

Instructions to Authors

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Papers should be written on PC or MAC, using 12 pt font, double-spaced, with 4 cm left margin. Bold letters should be reserved for subtitles. Expressions like *in vitro*, *in vivo*, *in situ* and other ones taken from Latin should be written in *italic*. Routes of administration should be written without dots (eg im, instead of i.m.) For all other situations, the University of Oxford Style Guide should be consulted. Original articles, reviews and articles from history of medicine should not exceed 16 pages; special articles 10; case reports 6; letters to the editor 3, and congress reports and book reviews 2.

All measurements should be reported in the metric system of the International System of Units (SI), and the standard internationally accepted terms (except for mmHg and °C).

MS Word is recommended for word processing. Illustrations should be made using standard graphic formats (*pdf, *Ai, *cdr).

Photos should be delivered in *jpg format, 1:1, 300 Dpi as separate files.

Papers should be prepared in accordance with the Vancouver Convention.

Scripta Medica uses the British spelling of the English orthography. American spelling should be limited to the official titles of the US institutions and the references only.

Preparation of the manuscript

Parts of the manuscript are: Title page; Abstract with Key words; Text; Acknowledgements (optional), References.

1. Title page

- a) The title should be concise but informative, while subheadings should be avoided. Words in the title should be capitalised according to the Rules of the AP Title Case.
- b) Full names of the authors marked with ascending Arabic numerals in superscript (eg 1, 2, 3).
- c) Exact names and places of department(s) and institution(s) of affiliation where the studies were performed, city and the state for any authors, clearly marked by standard footnote signs;
- d) Contact data of the corresponding author.

2. Abstract and key words.

The second page should contain the title of the article and a structured abstract (250-300 words for original articles). In short, clear sentences the authors should write the Background/Aim, major procedures – Methods (choice of subjects or laboratory animals; procedures, methods for observation and analysis), the obtained findings – Results (concrete data and their statistical significance), and the Conclusion. It should emphasize new and important aspects of the study or observations. A non-structured abstract of maximum 150 words should be used for editorials, review articles, current topics, special articles, professional articles, history of medicine articles and case reports. Letters to the editor and *in memoriam* articles do not have an abstract. Below the abstract 3-5 key words should be provided that describe the topic of the article. The key words should be selected from Medical Subject Headings (MeSH). Letters to the editor and *in memoriam* articles do not need to have key words.

3. Text

The text of the articles includes the following chapters: Introduction, Methods, Results and Discussion. Longer articles may need subheadings within some sections to clarify their content. Case reports should

have four sections: Introduction, Case history, Discussion and Conclusion.

Introduction. After the introductory notes, the aim of the article should be stated in brief (the reasons for the study or observation), only significant data from the literature, but not extensive, detailed consideration of the subject, nor data or conclusions from the work being reported.

Methods. Selection of study or experimental subjects (patients or experimental animals, including controls) should be clearly described. Methods, apparatus (manufacturer's name and address in parentheses) and procedures should be identified in sufficient detail to allow other workers to reproduce the results. References should be cited for established methods, including the statistical ones. Identify precisely all drugs and chemicals used, with generic name(s), dose(s), and route(s) of administration. Statements on the study approval by the Ethics Committee for human or animal studies should be included.

Results should be presented in logical sequence in the text, tables and illustrations. Emphasise or summarise only important observations.

Discussion is aimed to emphasise new and significant aspects of the study and conclusions that result from them. Relate the observations to other relevant studies.

Conclusion Link the conclusions with the goals of the study, but avoid unqualified statements and conclusions not completely supported by your data.

Tables

Each table should be typed double-spaced on a separate sheet, numbered in the order of their first citation in the text in the upper right corner and supplied with a brief title each. Explanatory notes are printed under a table. Each table should be mentioned in the text. If data from another source are used, acknowledge them fully. Each table should be named in order to indicate the author's name the number of the table, (eg Johnson_Table 1). The place of the table in the text should be marked as in the following example: "(Table 1 near here)".

Illustrations

Any forms of graphic enclosures are considered to be figures and should be submitted as additional databases in the System of Aseestant. Letters, numbers, and symbols should be clear and uniform, of sufficient size that when reduced for publication, each item will still be legible. Each figure should be named in order to indicate the author's name and the number of the figure (eg Johnson_Figure 1). If a figure has been published, state the original source.

Captions for illustrations are typed on a separate page, with Arabic numbers corresponding to the illustrations. If used to identify parts of the illustrations, the symbols, arrows, numbers, or letters should

be identified and explained clearly in the legend. The method of staining and magnification in photomicrographs should be explained. Captions should be detailed enough to allow for understanding of the content of the figure without previous reading of the text. The place of the figure in the text should be marked as in the following example: "(Figure 1 near here)".

Abbreviations and acronyms

Authors are encouraged to use abbreviations and acronyms in the manuscript in the following manner: abbreviations and acronyms must be defined the first time they are used in the text and thereafter must be consistently used throughout the whole manuscript, tables, and graphics; abbreviations should be used only for terms that appear more than three times in text; abbreviations should be sparingly used. Use of abbreviations in the titles should be avoided. Even if used after its definition in the abstract, the same definition and repetition of the abbreviation should be performed the first time it is used in the text.

4. References

References should be superscripted and numerated consecutively in the order of their first mentioning within the text. All the authors should be listed, but if there are more than 6 authors, the first 6 should be quoted, followed by comma and "et al". Abstracts, secondary publications, oral communications, unpublished papers, official and classified documents should not be used. References to papers accepted but not yet published should be cited as "in press". Data from the Internet are cited with the date of citation.

Examples of references:

Gillespie NC, Lewis RJ, Pearn JH, Bourke ATC, Holmes MJ, Bourke JB, et al. Ciguatera in Australia: occurrence, clinical features, pathophysiology and management. *Med J Aust* 1986;145:584-90.

Hull J, Forton J, Thompson A. Paediatric respiratory medicine. Oxford: Oxford University Press; 2015. Bydder S. Liver metastases. In: Lutz S, Chow E, Hoskin P, editors. Radiation oncology in palliative cancer care. Chichester (UK): John Wiley & Sons, Ltd.; 2013. p. 283-298.

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

Polgreen PM, Diekema DJ, Vandeberg J, Wiblin RT, Chen YY, David S, et al. Risk factors for groin wound infection after femoral artery catheterization: a case-control study. *Infect Control Hosp Epidemiol* [Internet]. 2006 Jan [cited 2007 Jan 5];27(1):34-7. Available from: <http://www.journals.uchicago.edu/ICHE/journal/issues/v27n1/2004069/2004069.web.pdf>.