

Instructions to Authors

Submit the manuscript as two hard copies and on a personal computer disk. Manuscripts must be written in English.

Submission of a paper will be held to imply that it contains original unpublished work and is not being submitted for publication elsewhere. All the papers will be reviewed. Any manuscript which does not conform to the below instructions may be returned for the necessary revision.

No formal limit is set for the length of a paper, but the editors may recommend condensation where appropriate.

All names, including those of authors, should be written in original language.

Methods of all biomedical studies should meet the requirements of bioethics.

Patient confidentiality. Changing the details of patients in order to disguise them is a form of data alteration. However, the authors of clinical papers are obliged to protect the patients' right to privacy. Only clinically or scientifically important data can or should be published. Therefore, if it is possible to identify a patient from a case report, illustration or paper, the editors ask that the authors obtain and provide the written consent of the patient or his/her guardian to publish their data, including photographs, results of imaging test, etc., prior to publication. The specification of the race, ethnicity, or culture of a study subject is appropriate only when it is believed to be a factor exerting a measurable impact on the medical condition described in the study. When categorizing by race, ethnicity, or culture, the names of the categories should be as illustrative as possible and reflect how the subjects were assigned to these groups.

The review process. Manuscripts submitted for publication are evaluated as to whether they present new insights into the announced research topic, and are likely to contribute to progress in research or to changes in clinical practice or approaches to treatment. It is understood that all the authors listed on a manuscript have agreed to its submission. The signature of the corresponding author on the letter of submission will be understood to certify that these conditions have been fulfilled.

Received manuscripts are first examined by the editors. Manuscripts with insufficient priority for publication are rejected immediately. Incomplete submissions or manuscripts not prepared in the required style (see below) will be sent back to the authors without scientific review. When the manuscript has been accepted for review, the authors will be notified in a letter giving the reference number for further correspondence with the Editorial Office. The registered manuscripts are sent to independent experts for scientific evaluation. We encourage authors to suggest the names of possible reviewers, but we reserve the right of final selection. Submitted papers are accepted for publication after a positive opinion has been returned by the independent reviewers.

Preparation of the manuscript. The guidelines for the submission of manuscripts to Medical Science Monitor are based on the Uniform Requirements for Manuscripts Submitted to Biomedical Journals (N Eng J Med 1997; 336: 309–15).

The manuscript should be typewritten on white paper, size ISO A4 (210 × 297 mm). The text should be printed out, preferably on a laser or inkjet printer. Text should be one-and-a-half spaced, using a 12-point typeface. The required margins are 2.5 cm (1 inch) at the top, bottom, right, and left. Illustrations are very helpful, and for case reports are mandatory. The authors of review articles should explain what information retrieval sources were used and what criteria were applied to select the papers discussed. The Editorial Board reserves the right to adjust the format of the article.

The manuscript should include:

A title page containing the following information:

- the full names of all the authors
- name of the department and institution in which the work was done
- the institutional affiliations of the authors
- the full title of the manuscript
- a running title (no more than 5 words)
- the full name, address, telephone and/or fax number of the author responsible for manuscript preparation
- the source(s) of support, in the form of grants (please quote the number of the grant), equipment, drugs, etc.

Summary page. The summary (200–250 words) should be in structured form and consist of four paragraphs, labeled Background, Material and methods, Results, Conclusions. Each section of the summary should begin on a new line and briefly describe, respectively, the purpose of the study, how the investigation was performed, the most important results, and the most important conclusions that the authors draw from the results.

Key words (3 to 6) or short phrases should be written at the bottom of the page that includes the summary. The use of items included by Index Medicus (Medical Subject Headings, the MeSH system) is advised.

Text. The text of the article should be divided into seven paragraphs labeled as follows: Background, Material and Methods, Results, Discussion, Conclusions, Acknowledgements, References.

Background: the scientific rationale for and the purpose of the study, or (in case of a review) the purpose of the article

Material and methods: a clear description of the selection of observational or experimental subjects (patients or laboratory animals), and controls, including such factors as age, gender, inclusion and exclusion criteria (the criteria for rejection from the study should be clearly defined), and the randomization and masking (blinding) method.

