic purpura	TIBC	total iron-binding capacity
dGMP	deoxyguanosine monophosphate	IUD	intrauterine device	TPA	tissue plasminogen activator
DIC	disseminated intravascular coagulation	IV	intravenous, intravenously	TPN	total parenteral nutrition
DIF	direct immunofluorescence	IVP	intravenous pyelogram	TRH	thyrotropin-releasing hormone
DNR	do not resuscitate	LAV	lymphadenopathy-associated virus	tRNA	transfer ribonucleic acid
DRG	diagnosis related group	LD	lethal dose	TSH	thyrotropin
EBV	Epstein-Barr virus	LD50	median lethal dose	TSH-RF	thyroid-stimulating hormone-releasing factor
ECG	electrocardiogram, electrocardiographic	LDH	lactate dehydrogenase	TSS	toxic shock syndrome
ECT	electroconvulsive therapy	LDL	low-density lipoprotein	TTP	thrombotic thrombocytopenic purpura
ED	effective dose	LDL-C	low-density lipoprotein cholesterol	*USAN*	United States Adopted Names
ED_{50}	median effective dose	LH	luteinizing hormone	*USP*	United States Pharmacopeia
EEE	eastern equine encephalomyelitis	LHRH	luteinizing hormone-releasing hormone	VEP	visual evoked potential
EEG	electroencephalogram, electroencephalographic	LSD	lysergic acid diethylamine	VER	visual evoked response
EIA	enzyme immunoassay	MCH	mean corpuscular hemoglobin	VHDL	very-high-density lipoprotein
EIS	Epidemic Intelligence Service	MCHC	mean corpuscular hemoglobin concentration	VLDL	very-low-density lipoprotein
	(Centers for Disease Control)	MCV	mean corpuscular volume	VPB	ventricular premature beat
ELISA	enzyme-linked immunosorbent assay	MD	muscular dystrophy	WAIS	Wechsler Adult Intelligence Scale
EMG	electromyogram, electromyographic	MEC	mean effective concentration	WBC	white blood cell
EMIT	enzyme-multiplied immunoassay technique	MMPI	Minnesota Multiphasic Personality Inventory	WEE	western equine encephalomyelitis
ENG	electronystagmogram, electronystagmographic	MRI	magnetic resonance imaging		

delines, please consult the CONSORT Web site (*www.consort-sta tement.org*). The checklist and flow diagram will be reviewed along with the manuscript. Do not forget to include the identifying number and the name of the registration database for reports on clinical trials.

Language

The language of the *CMJ* is US English. The Editors retain the customary right to style and, if necessary, shorten texts accepted for publication. This does not mean that we prefer short articles – actually, we do not limit their size – but rather a resection of the obviously redundant material.

The past tense is recommended in the Results Section. Avoid using Latin terms; if necessary, they should be added in parentheses after the English terms. Real names rather than "levels" or "values" should refer to parameters with concrete units (eg, 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

Only standard abbreviations and symbols may be used without definition and may be used in the title of the page-heading title. Table 2 lists some frequently used standard abbreviations and symbols. Non-standard abbreviations, the use of which should be kept to a minimum compatible with clarity and conciseness, should not be used in the title or page-heading title. They must be explained in the text in the following way: the term should be written in full when it appears in the text for the first time, followed by the abbreviation in parentheses; from then on, only abbreviation is used in the text. This applies separately to the Abstract and the rest of the text.

Submission of manuscripts

Details about the manuscript submission can be found in the online version of guidelines for authors at *www.cmj.hr*.

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