

# GUIDELINES FOR AUTHORS. MANUSCRIPT SUBMISSION



## GUIDELINES FOR AUTHORS

MedicHub Journals for medical professionals, are devoted to the publication of the original investigations, observations, scholarly inquiries and reviews in the various branches of medical field. The language of the journals is bilingual, English and Romanian or English only. **All MedicHub journals are printed on acid free paper.**

References of papers from journal can help to increase the citation rate. Thus, it is important to remember to use recent references from journals, especially from other authors, while editing your scientific papers, as to avoid self-citation.

## PREPARATION OF MANUSCRIPTS

### 1. Pre-submission English-Language Editing

Authors for whom English is a second language may choose to have their manuscript professionally edited before submission to improve the English. English-language editing will (a) improve grammar, spelling and punctuation, (b) improve clarity and resolve any ambiguity caused by poor phrasing, and (c) improve word choice and ensure that the tone of the language is appropriate for an academic journal. All services are paid for and arranged by the author, and use of one of these services does not guarantee acceptance or preference for publication. Authors are responsible for the linguistic accuracy of their manuscripts. Corrections other than typographical errors will be charged to the authors.

### 2. Publication Categories

The medical journals consider the following kinds of manuscript for publication:

- 1) Research Reports, describing new experimental findings;
- 2) Review Articles. The Editors wish to encourage the following types of review, but request that authors contact them in advance:
  - (a) general reviews that provide a synthesis of an area that fits within the aims and scope of the journal;
  - (b) perspectives - brief overviews, which are 6-8 printed pages in length including references, that address important new areas of general interest;
  - (c) critiques - focused and provocative reviews that are followed by a number of invited commentaries, with a concluding reply from the main author;
  - (d) structured case reports - outlining an interesting case, and including a full review of the pertinent literature and a section on implications for clinical care;
  - (e) case series studies or clinical series - descriptive study of a small group of patients including a full review of the pertinent literature and a section on implications for clinical care;
- 3) Letters to the Editor. These should be as concise as possible and up to 1,000 words.

### 3. Plagiarism Detection and Prevention

Authors should keep in mind that our medical Journals participate in the "CrossCheck initiative" for plagiarism detection and prevention. All manuscripts submitted for publication, will be compared to the CrossCheck database using "plagiarism-detector.com".

Plagiarism-detector.com will generate an overall similarity score and provide a detailed report that highlights sections of duplicated text in the submitted manuscript and links back to the original source(s).

The Editors check each 'hit' in the report to determine its significance. Large sections, or multiple smaller sections, of highly similar text are an immediate red flag; if such sections are a clear indication of deliberate plagiarism or if the duplicated text cannot be removed by careful revision by the author (for example, by extensive rewriting or appropriate referencing) the manuscript will be rejected. If self-plagiarism is detected before a manuscript is accepted for publication, the author is made aware of the offending sections and asked to either cite the original source or to rewrite the duplicated text.

Duplicate submissions will be rejected automatically upon detection.

#### 4. Writing your Manuscript

You should arrange your manuscript in the following order:

1. Title page, including article title, author(s) name, academic degrees of the authors, institutional affiliations, name of the department(s) and institution(s) to which the work should be attributed.
2. The author responsible for correspondence will be marked by an asterisk, and their full address, including scientific titles, telephone/fax numbers, and e-mail address will be indicated.
3. An abstract must accompany each paper (150-250 words). The abstract should be easily understood without reference to the text. Following the abstract, a list of 3-10 keywords (selected according to the Medical Subject Headings) is essential for indexing purposes.
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#### 5. Acknowledgments (if any).

This section, placed after the Discussion, contains one or more statements that specify: contributions that need acknowledgment, but do not justify authorship; acknowledgment of technical help or of financial material support; financial relationships that may pose a conflict of interest.

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The reference list is a separate section at the end of the manuscript. Type each reference single-spaced, with one-line space between references. All authors cited and only these must be indicated in the list. Use exactly the reference style and format as shown below. Each reference should contain names and initials of all authors. The titles of journals should be abbreviated according to Index Medicus or by analogy.

(a) Standard journal manuscript

Bolliger SA, Thali MJ, Ross S, Buck U, Naether S, Vock P. Virtual autopsy using imaging: bridging radiologic and forensic sciences. A review of the Virtopsy and similar projects. *Eur Radiol* 2008, 18(2), 273-82.

(b) Books and Monographs

Murray PR, Rosenthal KS, Kobayashi GS, Pfaller MA. *Medical microbiology*. 4th ed. St. Louis: Mosby, 2002.

(c) Chapter in a book

Meltzer PS, Kallioniemi A, Trent JM. Chromosome alterations in human solid tumors. In: Vogelstein B, Kinzler KW, editors. *The genetic basis of human cancer*. New York: McGraw-Hill, 2002, 93-113.