The protocol for data acquisition, procedures, investigated parameters, methods of measurements and apparatus should be described in sufficient detail to allow other scientists to reproduce the results. Names and full references to published methods should be provided. Full bibliographical references and a brief description should be provided for methods that have been published but are not well known, whereas new or substantially modified methods should be described in detail. The rationale for adopting them should be explained, along with an evaluation of their limitations. Drugs and other chemicals should be precisely identified, including the generic name, dose and route of administration.

The statistical methods used should be described in detail, in order to enable verification of the reported results.

Information on the patients' informed consent should be provided. Studies on patients and volunteers require informed consent documented in the text of the manuscript. Where there is any unavoidable risk of breach of privacy – e. g. in a clinical photograph or in case details – the patient's written consent to publication must be obtained and supplied to the Journal along with the manuscript. Information on the approval of the local ethics committee should also be provided.

Results – a concise and reasonable summary of the findings. Tables and figures should be restricted to the number actually needed to justify the arguments advanced in the paper and allow for the evaluation of its supporting evidence. Data provided in graphs and tables should not be duplicated. The number of observation should be indicated, and exclusions or losses to observation, such as dropouts from a clinical trial, should be reported. Treatment complications should be described. The results should be presented in logical sequence in the text, tables and illustrations. All the data from the tables or graphs should not be repeated in the text. Only important observations should be emphasized.

Discussion – limited to novel and/or important aspects of the study. Data or other material from the Background or Results section should not be merely repeated. The Discussion should include the implications of the findings and their limitations, including the implications for future research. The Discussion should deal with the results reported by other investigators, especially those quoted in the text.

Conclusions – linked to the goals of the study. New hypotheses should be advanced only when warranted. Recommendations may be included when appropriate. Unqualified statements and conclusions not completely supported by the obtained data should be avoided.

Acknowledgements. All contributors who do not meet the criteria for authorship, such as technical assistants, writing assistants, or heads of department who provided only general support, should be mentioned in the Acknowledgements. Financial and other material support should be disclosed and acknowledged.

References must be numbered consecutively as they are cited. References selected for publication should be chosen for their importance, accessibility, and for the 'further reading' opportunities they provide. References first cited in table or figure legends must be numbered so that they will be in sequence with the references cited in the text. The style of references is that of Index Medicus. All authors should be listed when there are six or fewer; when there are seven or more, the first three should be named, followed by 'et al'. The following are sample references:

Standard journal article

Lahita R, Kluger J, Drayer DE, Koffler D, Reidenberg MM. Antibodies to nuclear antigens in patients treated with procainamide or acetylpro-cainamide. *N Engl J Med*, 1979; 301: 1382–5.

Article with published erratum

Koffler D, Reidenberg MM. Antibodies to nuclear antigens in patients treated with procainamide or acetylprocainamide [published erratum appears in *N Engl J Med* 1979; 302: 322–5]. *N Engl J Med* 1979; 301: 1382–5.

Article in electronic form

Drayer DE, Koffler D. Factors in the emergence of infectious diseases. *Emerg Infect Dis* [serial online] 1995 Jan-Mar [cited 1996 Jun 5]; 1(1): [24 screens]. Available from: URL:<http://www/cdc.gov/ncidod/EID/eid.htm>

Article, no author given

Cancer in South Africa [editorial]. *A Afr Med J*, 1994; 84: 15.

Book, personal author(s)

Ringsven MK, Bond D. Gerontology and leadership skills for nurses. 2nd ed. Albany (NY): Delmar Publishers; 1996.

Book, editor(s) as author

Norman IJ, Redfern SJ, editors. Mental health care for elderly people. New York: Churchill Livingstone; 1996.

Book, organization as author and publisher

Institute of Medicine (US). Looking at the future of the Medicaid program. Washington: The Institute; 1992.

Text on diskette. The text may be prepared with the use of any standard text editor (*.rtf – Rich Text Format is preferable). Standard fonts are advised, 12-point typeface. Table may be processed using *.doc, *.xls, while figures, drawings and photographs using *.cdr, *.bmp, *.eps, *.jpg modes. Use 3.5" diskettes, CD-R or ZIP disks.

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