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medicina fluminensis

Journal of Croatian Medical Association - Rijeka Branch
and Faculty of Medicine - University of Rijeka

Instructions to Authors

Please follow the instructions for preparation and submission of manuscript, which will expedite the reviewing and publication procedures. Instructions to authors of *Medicina Fluminensis* are in accordance with the “Recommendations for the Conduct, Reporting, Editing and Publication of Scholarly Work in Medical Journals”, published by the International Committee of Medical Journal Editors (ICMJE)¹.

Beginning March 1st 2008 *Medicina Fluminensis* is following new policies.
Last revised: November 29th 2017

I. GENERAL INFORMATION

Medicina Fluminensis (hereafter “the Journal”) is the official journal of the Croatian Medical Association - Rijeka Branch and Faculty of Medicine - University of Rijeka. The Journal was launched by the Croatian Medical Association - Rijeka Branch in 1964 under the name *Medicina*. In 2010 the Journal was renamed into *Medicina Fluminensis* and since then has been co-published by the Croatian Medical Association - Rijeka Branch and Faculty of Medicine - University of Rijeka.

1. SCOPE

Medicina Fluminensis is a peer-reviewed journal published electronically and in print four times per year. The Journal publishes scientific articles in all aspects of human biomedical sciences, including clinical and basic research, public health care, history of medicine, dental medicine, medical bioethics and medical education. The Journal publishes the following article types: editorials, original scientific articles, short communications, professional articles, reviews, mini-review, case reports and letters to the Editor. The Journal encourages and supports basic and clinical research and promotes excellence in medical education.

2. AUTHORSHIP CRITERIA

Authorship confers credit and has important academic, social and financial implications. Authorship also implies responsibility and accountability for published work.

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

- Substantial contributions to the conception or design of the work; or the acquisition, analysis, or interpretation of data for the work; AND
- Drafting the work or revising it critically for important intellectual content; AND
- Final approval of the version to be published; AND
- Agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

In addition to being accountable for the parts of the work he or she has done, an author should be able to identify which co-authors are responsible for specific other parts of the work. Furthermore, authors should have confidence in the integrity of the contributions of their co-authors. All those designated as authors should meet all four criteria for authorship, and all who meet the four criteria should be identified as authors. Those who do not meet all four criteria should be acknowledged in the Acknowledgments section.

It is the collective responsibility of the authors, not the Journal, to determine that all people named as authors meet all four criteria. However, in light of academic integrity and to promote and protect intellectual property, the Journal strongly deprecates the appearance of “guest” or “ghost” authors.

If authors request removal or addition of an author after manuscript submission or publication, the Editor-in-Chief will seek an explanation and signed statement of agreement for the requested change from all listed authors and from the author to be removed or added.

2.1. Corresponding author

The Journal will correspond with only one author on each submission.

The corresponding author takes primary responsibility for communication with the Journal during the manuscript submission, peer review, and publication process, and typically ensures that all the Journal’s administrative requirements are properly completed. The corresponding author should be available throughout the submission and peer review process to respond to Editorial queries in a timely

way, and should be available after publication to respond to critiques of the work and cooperate with any requests from the Journal for data or additional information should questions about the article arise after publication. It is the responsibility of the designated corresponding author to communicate with the co-authors.

3. SCIENTIFIC MISCONDUCT AND RETRACTION

Scientific misconduct includes but is not necessarily limited to data fabrication, data falsification including deceptive manipulation of images and plagiarism. To minimize scientific misconduct and protect intellectual property, the Journal may engage systems for detecting plagiarism in submitted manuscripts (e.g. Plagiarism Detecting Software). When scientific misconduct is alleged, or concerns are otherwise raised about the conduct or integrity of work described in submitted or published articles, the Editor-in-Chief and Executive Editors for Medical Ethics will initiate appropriate procedures detailed by the Committee on Publication Ethics (COPE)².

Retractions will be prominently labelled, appear both electronically and on numbered print page that is included in a print Table of Contents to ensure proper indexing. The text of the retraction will explain why the article is being retracted and include a complete citation reference to that article. Retracted articles will remain in the public domain and be clearly labelled as retracted.

