

Instructions to authors

Scripta Medica (Banja Luka) is a peer-reviewed, international open access journal published bi-monthly. It is abstracted/indexed by EBSCO, Google Scholar, SCIndeks, Crossref, Index Copernicus International (ICI), Directory of Open Access Journals (DOAJ) and Scopus. All articles can be downloaded free of charge from the web site (<http://www.scriptamedica.com/en>) under the license: the Creative Commons Attribution 4.0 International (CC BY 4.0) (<https://creativecommons.org/licenses/by/4.0/>).

Scripta Medica publishes editorials, original articles, review articles, current topics, special articles, history of medicine articles, professional articles, case reports, images in clinical medicine, letters to the editor and *in memoriam* notes.

Scripta Medica publishes papers in English only that were not published before, nor submitted to any other journals, in the order determined by the Editor-in-Chief. Each submitted manuscript is checked by the plagiarism-detecting software *iThenticate*.

General instructions

1. Manuscripts should be submitted in the *.doc or *.docx format (Microsoft Word), using the Times New Roman font. The text should be single spaced in 12 point. The main heading should be 14 point **bold**. Subheadings should be 12 point **bold**. Tables must be in 10 point, single spaced; headings within tables should be in 10 point **bold**; the main table heading should be in 12 point **bold**; legends should be single spaced in 10 point. Figures should be made using standard graphic formats (*.pdf, *.ai, *.cdr). Photographs should be delivered in *.jpg format, 1:1, 300 dpi or higher resolution, as separate files.

2. Language. *Scripta Medica* uses the British spelling of the English orthography. For details please consult the University of Oxford Style Guide. American spelling should be limited to the official titles of the US institutions and original US references only.

3. Drugs and chemicals should be indicated by international non-proprietary names (INN) or generic names. Instruments, apparatus or other devices should be indicated by trade names, with the producer's name and place of production indicated in brackets.

4. Numbers in text and tables should be pro-

vided if expressed as %; means should be accompanied by standard deviations (SDs) and medians by interquartile range (IQR). In text, use the following rule: spell out numbers up to nine and then use numerical designation for 10 and above.

5. All images must have minimum resolution of 300 dpi. The main figure heading should be in 10 point **bold**; legends should be single spaced in 10 point.

6. References should be indicated in the text sequentially in the Vancouver numbering style, as superscripted numbers after any punctuation mark.

7. Units of measurement, length, height, weight and volume are to be expressed in metric units (eg, metre - m, kilogram - kg, litre - L) or subunits. Temperature should be in degrees Celsius (°C); quantities of substances are given in moles (mol) and blood pressure is expressed as millimetres of mercury (mm Hg). All values of haematological, clinical and biochemical measurements use the metric system according to the International System of Units (SI units).

9. Abbreviations may be used for very long names, including those of chemical compounds. The full name should be given when first mentioned in the text unless it is a standard unit of measurement. If abbreviations are to be used in the Abstract, each should be explained when first mentioned in the text. Well-known abbreviations, such as DNA, AIDS, HIV, ADP, ATP etc, do not need to be introduced by the full name. Titles should include abbreviations only when the abbreviation is universally accepted.

10. Ethics. Consent statement and permission obtained by the institutional ethics committee (IEC). A cover letter should state that written informed consent was obtained from all subjects (patients and volunteers) included in the study and that the study was approved by the IEC. The name of the issuing ethics committee should be clearly disclosed, as well as its decision number and date of its issuing.

11. Acknowledgement. A statement listing all persons and institutions that has assisted the authors in performing the research in question.

12. Conflict of interest. A statement listing all cases of non-financial involvement of any author that could be perceived to be potentially damaging to the objectivity of the research project.

