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Institute of Immunobiology and Human Genetics, Faculty of Medicine, University “Ss Cyiril and Methodius”, Skopje, Republic of Macedonia

Manuscript Submission

All manuscripts should be submitted to the Macedonian Journal of Medical Sciences (MJMS) electronically. To submit a manuscript, please follow the instructions below:

Getting Started

1. Launch your web browser (supported browsers include Internet Explorer 6 or higher, Netscape 7.0, 7.1, or 7.2, Safari 1.2.4, or Firefox 1.0.4) and go to the MJMS Manuscript Central homepage (http://mc.manuscriptcentral.com/mjms).

2. Log-in or click the “Create Account” option if you are a first-time user of Manuscript Central.

3. If you are creating a new account:
   · After clicking on “Create Account” enter your name and e-mail information and click “Next”. Your e-mail information is very important.
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4. Log-in and select “Author Center.”

Submitting Your Manuscript

5. After you have logged in, click the “Submit a Manuscript” link on the Author Center screen.

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   · Select the description of the file in the drop down next to the Browse button.
   · When you have selected all files you wish to upload, click the “Upload” button.
   
   NOTE: you have a limit of 10 MB combined for all files you upload.

9. Review your submission (in both PDF and HTML formats) before sending to the Editors. Click the “Submit” button when you are done reviewing.

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Manuscript Preparation

General

This journal uses blind peer review; please make sure that the files you load during submission DO NOT CONTAIN ANY IDENTIFYING INFORMATION, such as author names, acknowledgments, or bios. You will provide this information later if your manuscript is
accepted for publication. Make sure your file names do not include an author name.

Contributions should be organized in the sequence: title, text, methods, result, discussion, references, supplementary information line (if any), tables, figures, and figure legends.

Articles have a summary, separate from the main text, of up to 200 words, which does not have references, and does not contain numbers, abbreviations, acronyms or measurements unless essential. It is aimed at readers outside the discipline. This summary contains a paragraph (2-3 sentences) of basic-level introduction to the field; a brief account of the background and rationale of the work; a statement of the main conclusions (introduced by the phrase ‘Here we show’ or its equivalent); and finally, 2-3 sentences putting the main findings into general context so it is clear how the results described in the paper have moved the field forwards.

Authors are encouraged to include a link to a simple schematic, included as Figure 1 of their Supplementary Information, that summarizes the main finding of the paper, where appropriate (for example to assist understanding of complex details).

Articles are typically 3,000 words of text, beginning with up to 500 words of referenced text expanding on the background to the work (some overlap with the summary is acceptable), before proceeding to a concise, focused account of the findings, ending with one or two short paragraphs of discussion.

The text may contain a few short subheadings (not more than six in total) of no more than 40 characters each (less than one line of text in length).

Articles typically have 5 or 6 display items (figures or tables).

1. **Titles** do not exceed three lines in print. Titles do not normally include numbers, acronyms, abbreviations or punctuation. They should include sufficient detail for indexing purposes but be general enough for readers outside the field to appreciate what the paper is about.

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   The methods, apparatus (include the manufacturer’s name and address in parentheses), and procedures should be given in sufficient detail to allow reproduction of the results. Give references to established methods, including statistical methods; provide references and brief descriptions for methods that have been published but are not well known; describe new or substantially modified methods, give reasons for using them, and evaluate their limitations. Identify precisely all drugs and chemicals used, including generic name(s), dose(s), and route(s) of administration.

   The Methods section should not exceed 1,000 words of text. The Methods section cannot contain figures or tables.

3. **Results.** In this section author should describe the main findings in the text as well as the particular statistical significance of the data, and refer the reader to the tables and figures, implying that details are shown there. Information on significance and other statistical data should preferably be given in the tables and figures. Do not combine the Results and Discussion sections for full-length papers.

4. **Discussion.** This section should not repeat results. The discussion section should discuss study findings, and interpret them in the context of other trials reported in the literature providing evidence or counterevidence. In this way the validity of the results and the significance of the conclusions for the application in further research are assessed, with respect to the hypothesis, relevance of methods, and significance of differences observed.

5. **References.** Each reference should be numbered, ordered sequentially as they appear in the text, methods, tables, figure, and legends. When cited in the text, reference numbers are in brackets [ ].

   The maximum number of references is 50 for Articles and 30 for brief communications. Only one publication can be listed for each number.