4. CONFLICT OF INTEREST

Authors are responsible for scientific integrity as well as the professional, scientific and financial independency of the conducted research. Therefore, when authors submit a manuscript of any type they are responsible for disclosing all financial and personal relationships that might bias or be seen to bias their work in the Submission form. Additionally, once the manuscript is accepted for publication, all authors have to sign the Conflict of Interest Disclosure Form (available from our website).

A conflict of interest exists when professional judgment concerning a primary interest (such as patients' welfare or the validity of research) may be influenced by a secondary interest (such as financial gain). Financial relationships (such as employment, consultancies, stock ownership or options, honoraria, patents, and paid expert testimony) are the most easily identifiable conflicts of interest. However, conflicts can occur for other reasons, such as personal relationships or rivalries, academic competition, and intellectual beliefs. Agreements between authors and study sponsors that interfere with the authors' access to all of a study's data or that interfere with their ability to analyze and interpret the data and to prepare and publish manuscripts independently may represent conflicts of interest, and should be avoided. If the article is accepted for publication, the Editor-in-Chief will determine what parts of an author(s)' conflicts of interest will appear with the article.

5. LICENCE AND RIGHTS STATEMENT

Medicina Fluminensis is an Open Access journal. The content of the Journal is available free of charge. Users are allowed to read, download, copy, redistribute, print, search and link to material, and alter, transform, or build upon the material, or use them for any other lawful purpose as long as they attribute the source in an appropriate manner according to the CC BY licence.

6. SELF-ARCHIVING POLICY

The papers published in Medicina Fluminensis can be deposited and self-archived in the institutional and thematic repositories providing the link to the journal's web pages and HRČAK³. The Journal does not charge article processing charges (APC).

7. CLINICAL TRIAL REGISTRATION

According to ICMJE¹, a clinical trial is any research project that prospectively assigns people or groups of people to an intervention, with or without concurrent comparison or control groups, to study the cause-and-effect relationship between a health-related intervention and a health outcome.

The results of a clinical trial considered for publication must have been registered in a public trials registry at or before the time of first patient enrollment. The clinical trials registry should be accessible to the public at no charge, electronically searchable, open to prospective registrants and managed by a non-profit organization. The trial registration number should be indicated at the end of the abstract. Whenever a registration number is available, authors should list this number the first time they use a trial acronym to refer either to the trial they are reporting or to other trials that they mention in the manuscript. In manuscripts that report data from randomized clinical trials, authors should follow the flow diagram or checklist in Consolidated Standards of Reporting Trials (CONSORT) format and provide all of the information required by the CONSORT checklist.

8. PROTECTION OF RESEARCH PARTICIPANTS

When reporting experiments on people, authors should indicate whether the procedures followed were in accordance with the ethical standards of the responsible committee on human experimentation (institutional and national) and with the latest revision of Helsinki Declaration. If necessary, the Journal may ask for a copy of the institutional review body approval.

Patients have a right to privacy that should not be violated without informed consent. Identifying information, including names, initials, or hospital numbers, should not be published in written descriptions, photographs, or pedigrees. In case patient photographs will be submitted and published in the Journal, patients must be informed and have to sign an informed consent. Patient consent should be written and archived with the authors and not sent to the Journal. The authors must provide the Journal with a written statement that attests that they have received and archived written patient consent. When informed consent has been obtained, it will be indicated in the published article. For all investigations involving human subjects, authors should explain how informed consent was obtained. Also, special consideration should be given to the protection of privacy and data confidentiality, in accordance with the EU Recommendation No. R (97) 5 on the protection of medical data (1997).

Studies using animal models will be considered only providing that clear relevance to the clinical science can be demonstrated. Authors should indicate whether institutional and national standards for the care and use of laboratory animals were followed. Minimal required standard is the “3R approach”. Further guidance on animal research ethics is available from the International Association of Veterinary Editors’ Consensus Author Guidelines on Animal Ethics and Welfare.

The Editor-in-Chief and Executive editors for Medical Ethics reserve the right to seek further clarification regarding the conditions under which the study was performed. The Editor-in-Chief will refuse publication where ethical approval is lacking.