13. Financial disclosure. A disclosure state-



ment declaring any potential conflict of interest must be signed by each author. (See the policy statement on conflict of interest issued by the World Association of Medical Editors, WAME, www.wame.org or ICMJE uniform disclosure form for potential conflicts of interest, www.icmje.org.) This disclosure includes all affiliations or financial involvement (eg, employment, consulting fee or honorarium, gifts, stock ownership or options, travel/accommodations expenses, grants or patents received or pending and royalties) with any organisation having a financial interest in or financial conflict with the subject matter or materials discussed in the manuscript. This information will be held in confidence while the paper is under review. If the manuscript is accepted for publication, the editors will discuss with the author how such information is communicated to the reader in the section "Conflicts of interest."

14. Data access. Statement on where and how the original data used to prepare the manuscript can be obtained.

15. Author ORCID numbers. After authors' names their initials should be listed and then the 16-digit ORCID numbers.

16. Author contributions. To qualify for authorship, one must make substantial intellectual contributions to the study on which the article is based (see Policy Statements - Authorship at www.wame.com). The author should participate at least in one of these three categories:

- a. research question, conception and design, data acquisition and analysis,
- b. statistical analysis, interpretation of data, provision of funding, technical or material support, overall supervision of the project.
- c. drafting or critical revision of the manuscript.

In some research projects experts (such as biostatisticians or epidemiologists) may participate and although they may not be equally familiar with all aspects of the work (for example, some clinical variables or laboratory measurements), they may be qualified as the authors. A statement acknowledging contribution to the manuscript should be signed by all the authors. It will be published in the section "Author contributions." The corresponding author is responsible for the integrity of the work as a whole. It is dishonest to omit mentioning the investigator who had important engagement with some aspects of the work.

A pre-defined list of possible author contributions is given below. For each author one or more of the following 14 potential functions should be selected:

- Conceptualisation
- Methodology
- Software
- Validation
- Formal analysis
- Investigation
- Resources
- Data curation
- Writing - original draft
- Writing - review and editing
- Visualisation
- Supervision
- Project administration
- Funding acquisition.

After each of the applicable function, a colon (:) should be written, followed by the initials of the authors pertaining to this particular contribution (eg, Conceptualisation: AB, CD, Supervision: AB, XY, VW, etc).

17. Authorship statement. It should include the following:

- a. A statement that the manuscript has been read and approved by all authors.
- b. A statement that the authors confirm the sequence of their names in the order that will be reproduced in the article (if accepted for publication), listed after consecutive Arabic numbers.
- c. The name of the corresponding author and a statement that they empower him/her to sign all the requested statements and to communicate with the Editorial Office on their behalf.

This statement should be signed by all the authors.

18. Cover letter. The letter accompanying the submission should include the following:

- a. A statement that the submitted text is the result of the original work of the authors.
- b. A statement that the paper has not been previously published, nor is it concurrently submitted to any other journal.
- d. Assertion that written acknowledgements, consent statements and/or permission by the institutional ethics committee were obtained. The name of the ethics committee, the decision number and date should be included.
- e. A brief description of the study, with accent on its novelty and why the authors believe that it should be published in *Scripta Medica*.

This letter should be signed by corresponding author.

The majority of these instructions are in accordance with "Uniform Requirements for Manuscripts Submitted to Biomedical Journals" (www.icmje.org).

19. Submission of manuscripts. Manuscripts

and all enclosures (cover letter, authorship statement and financial disclosures) should be uploaded via the journal official website <http://scriptamedica.com/submit-a-manuscript/>.

20. Editorial process. Manuscripts deemed suitable for publication by in-house assessment will be reviewed by at least two outside experts. Contributors are encouraged to provide names of two or more qualified reviewers with experience in the subject of the submitted manuscript, but this is not mandatory. Galley proofs of the accepted articles will be sent to the corresponding author, who should reply within 48 h and either approve the galley proof for publication or mark the necessary corrections. The entire process, from the initial submission of the manuscript to the final review, including the sending and receiving of page proofs, will be completed online, via the editorial platform SCIndeks.

