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 pay special attention to this area for 3 reasons: (a) Croatia is an "emerging" country and a country undergoing major socioeconomic changes; (b) authors from such countries need and deserve editorial assistance that 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

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.

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.

POLICY OF TRIAL REGISTRATION

Since 2005, to promote the culture of transparency in research and reporting, publish ing study protocols, publishing negative results, and to promote trial registration, *CMJ*, as the ICMJE member journals, requires registration of trials in a public trials registry, as a condition of consideration for publication (1,2). Now, the ICMJE is expanding the definition of the types of trials that must be registered and adopts the WHO's 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 implements 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 (ref. 4, http://www.who.int/ictrp/network/primary/en/index.html). Registration in a partner register only is insufficient (3). The Registry name and web address for trial registration are listed in the Table 2. In each register authors can find guidelines for process of registration. After successful registration, authors will obtain a registration number which should be include (with registration database) at the end of article Abstract.

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 (5).

Finally, the revised Declaration of Helsinki (http://www.wma.net/e/policy/b3.htm) elaborate 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."

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 Zeland Clinical Trials Registry	*http://www.anzctr.org.au/*
The Netherlands National Trial Register	*http://www.trialregister.nl/trialreg/index.asp*
Japan Primary Registries Network	*http://rctportal.niph.go.jp/*
Clinical Trials Registry-India (CTRI)	*http://www.ctri.in*
Chinese Clinical Trial Register	*http://www.chictr.org/*
German Clinical Trials Register (DRKS)	*http://www.germanctr.de/*
Iranian Registry of Clinical Trials (IRCT)	*http://www.irct.ir/*
Sri Lanka Clinical Trials Registry (SLCTR)	*http://www.slctr.lk/*
Clinical Research Information Service (CRiS), Republic of Korea	*http://ncrc.cdc.go.kr/cris/index.jsp*
ISRCTN.org	*http://www.isrctn.org/*
Pan African Clinical Trial Registry (PACTR)	*http://www.pactr.org/*

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.

Policy for submissions by members of the editorial team

As all editors and Editorial Board members at the *CMJ* are active professionals and researchers, it may happen that they would want to submit their articles to the *CMJ*.

This represents a potential conflict of interest, especially in cases of submissions from decision-making editors. In reviewing submissions from its editors and Editorial Board members, the *CMJ* follows the guidelines for good editorial practice set by international editorial organizations, such as World Association of Medical Editors (WAME; http://www.wame.org/resources/publication-ethics-policies-for-medical-journals#conflicts) and Committee on Publication Ethics (COPE; http://publicationethics.org/case/editor-author-own-journal). The review of such manuscripts will not be handled by the submitting editor(s); the review process will be supervised and decisions made by a senior editor who will act independently of other editors. In some cases, the review process will be handled by an outside independent expert to minimize possible bias in reviewing submissions from editors.

Review process

1. Authorship statement. Upon the receipt of the submission, authors 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 and validity of authorship, and assert compliance with the review process, ie, that he or she shall not withdraw the paper until it is published or rejected. We advise the authors to promptly send back the filled out authorship statements, or otherwise the editorial processing of the manuscript may be delayed.

2. ***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.

3. ***Peer review***. The ***CMJ*** promotes expert refereeing by peers as a best available method for the maintenance of standards of excellence 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. The complete review process is carried out electronically, through the *CMJ* online manuscript tracking system at http://www.cmj.hr.

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. To ensure the transparency of the editorial process and responsibilities of all authors, the formal letter of acceptance is sent to all authors on the manuscript, and not just to the corresponding author.

In the case of rejection, the authors have the right to appeal if they think that the reviewers did not understand or appreciate some points in the manuscript. The editors of the *CMJ* will then decide if there are grounds for reconsidering the manuscript.

Scientific integrity

The Editorial Board of the *CMJ* is devoted to the promotion of scientific integrity as a vital component of the research process (6). *CMJ's* Research Integrity Editor will deal with all issues related to possible scientific misconduct in manuscripts submitted to or published in the *CMJ* (7). As member of the Committee on Publication Ethics, COPE, the CMJ follows the ethics flowcharts developed for dealing with cases of possible misconduct. The COPE flowcharts are available at: http://publicationethics.org/flowcharts. The following brief 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 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 (6). 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 subscribes to the authorship criteria developed by the International Committee of Medical Journal Editors (8) , available at http://www.icmje.org/ethical_1author.html: "An "author" is generally considered to be someone who has made substantive intellectual contributions to a published study, and biomedical authorship continues to have important academic, social, and financial implications. An author must take responsibility for at least one component of the work, should be able to identify who is responsible for each other component, and should ideally be confident in CMJ asks its authors to write in their own words why they think they deserve the authorship of the submitted manuscript. Authors' declared contributions are published at the end of the article.