9. DUPLICATE PUBLICATIONS

Duplicate publication is the publication of an article that overlaps substantially with one already published, without clear, visible reference to the previous publication. Authors should not submit the same manuscript, in the same or different languages, simultaneously to more than one journal. Authors who attempt duplicate publication without such notification should expect at least prompt rejection of the submitted manuscript. If the Editor-in-Chief was not informed that the article has already been published, a notice of duplicate publication and retraction will be published without the authors’ explanation or approval.

However, the Journal may consider a complete report that follows publication of a preliminary report, letter to the Editor or an abstract, oral presentation or poster displayed at a scientific meeting.

Additionally, Editors of different journals may together decide to simultaneously or jointly publish an article if they believe that doing so would be in the best interest of public health (e.g. guidelines, etc.).

9.1. Acceptable Secondary Publication

Secondary publication of material published in other journals or online may be justifiable and beneficial, especially when intended to disseminate important information to the widest possible audience (e.g. guidelines produced by government agencies and professional organizations in the same or a different language). The Editor-in-Chief makes the final decision on whether or not the manuscript will be published.

Secondary publication may be justifiable provided the following conditions are met:

1. The authors have received approval from the Editors-in-Chief of both journals
2. The authors provide the Editor-in-Chief with the primary publication
3. The article for secondary publication is intended for a different group of readers
4. The secondary version faithfully reflects the data and interpretations of the primary version
5. The secondary version informs that the article has been published in whole or in part elsewhere (e.g. "This article is based on a study first reported in the [journal title, with full reference]") and the secondary version cites the primary reference

10. ADVERTISING

Editor-in-Chief has the full and final authority for approving advertisements and for enforcing advertising policy. The Journal will not carry advertisements for products proven to be seriously harmful to health. Advertising will not in any way influence Editorial decisions. Advertisements will be clearly identifiable as advertisements.

11. DISCLAIMER

The Publishers, Editor-in-Chief, Executive Editor and other members of Editorial staff cannot be held responsible for errors or any consequences arising from the use of information contained in *Medicina Fluminensis*. Statements and opinions contained in articles in the Journal are solely those of the authors and not of the Croatian Medical Association - Rijeka Branch and Faculty of Medicine - University of Rijeka. The appearance of advertisements or services advertised or of their effectiveness, quality, or safety are solely those of the advertisers. The Publishers, Editor-in-Chief, Executive Editor and other members of Editorial staff disclaim all responsibility for any injury to persons or property resulting from any ideas or products referred to in articles or advertisements contained in the Journal.

12. PRINT VERSION OF THE JOURNAL

The print version of the Journal is distributed to members of the Croatian Medical Association - Rijeka Branch. Annual subscription fee in Croatia is 100 kn and is paid to the account no. 2360000-1400145092. Inquiries regarding advertising, subscription, reprints or previous issues should be addressed to: Hrvatski liječnički zbor - Podružnica Rijeka, Trg Republike Hrvatske 2/1, p.p.227, 51000 Rijeka, Hrvatska; e-mail: hlzrijeka@gmail.com.

II. GUIDELINES FOR MANUSCRIPT PREPARATION

Please follow the instructions for preparation and submission of manuscript, which will expedite the reviewing and publication procedures. Submission of a manuscript implies that the work described has not been published previously, that it is not under consideration for publication elsewhere and that its submission has been approved by all co-authors. The Editor-in-Chief and/or the Executive Editor reserve the right to return manuscripts that do not comply.

1. SUBMISSION OF MANUSCRIPT

Manuscripts are submitted by e-mail to medicina.fluminensis@gmail.com and are accompanied by the completed Submission form (available from our website). Do not send manuscripts by standard mail.

Please name your manuscript and additional files in the following style: Surname - Submission Form (e.g. Babić - Submission Form), Surname - Manuscript (e.g. Babić - Manuscript), Surname - Figures (e.g. Babić - Figures), Surname - Highlights (e.g. Babić - Highlights), etc. If the submission is incomplete (e.g. missing text components, figures, tables, etc.), the corresponding author will be informed of what is missing and will be asked to resubmit all files. Receipt of all manuscripts will be acknowledged.

Initial review of all articles includes a technical review, as well as the assessment of the topicality and importance of the subject, clarity of presentation and relevance to the audience of the Journal by Editor-in-Chief and/or Executive Editor.