21. Review procedure. Manuscripts suitable for peer review will be sent to at least two international reviewers, based on the topic of the manuscript and the potential reviewers' expertise. Reviewers will be allotted seven days to decide whether they will accept the invitation to review a manuscript or not, plus another seven days to write a review. In case of some delay, this may be extended for another seven days. In case that even then a review is not received, new reviewers will be invited instead. Some manuscripts may be accepted without revision, but if revision is required, the corresponding author must address each question, criticism and suggestion made by the reviewers or editor. He/she has 10 days to respond following the receipt of the reviewers' remarks. These topics should be addressed in a letter to the editor along with a revised manuscript. All the changes made to the text should be marked with a different colour, so that they can be tracked. Following receipt of a galley proof, authors are allotted a 48-h period to either approve it for publication or to suggest some changes.

The acceptance rate for *Scripta Medica* is around 40 %.

22. For further information, please contact the journal manager at the following address: slavica.serdar-janjus@med.unibl.org. For this purpose, the journal website <http://scriptamedica.com/contact/> may also be consulted.

Specific instructions for a manuscript

Title page. The title page of the manuscript contains the title of the article, the full name of each

author (without titles) and the departments and institutions of the author(s) in the order they are listed. The title page must also include the name of the corresponding author, (along with address, phone and e-mail address) to which the work should be attributed. The word count should be indicated, as well. Original articles may have up to 2.500 words, excluding abstract and references. The title should identify the main topic or the message of the paper. The standard title of a research paper is a phrase (rarely a sentence) that identifies the topic of the paper; it should be concise and precise, informative and descriptive. The title of a descriptive paper should include the necessary description, function, purpose, animal species or population. When a method is described, the title should indicate whether it is new or improved.

Abstract and key words. Structured abstract should be included in papers reporting original research. Abstracts are limited to 300 words in four labelled paragraphs: Background/Aim, Methods, Results and Conclusion. The abstract should state concisely the objectives of the study, methods used, results obtained and adequately answer the research question. The abstract should provide pertinent information when read alone. Abstracts should not contain any citing of references. Below the abstract, authors should provide 3-5 key words, according to the terms from the Medical Subject Headings – MeSH (www.nlm.nih.gov/mesh).

Introduction. Generally, this section provides the motivation for the paper (ie, what is missing or unknown in the research literature at this time), an overview of the scientific theory or conceptual models on which the research was based and the purpose of the study and why it is important. Cite only relevant references.

Methods. This section accurately describes the procedures used to carry out the study; it should be complete enough to permit others to replicate the study. Describe the methodological design, subjects, data sources, data collection methods and any statistical and analytical procedures. These five parts may not be needed in all papers. Short papers may include these details in different paragraphs, but titled subsections may be used in longer papers. The Methods section should describe how the research was structured, how subjects or groups of subjects (defined by sex, age and other characteristics) and how the subjects were chosen and assigned to



these groups. Identify all drugs and chemicals by generic names, exact drug dosages and routes of administration. Variability should be expressed in terms of means and standard deviations (SD). A p-value can be used to disprove the null hypothesis, but the authors should also give an estimate of the power of the study and state the exact tests used for statistical analysis.

Results. This section presents findings in logical sequence using the text, tables and figures. This section should show how the results of the study answer the research question. This may be the shortest part of the entire paper. Details may be presented concisely in one or more tables or figures. Do not repeat the data presented in tables or figures in the text. Emphasise or summarise only important observations and how these answer the question posed in the introduction.

Tables. Each table with its legends, should be self-explanatory and numbered in Arabic numerals in order of their mentioning in the text. The title should be typed above the table and any explanatory text, including definitions of abbreviations, is placed below the table.

Figures. All figures (photographs, graphs or schemes) should be numbered with Arabic numerals in the order of their mentioning in the text. All lettering should be dark against a white background and of sufficient size to be legible when reduced for publication. Do not send original artwork, X-ray films or ECG tracings but rather photographs of such material. Images need to be at least 300 DPI (JPG or TIF files). Figure legends should be typed double-spaced on a separate page with Arabic numerals corresponding to the figure. All symbols, arrows, numbers or letters should be explained in the legend. An internal scale should appear on photomicrographs and methods of staining should be described in the legend.