References

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

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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, available at www.icmje.org. Check the ICMJE web-page for the latest update. Croatian-speaking authors may consult instructions in Croatian (1).

Type the whole manuscript double-spaced, in Times New Roman or Arial, 12 points.

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 6 to 10 key words. In selecting key words, the authors should 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 or competing interests should also be disclosed on this page. CMJ uses the ICMJE uniform disclosure form for potential conflicts of interest (2). All authors should fill it out and submit it to the CMJ's editorial office. The form is available at http://www.icmje.org/coi_disclosure.pdf. The glossary of terms used in conflict of interest disclosure form is available in several languages, including Croatian (http://www.icmje.org/coi_glossary.html). 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.

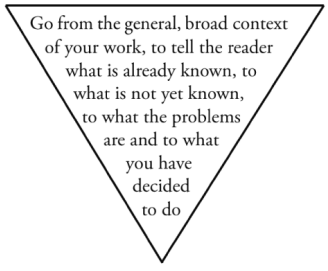
Results. List your basic results without any introduction. Only essential statistical significances should be added in brackets. Draw no conclusions as yet: they belong into the next section.

Conclusion. List your conclusions in a short, clear and simple manner. State only those conclusions that stem directly from the results shown in the paper. Rather than summarizing the data, conclude from them.

For better reporting of abstract of articles related to randomized controlled trials, please follow published extended CONSORT Statement for Abstract (3), also available at http://www.consort-statement.org/.

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 2008 revision of the Helsinki Declaration (4). 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.

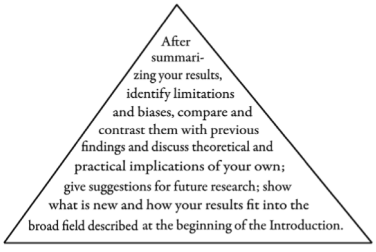
Thus, it is best to describe the main findings in the text, and refer the reader to the tables and figures, implying that details are shown there. Information on significance and other statistical data should preferably be given in the tables and figures. The formulations such as "It is shown in Table 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/longer) names, rather than assigning them numbers or letters. The need for brevity should not clash with the requirement that all results be presented.

Discussion

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.

Figure 2.



Stylistic structure of the discussion section.

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 lower-case 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:

*,†,‡,§,‖,¶,**,††,‡‡,…

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. Publication 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 ± standard deviation and medians by interquartile ranges or ranges (in parentheses 95% confidence intervals can be used for both.).

Percentages should not be given when the total sample number is less than 100. Otherwise, use absolute numbers, decimal fractions or "one third," "3 quarters," etc. Percentages above 10 usually do not need decimals.

Details on the style of scientific writing can be found in several excellent books (5,6). Useful statistical advice is available in the recent *CMJ* editorial (7).

Disclosures

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. Ethical approval, if required, should also be specified here. Authors' declarations on their contributions to the work described in the manuscript and their potential competing interests should be stated.

References

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ICMJE follows the format of the US National Library of medicine (http://www.ncbi.nlm.nih.gov/books/NBK7256/). Sample references for ICMJE journals are available at

http://www.nlm.nih.gov/bsd/uniform_requirements.html.

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, MOOSE for meta-analyses of epidemiological studies, STARD for studies of diagnostic accuracy, STROBE for reporting observational studies in epidemiology, ARRIVE for research using laboratory animals, CONSORT for randomized controlled trials, SQUIRE for quality improvement studies in health care, and COREQ for reporting qualitative research. 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.equator-network.org/resource-centre/library-of-health-research-reporting/). We expect authors to submit relevant checklist and flow diagrams with their manuscript. For publication of population data for legal or forensic purposes we ask authors to follow the recently developed guidelines (8,9).

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 1 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

In order to better serve the authors and speed up the review and publishing process, CMJ introduced an online manuscript submission and peer review system.

All manuscripts should be submitted online at http://dora.zesoi.fer.hr/cmj/. Submissions in paper form will not be accepted. To submit the paper, follow the instructions and procedure at http://dora.zesoi.fer.hr/cmj/paperSubmit.php.

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TABLE 1. Common medical and technical abbreviations and symbols

Standard 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 of the hydrogen ion concentration
DC	direct current	OS	oculus sinister (always with a number)		
DNA	DNA	OU	oculus unitas or oculus uterque (only with a number)	Po_2	oxygen pressure
HLA	human leukocyte antigen			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 in the A range
CEA	carcinoembryonic antigen	HbO_2	oxyhemoglobin, oxygenated hemoglobin		
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 antidiuretic hormone
CPR	cardiopulmonary resuscitation	HTLV	human T-cell lymphotropic virus, human T-cell leukemia virus		
CRF	corticotropin-releasing factor			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 (Centers for Disease Control)	MCHC	mean corpuscular hemoglobin concentration	VLDL	very-low-density lipoprotein
		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		

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