2. MANUSCRIPT FORMAT

The manuscript should be saved in .doc or .docx formats. Manuscripts may be written in Croatian or English language (British English) and are given equal consideration, irrespective of country of origin. Manuscripts, including all text, references, tables, tables and figures titles, should be typed on a paper with Normal margins (2.5 cm), 1.5 line spacing and 11-point Arial font. Each page should be numbered in the lower right corner starting with the title page. The Journal holds the rights to all necessary changes to language and style of the original manuscript needed to adhere to uniform standards of the Journal.

2.1. Components of a manuscript

Each manuscript should have the following components:

- Title page
- Abstract
- Key words
- Organizational components depending on the type of scientific article
- Acknowledgments
- References
- Tables
- Figure titles
- Highlights

2.1.1. Title page

The title page includes:

- Article title in Croatian and English language
- Author(s) information: names, surnames (without initials and degrees) and institutional affiliations of each author (only one institution per author is allowed)
- Corresponding author information: name, surname, highest degrees, work address, telephone and fax numbers, and e-mail address
- Article type
- Number of tables and figures

2.1.2. Abstract

An abstract summarizes the major aspects of the entire article and is the first part of the article that the Editors, reviewers and readers see. It has to be written in such a manner that it can stand alone, without the rest of the article's text.

Abstract must be written in both Croatian and English language and is organized according to the article type (please see section "Organizational components depending on the type of scientific article"). For clinical trials, the trial registry name and registration number must be stated at the end of the Abstract.

2.1.3. Key words

A list of 3-6 key words should be written below the Abstracts in both Croatian and English language. Key words should be classified according to Medical Subject Headings (MeSH) keywords. They should be arranged in alphabetical order in both languages and separated by a semi-colon (;).

2.1.4. Organizational components depending on the type of scientific article

Each manuscript should be prepared according to the intended article type. The article type is suggested by the author(s), but the final decision is made by the Editor-in-Chief based on the results of the review process. Titles of paragraphs are written with bold, all-caps letters, whereas subtitles are written with bold, sentence case capitalization. Titles and subtitles are not numbered.

2.1.4.1. Editorial

Editorial articles are short articles describing news about the Journal, opinion of the Editor-in-Chief, comments on significant articles appearing in the same issue of the Journal or on changes in Journal activities or policies.

Structure: Editorials do not have a determined structure, although they should be divided into paragraphs and must include references.

2.1.4.2. Original scientific article

Original scientific article contains unpublished results of original scientific research.

Structure: The article must have a structured abstract of no more than 250 words and is divided into four paragraphs: Aim, Materials (or Participants) and Methods, Results and Conclusions. The manuscript text is divided into five organizational components ("IMRAD" structure): Introduction, Materials (or Participants) and Methods, Results, Discussion, Conclusions.

The **Introduction** should provide a context or background for the study. State the specific purpose or aim, and hypothesis tested. Cite only directly pertinent references.

The **Materials (or Participants) and Methods** section should clearly describe the selection of observational or experimental participants, including eligibility and exclusion criteria and a description of the source population. All methods, equipment (give the manufacturer's name and address in parentheses), and procedures should be described in sufficient detail to allow others to reproduce the results. Give references to established methods; describe new or substantially modified methods, give the reasons for using them, and evaluate their advances and limitations. Identify precisely all drugs and chemicals used, including generic name(s), dose(s), and route(s) of administration. The complete name and location of the manufacturer must be supplied for all reagents, equipment, and devices used. The data should be analysed by statistical methods, which should be explained in a separate paragraph entitled "Statistics".

Statistics

Numerical data (e.g. age, BMI, blood pressure) should be summarised with descriptive statistics, which should include the n for each data set, a clearly labelled measure of central tendency (e.g. mean, median), and a clearly labelled measure of variability (e.g. standard deviation, percentiles, range). Every paper that contains statistical testing should state the name of the statistical test, relate each test to a particular data analysis, state the justification for the use of that test (e.g. a discussion of the normality of the data when the test is appropriate only for normal data), and the exact P value for each test (P value with three decimal places). Statistical significances should be shown along with the data in the text, as well as in tables and figures. To minimize the chance of statistical errors, authors can consult the statistical checklist⁴. Statistical methods should be described with enough detail to enable a knowledgeable reader with access to the original data to judge its appropriateness for the study and to verify the reported results.