Discussion. Discussion should be always written as a separate chapter and not together with the Results. Briefly state the principal finding that relates to the purpose or research question posed in the Introduction and follow the interpretation of the results obtained. Compare your findings with work reported previously by others. Discuss the implications of your findings and their limitations with respect to the methods used.

Conclusion. The conclusion should be brief and clear, answering the aim of the research and should not consist of repetition of the main results. Avoid unqualified statements and conclusions not completely supported by your data.

References. The reference list is the responsibility of the authors. List all the papers or other sources cited in describing previous or related research. Cite references in the text sequentially in the Vancouver numbering style, as superscripted number after any punctuation mark. For example: ...as reported by Vulić and colleagues.¹² When two references are cited, they should be separated by comma, with a space. Three or more consecutive references are given as a range (eg, ...as was published earlier.¹²⁻¹⁴). References in tables and figures should be in numerical order according to where the item is cited in the text. For citations according to the Vancouver style, see *Uniform Requirements for Manuscripts Submitted to Biomedical Journals*; this source gives the rules and formats established by the International Committee of Medical Journal Editors (www.icmje.org). The standardised abbreviations of the titles of scientific journals cited should be used. If there are six authors or fewer, list all six by last name, space, initials, comma. If there are seven or more, list the first three in the same way, followed by et al. For a book, list the editors and the publisher, the city of publication, and year of publication. For a chapter or section of a book, give the authors and title of the section, and the page numbers. For online material, please cite the URL and the date you accessed the website. Online journal articles can be cited using the doi number. Do not quote references within the Abstract and Conclusion section. All titles of cited manuscripts should be in English (the name of the original language should appear in brackets). Every effort should be done to add the doi number after the reference; if not available, PMID number should be listed. See examples below that conform to the Uniform Requirements for Manuscripts Submitted to Biomedical Journals:

- Miller AL, Evanson NK, Taylor JM. Use of donepezil for neurocognitive recovery after brain injury in adult and pediatric populations: a scoping review. *Neural Regen Res.* 2024 Aug 1;19(8):1686-95. doi: 10.4103/1673-5374.389628.
- International Committee of Medical Journal Editors (ICMJE). *International Committee of Medical Journal Editors (ICMJE). Uniform Requirements for Manuscripts Submitted to*

Biomedical Journals: writing and editing for biomedical publication. *Haematologica*. 2004 Mar;89(3):264. PMID: 15020262.

- 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 Kozá's computational effort statistic for genetic programming. In: Foster JA, Lutton E, Miller J, Ryan C, Tet-tamanzi 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, Vandenberg 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 5 Jan 2007];27(1):34-7. Available from: <http://www.journals.uchicago.edu/ICHE/journal/issues/v27n1/2004069/2004069.web.pdf>.

Review article

Review articles are written by individuals who have studied a particular subject or area extensively and who are considered experts. Narrative reviews and Systematic reviews should be identified as such in their titles. For these reviews, the word count should not exceed 2,500 words, excluding references and abstract. The manuscript may have up to 4 tables or figures and as many as 50 references. Any deviation from these limitations may be approved at the discretion of the Editor-in-Chief.

Current topic

Current topics are actually mini-reviews. They also review a certain topic, but less extensively and by quoting a considerably smaller number of original publications.

Special article

Special articles of 1500 words or less may be devoted to any medical problem, historic perspective, education, demography or contemporary issues. Up to 15 references may be cited and the piece may contain 2 tables or figures. An unstructured abstract in English (150 words or less) should accompany a specific article. Financial disclosure should be presented.

History of medicine

History of medicine articles deal with some histor-

ic aspects of medical research and practice. They should be considered as a type of a special article.