   Only articles that have been published or sub-
mitted to a named publication should be in the reference list; papers in preparation should be mentioned in the text with a list of authors (or initials if any of the authors are co-authors of the present contribution).

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Supplementary Information is linked to the online version of the paper at www.mjms.ukim.edu.mk.

If authors have included a schematic summarizing the main result of the paper as Supplementary Information, a sentence should follow along the lines of “A figure summarizing the main result of this paper is also included as SI”.

Writing Style
1. Articles should be written in English (spellings as in the Oxford English Dictionary), double spaced, using left alignment, a no proportional font, and 12-pt. type. Include the title of the paper, an abstract of no more than 200 words, and 3 to 5 keywords. Cyrillic names should be transliterated (http://www.ncbi.nlm.nih.gov/ entrez/query/static/Transliteration.doc), for Macedonian transliteration see: http://www.mjms.ukim.edu.mk/MJMS_Transliteration.htm.

2. Set all margins to 2.54 cm.

3. Format for A4 paper.

4. Please type all copy upper and lower case—do not use all capitals or small capitals.

5. Place all figures and tables in a separate file. Indicate the location of tables and figures in text in boldface, enclosed in angle brackets, on a separate line.

Example: <Fig. 1 here>

6. Please use your tab key and centering functions to do head alignment, paragraph indents, etc. DO NOT USE THE SPACE BAR.

7. Use endnotes as sparingly as possible. Number them with Arabic numerals starting with 1 and continuing through the article; for example:

“(See Note 1).” Do not use footnotes.

Artwork
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There will be a charge for publication of color Figures. Unless a special arrangement is made in advance, submitted materials will not be returned to authors. The editors and publisher reserve the right to reject illustrations or figures based upon poor quality of submitted materials.

Manuscript Types

MJMS publishes five types of full-length (15–30 double-spaced pages) manuscripts: (a) original research
Original research reports describe investigations related to an aspect of specific medical entity. They typically include randomized trials, intervention studies, cohort studies, case-control studies, epidemiologic assessments, other observational studies, cost-effectiveness analyses and decision analyses, and studies of screening and diagnostic tests. Each manuscript should clearly state an objective or hypothesis; the design and methods (including the study setting and dates, patients or participants with inclusion and exclusion criteria and/or participation or response rates, or data sources, and how these were selected for the study); the essential features of any interventions; the main outcome measures; the main results of the study; a comment section placing the results in context with the published literature and addressing study limitations; and the conclusions. Criteria include relevance of research question, quality of design, sound implementation procedures, thorough outcome analysis of research findings, and implications for practice and policy.

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Invited Articles and Reviews are usually solicited by the editors, but we will consider unsolicited material also. Please contact the editorial office before writing a review article for the MJMS in order to use the preferred review format. All review articles undergo the same peer-review and editorial process as original research reports. They should be 2000-2500 words (excluding text in boxes, figures and the references) that provide a clear, up to date account of the topic aimed mainly at non specialist hospital doctors, general practitioners, and candidates for postgraduate examinations—from all over the world. Consequently, they may include material that might be considered too introductory for specialists in the field being covered.

The review should include a broad update of recent developments (from the past 5-6 years) and their likely clinical applications in primary and secondary care. It should stimulate readers to read further and should indicate other sources of information, including web based information. The article should also try to highlight the bridge between primary and secondary care and offer specific information on what general practitioners should know about certain disease or condition.

Case reports should be drawn from an actual patient encounter, rather than a composite or fictionalized description. It may be either interventional or observational. Interventional case reports are reports of one (or two) cases in which the outcome of an intervention is described. Observational case reports are reports of one (or two) cases in which the natural history, testing or clinic pathologic correlation is the main theme. Case reports should include: background, brief literature review, case description, learning objectives, key concepts, discussion/conclusion and references.

A Brief Communication report is a concise study of high quality and broad interest. This format may not exceed 4 printed pages. Brief Communications begin with a brief unreferenced abstract (3 sentences, with no more than 70 words), which will appear on Medline. The title is limited to 10 words (or 90 characters). The main text is 1,000 words maximum plus references and figure legends, and contains no headings. Brief Communications normally have no more than 2 display items. References are limited to 15. They may be accompanied by supplementary information. Brief Communications are also peer reviewed.

Book Notes (2–4 pages) offers reviews of current books and other publications of interest to individuals involved in medicine. Only reviews of recently published books will be considered. Book reviews are solicited by invitation; however, persons interested in doing a review may contact the editors. The book notes form could be accessed at MJMS.

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