The **Results** section should present results in logical sequence in the text, tables, and figures. Do not repeat data in the tables or figures in the text. Restrict tables and figures to those needed to explain the argument of the article and to assess supporting data.

The **Discussion** section should emphasize new and important aspects of the study and the conclusions that follow from them in the context of the totality of the best available evidence. Do not repeat in detail data or other information given in other parts of the manuscript, such as in the Introduction or the Results section. Explore possible mechanisms or explanations for these findings, compare the results with other relevant studies, state the limitations of the study, and explore the implications of the findings for future research and clinical practice.

The **Conclusions** section should briefly summarise the major findings of the study.

2.1.4.3. Short communication

Short communications are original scientific articles that contain unpublished results of completed original scientific research or describe original laboratory techniques. These are short reports of smaller studies and are not intended to present preliminary data of ongoing research but instead observations of a finished research.

Structure: Short communications have the same structure as original scientific articles.

2.1.4.4. Professional article

Professional articles focus on the applicability of previously published results of original scientific research to medical practice or education. They contain the results of the authors' new investigations, as well as concise and critical reviews of literature of the chosen topic, pointing to trends and controversies in the field.

Structure: Professional articles have the same structure as original scientific articles.

2.1.4.5. Review

Review articles contain concise and critical summaries of scientific research articles that deal with specific research areas of high interest in any area. The article should concentrate on the most recent developments in the field and aim for concise presentation of relevant information.

Structure: The Abstract should not be structured and have up to 250 words. The structure of the manuscript text is set by the authors, however, it must be divided into paragraphs.

2.1.4.6. Mini-review

A mini-review provides a concise, focused review of the literature related to a question of current interest in the scientific community.

Structure: Mini-reviews have an unstructured Abstract of no more than 100 words. The manuscript text, excluding title page, abstract, references, tables and figures, is limited to approximately 10 A4 pages.

2.1.4.7. Case report

Case reports articles should present unique cases of unknown symptoms or diseases, new treatments, new correlations of two or more diseases or new variant of known disease's course.

Structure: The article must have a structured Abstract consisting of no more than 250 words and is divided into three paragraphs: Aim, Case report, Conclusions. The manuscript text is divided into four paragraphs: Introduction, Case report, Discussion, Conclusions.

2.1.4.8. Letter to the Editor

Letters to the Editor focus on published articles in the Journal and should be received no later than 6 months after the article's publication. A right of reply will be extended to the original authors.

Structure: Letter to the Editor does not have a fixed structure, but should contain no more than 5 A4 pages and no more than 15 references.

2.1.5. Acknowledgments

Grant, financial and material support, as well as all contributors who do not meet the criteria for authorship should be listed in an Acknowledgments section (for further information see "Authorship criteria"). Acknowledgments should be typed in one separate paragraph that follows Conclusions section and precedes the References section.

2.1.6. References

In manuscript text, tables, as well as tables and figures titles references are written as superscript Arabic numbers, without parentheses, and are numbered consecutively in the order in which they are first mentioned in the text. In text, references are numbered before the fullstop, without spaces from the last letter in the sentence. If more than two consecutive references are encountered, they should be separated with a dash.

At the end of the manuscript text, following Conclusions or Acknowledgment section, all references must be listed as full citations in numerical order corresponding to the order of citation in the text in a separate section entitled References. Journal titles should be abbreviated according to the style used for MEDLINE⁵.

Authors are responsible for the accuracy of their references.

The following are sample references, for further information please read Sample References by ICMJE⁶:

2.1.6.1. Journal Articles

2.1.6.1.1. *Standard Journal article - list the first six authors followed by "et al."*:

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

2.1.6.1.2. *Article published electronically ahead of the print version:*

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

2.1.6.1.3. *Journal article on the Internet:*

Terauchi Y, Takamoto I, Kubota N. Glucokinase and IRS-2 are required for compensatory beta cell hyperplasia in response to high-fat diet-induced insulin resistance. *J Clin Invest* [Internet]. 2007;117. [cited 2007 Aug 12]. Available from: <http://www.jci.org/cgi/content/full/117/1/246>

2.1.6.2. Books

2.1.6.2.1. *Personal author(s):*

Benirschke K, Kaufmann P, Baergen RN. *Pathology of the Human Placenta*. 5th Edition. New York: Springer Science, 2006;171-8.