If the name/date system is used for text citations, the reference list should be in alphabetical order and not numbered. Multiple manuscripts by the same author(s) in the same year must be distinguished by the addition of "a, b, c," etc. to the year of publication in the list. If reference numbers are used for the text citations the list of references at the end of the text must be numbered, either in alphabetical order or in order of citation.

We recommend the use of a tool such as EndNote or Reference Manager for reference management and formatting (<http://www.endnote.com/support/enstyles.asp>; <http://www.refman.com/support/rmstyles.asp>).

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Include tables in the file for sending. Use the table function of a word processor rather than tab and space. For postal submission type each table, double-spaced on a separate page. Do not submit tables as photographs. Number tables consecutively with arabic numerals and give each a short, descriptive heading. Give each column a short or abbreviated heading. Explain in the footnotes all non-standard abbreviations used in the table. Omit internal horizontal and vertical lines. If data from another published or unpublished source are used, obtain permission and acknowledge fully.

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Manuscripts should be typewritten on A4 format (210x297 mm), with double spacing, margins of 25 mm, on one side only, consecutively numbered. Times New Roman font, 12-point size, is required. A manuscript of about 5000 words, plus figures and tables, should not exceed 12 pages. Section titles should be typed capitalized. Each heading for subdivisions of the text should be clearly identified using different font types (e.g. bold, underlined). Use standard abbreviations.

## 9. Publication Statement

Manuscript submitted to our medical Journals for publication are considered on condition that they have been neither submitted elsewhere, nor published elsewhere other than in abstract form. The Editors do not enter into correspondence about manuscripts considered unsuitable for publication; their decision is final. Requirements for publication in our medical journals are in accordance with the International Committee of Medical Journal Editors' Uniform Requirements for Manuscripts Submitted to Biomedical Journals.

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In our medical journals adheres to a blinded peer review process in which the reviewers' names are routinely withheld from the author unless a reviewer requests a preference for his or her identity to be revealed. Authors are invited to suggest the names, affiliations and contact information of up to three individuals who may be suitable to serve as reviewer, but the Editors are under no obligation to use all or any of these individuals as reviewers. All manuscripts are reviewed initially by the Editors and only those manuscripts that meet the scientific and editorial standards of the journal, and fit within the aims and scope of the journal, will be sent for outside review. Each research and/or review manuscript is reviewed by at least two referees. All manuscripts are reviewed as rapidly as possible, and a first editorial decision is generally reached within 3 weeks of submission.

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Disclosures must include any financial interest present within the past three years with commercial entities which can be found on the public market (i.e. drugs, devices, diagnostic tools, etc.) related to the subject of the manuscript. Disclosures include, but are not limited to: stocks or shares, equity, employment, advisory or scientific board, grant funding, speaker's bureau, paid travel, consulting status, and honoraria. All conflicts of interest should be included in the manuscript at the time of submission. If the authors report no conflict, a statement of this will be published with the manuscript.

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All research studies, including those involving patients, patient records, research participants or databases, require ethics committee approval (or documented exemption from the Human Subjects Committee).

Authors must follow the ethical standards for human experimentation established in the Declaration of Helsinki (World Medical Association Declaration of Helsinki: recommendations guiding physicians in biomedical research involving human subjects. JAMA 1997;277: 925-6). The Editors assume that a manuscript emanating from an institution is submitted with the approval of the requisite authority. The authors of reports of human experimentation that require local institutional approval must have obtained this approval before the experiment was started. Upon request of the Journal Editors, the author(s) must provide copies of the appropriate documentation. Institutional approval must be indicated in the Methods section of the submitted manuscript. If the study is exempt from Institutional Review Board approval, an explanation must be provided.

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- Diagnostic test(s). Authors should consult STAndards for the Reporting of Diagnostic accuracy studies (STARD Statement): Bossuyt PM, Reitsma JB, Bruns DE, et al, for the STARD Group. Towards complete and accurate reporting of studies of diagnostic accuracy: the STARD Initiative. *Clin Chem* 2003;49:1-6. External link <http://www.stard-statement.org>
- Observational study in epidemiology. Authors should consult the STROBE Statement: von Elm E, Altman DG, Egger M, Pocock SJ, Gøtzsche PC, Vandenbroucke JP; STROBE Initiative. The STrengthening the Reporting of OBServational studies in Epidemiology (STROBE) statement: guidelines for reporting observational studies. *J Clin Epidemiol* 2008;61:344-9. External link <http://www.strobe-statement.org> or *PLoS Med.* 2007 Oct 16;4(10):e296. PMID: 17941714
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Manuscripts should not exceed 7,500 words and must be typewritten on A4 format (210x297 mm), with double spacing, margins of 25 mm, on one side only, consecutively numbered. Times New Roman font, with 12-point size, is required.

All materials should comply with the Uniform Requirements for Manuscripts Submitted to Biomedical Journals, prepared by the International Committee of Medical Journal Editors (<http://www.icmje.org>). Send us only the final updated version of your paper and according to the Guidelines for Authors.

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