Case report

Case reports are most likely to be published if they describe any of the following: an unreported drug side effects (adverse or beneficial), drug interactions; a new, unexpected, or unusual manifestation of a disease; previously unsuspected causal association between two diseases; presentations, diagnosis and/or management of new and emerging diseases; an unexpected association between diseases or symptoms; an unexpected event in the course of observing or treating a patient, findings that shed new light on the possible pathogenesis of a disease or an adverse effect; a previously unknown disease. *Scripta Medica* does not publish instructive case reports, that is, presentations that make important teaching point of what is already well known but often forgotten.

Case reports (no longer than 750 words) should include the following: title, introduction, case history (including up to three figures) and discussion, references (up to six) and an unstructured abstract in English. The abstract may be a single paragraph containing no more than 100 words and followed by key words. Title should facilitate retrieval with electronic searching. Case presentation should include the history, examination and investigations adequately, description of treatments, all available therapeutic options that have been considered and outcomes related to treatments. Discussion includes the following: statement an unusual diagnosis, prognosis, therapy; report of a literature review of other similar cases; explain rationale for reporting the case; what is unusual about the case; could things be done differently in a similar case. There should also be a short conclusion.

Case reports may have as many as five authors. A very short case, about a particular disease can be submitted as a Letter to the Editor. Consent for publication must be obtained from the patients involved; if this is not possible, permission from a close relative or a legal guardian must be obtained before submission. Only non-identifiable data should be included, thus protecting the identity of the patient.

In a cover letter authors should indicate how the case report contributes to the medical literature. Submissions that do not include this information



will be returned to authors prior to peer review. For all case reports, informed written consent is required; the cover letter should state that consent was obtained. Authorship statement and financial disclosure should be presented.

Images in clinical medicine

The editors will consider original, clear and interesting images that depict new or “classic” clinical pictures submitted along with a descriptive paragraph of up to 200 words. The report may include two authors and three references. The authors must obtain a signed, informed consent from the patient or from a close relative or a legal guardian. The cover letter from the corresponding author should state that written consent was obtained.

Letter to the editor

If the letter refers to a recent journal article, it should not exceed 250 words, excluding references. All letters should be brief and to the point with no more than five reference citations. Figures or tables are not permitted in this format. Financial disclosure should be presented.

Editorial

Editorials are solicited by the editor to provide perspective on articles published in the journal and/or to express the general policies or opinions of the Editorial Board. Editor-in-Chief may invite a respectable scholar to write an editorial on a certain topic.

Submission of papers

Manuscripts, tables and figures should be submitted via the official journal website <http://scriptamedica.com/submit-a-manuscript/>, whenever it is possible, **all in one file. To assist the reviewing process, besides this full-text file, additional files should be uploaded, too:**

(1) Authorship statement, signed by all the authors (see above for details)

(2) Cover letter, signed by the corresponding author (see above for details)

(3) Title page, containing the manuscript title, full names and surnames (in this order!) and affiliations of the authors and the following seven statements/assertions:

- Ethics (number and date of issuing of the ethics committee – state its name – clearance or an explanation why it was waived or not sought at all)
- Acknowledgement
- Funding
- Conflict of interest
- Data access
- Author ORCID numbers
- Author contributions

All these data should be a part of the Title page, since they could reveal the identity of the authors.

(4) Body text, containing the title only and the rest of the manuscript with tables and figures (only this file is to be sent to reviewers in a double-blind manner) and

(5) Filled out WAME Manuscript Checklist (and MS Word form can be downloaded from the journal website)

Signed Authorship statement and Cover letter should be scanned and submitted electronically together with previous materials.

To minimise delays, we advise that you prepare signed copies of all statements before submitting the manuscript. In case of the incompleteness of the submission, the corresponding author will have to upload the missing documents within 48 h. Failure to comply to this deadline will result in the rejection of the submitted manuscript, based on its incompleteness. In such a case, the authors can start a new submission.