2.1.6.2.2. *Chapter in a book:*

Meltzer PS, Kallioniemi A, Trent JM. Chromosome alterations in human solid tumors. *In*: Vogelstein B, Kinzler KW (eds). *The genetic basis of human cancer*. New York: McGraw-Hill, 2009;93-113.

2.1.6.3. Dissertation

Brkić M. *Kvaliteta života bolesnika na redovitoj hemodijalizi*. Rijeka: Medicinski fakultet, 1997. PhD thesis.

2.1.6.4. Conference article

Christensen S, Oppacher F. An analysis of Koza's computational effort statistic for genetic programming. *In*: Foster JA, Lutton E, Miller J, Ryan C, Tettamanzi AG (eds). *Genetic programming. EuroGP 2002: Proceedings of the 5th European Conference on Genetic Programming*; 2002 Apr 3-5; Kinsdale, Ireland. Berlin: Springer, 2002;182-91.

2.1.6.5. Web site

Cancer-Pain.org [Internet]. New York: Association of Cancer Online Resources, Inc. c2000-01 [cited 2002 Jul 9]. Available from: <http://www.cancer-pain.org/>.

2.1.6.6. Database on the Internet

Who's Certified [Internet]. Evanston (IL): The American Board of Medical Specialists. c2000 [cited 2001 Mar 8]. Available from: <http://www.abms.org/newsearch.asp>.

2.1.6.7. Personal communications and unpublished observations

These are not legitimate references. They must be cited in the text only (not in the reference list) in brackets as follows: author name and surname, degrees, personal communication, year.

If authors wish to cite the unpublished observations of other workers they need to make sure they hold all necessary permissions.

2.1.7. Tables

Tables are numbered with Arabic numbers in parenthesis at the end of the sentence they refer to, consecutively in order of their first citation in text (e.g. Table 1, Table 2, etc). Titles for tables, as well as tables themselves should be typed on a separate page following References and entitled „Titles for tables“ and not be embedded in the manuscript text. Authors should place explanatory matter in footnotes, which are denoted with superscript lowercase letters. Definitions of abbreviations are placed under the table.

2.1.8. Figures

Figures are numbered with Arabic numbers in parenthesis at the end of the sentence they refer to, consecutively in the order of their first citation in text (Figure 1, Figure 2, etc). Titles for figures should be written on a separate page following References or “Titles for tables” and entitled “Titles to figures”. Figures may be submitted either as separate files (please name them Surname - Figure 1, Surname - Figure 2, etc) or placed on under the corresponding title.

Supported formats include TIFF and JPEG. The minimum resolution is 300 dpi. Letters, numbers and symbols on figures should be clear and large enough to remain legible when the figure is reduced for publication. Identify and explain each of the symbols clearly in the legend.

Medicina Fluminensis reserves the right to modify all figures to meet our specifications for publication.

2.1.9. Highlights

Highlights are intended to awake the interest of the reader and state the most important aspects of the article. The author(s) should include a separate .doc or .docx file named Surname - Highlights (npr. Babić - Highlights) with two paragraphs of maximum 50 words emphasising key problems, conclusions, unresolved issues and points for emphasis of work in future. In the print and electronic versions of the Journal, highlights will appear throughout the text in separate boxes.

2.2. Permissions for the use of previously published figures, tables or text

Authors are responsible for obtaining permissions to use material owned by others. If previously published figures, tables or text will be included in a manuscript submitted to *Medicina Fluminensis*, copyright holder’s written permission must be obtained and this should be indicated in the manuscript.

2.3. Words and terms translations

Original versions of words and terms translated to Croatian should be included in parenthesis following the translation. In the parenthesis, the language from which the word was translated must be indicated and the original word written in italic.

2.4. Units of measurement

Measurements of length, height, weight and volume should be reported in metric units, temperatures in degrees Celsius, blood pressure in millimeters of mercury and laboratory information in the International System of Units (SI).

2.5. Abbreviations

The authors should use only standard abbreviations. The spelled-out abbreviation followed by the abbreviation in parenthesis should be used on first mention.

3. REVIEW PROCESS

3.1. Initial review

Initial review of all articles includes a technical review, as well as the assessment of the topicality and importance of the subject, clarity of presentation and relevance to the audience of the Journal by Editor-in-Chief and/or Executive Editor. The Editor-in-Chief and/or the Executive Editor reserve the right to return manuscripts not prepared in accordance with Instructions to authors. Additionally, before sending the manuscript to suggested reviewers, the Editor-in-Chief and/or Executive Editor may have suggestions for the improvement of data presentation. The author(s) should follow the instructions, revise the manuscript, and submit the revised version. Manuscripts of low standard or out of scope of the Journal will be rejected without further processing.

3.2. Peer-review process

All manuscripts submitted to the Journal will go through the review process, which is performed on a double-blind basis, meaning that the identities of peer reviewers and authors are kept confidential. Author(s) are encouraged to submit the names and e-mail addresses of two potential reviewers qualified to review the subject area and have not seen the manuscript before submission. However, the final selection of reviewers is made the Editor-in-Chief and/or Executive Editor. Original scientific articles, short communications and professional articles undergo a mandatory statistical review. Final decisions will be based on the relevance of a manuscript to the Journal and on the manuscript's originality, quality, and contribution to evidence about important questions. These decisions will not be influenced by commercial interests or findings that are negative.

3.2.1. Confidentiality

Manuscripts submitted to the Journal are privileged communications that are authors' private, confidential property. The Editor-in-Chief, Executive editor, Editorial staff members and reviewers will not share information about manuscripts, including their review process.

3.2.2. Reviewers

Each reviewer is informed of the deadline date for returning their evaluation to the authors. Reviewers are expected to respond promptly to requests to review and to submit reviews within the time agreed. Once reviewed, the manuscript accompanied by the reviewer(s)' remarks will be sent back to the author. Reviewers' comments should be constructive, honest, and polite. Reviewers should declare their conflicts of interest and recuse themselves from the peer-review process if a conflict exists.

3.2.3. Editorial freedom

According to ICMJE¹ and the World Association of Medical Editors, Editorial freedom holds that the Editor-in-Chief has full authority over the entire content of the Journal and the timing of publication of that content. Editor-in-Chief will base decisions on the validity of the work and its importance to the Journal's readers, not on the commercial implications for the Journal.

3.3. Manuscript revision

If revisions are required, authors are asked to return the revised manuscripts within provided time. Please notify the Editorial office if you choose not to submit a revision. In your written response to the reviewers' comments, give the exact page number(s), paragraphs(s) and line number(s) where each revision was made.

3.4. Manuscript acceptance

Acceptance is based on significance, originality, and validity of the material presented. All accepted manuscripts are subject to editing to the Journal style and language revision.

After acceptance of a manuscript, all authors must sign the Author Statements Form and Conflicts of Interest Disclosure Form (available from our website) and e-mail them to medicina.fluminensis@gmail.com. To ensure proper handling, it is suggested that the corresponding author collects the completed forms from each author and sends them simultaneously.

3.5. Appeals against rejection

Where an author believes that the Editor-in-Chief has made an error in rejecting a manuscript, they may submit an appeal. Authors should contact the Editor-in-Chief by e-mail (medicina.fluminensis@gmail.com) and the appeal letter should clearly state the reasons why the author(s) considers the decision to be incorrect and provide detailed, specific responses to any comments relating to the rejection of the review. The appeal letter is not a guarantee that the manuscript will be reconsidered for publication or a new review process.

REFERENCES:

1. International Committee of Medical Journal Editors [Internet]. Recommendations for the Conduct, Reporting, Editing and Publication of Scholarly Work in Medical Journals. c2013 [cited 2014 Jan 17] Available from: <http://www.ICMJE.org>.
2. Committee on Publication Ethics [Internet]. c2014 [cited 2014 Jan 17] Available from: <http://publicationethics.org/>.
3. HRČAK - Portal znanstvenih časopisa Republike Hrvatske [Internet]. [cited 2014 Jan 17] Available from: <http://hrcak.srce.hr/>.
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5. NLM Catalog: Journals referenced in the NCBI Databases [Internet]. Bethesda: National Center for Biotechnology Information, U.S. National Library of Medicine. c2013 [cited 2014 Jan 17] Available from: <http://www.ncbi.nlm.nih.gov/nlmcatalog/journals>.
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