

## INSTRUCTIONS TO AUTHORS

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### General Requirements

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Submission of a manuscript to MEDICINA is regarded as a tacit declaration that the same material has not been submitted or accepted for publication elsewhere. In the guidelines for the preparation of manuscripts, MEDICINA follows the requirements of the International Committee of Medical Journal Editors (ICMJE) in the most recent version available in <http://www.icmje.org>. Complete information for authors of research reports is also available in: <http://www.equatornetwork.org>

**Authorship.** Only those who participated directly in the research or the drafting of the article, and are therefore in a position to assume public responsibility for its contents, should be listed as authors. A maximum of six authors is recommendable. The standards for authorship are extensively explained in <http://www.icmje.org>. The corresponding author is the one that appears in a footnote, with his/her postal address, and assumes the primary responsibility of the communication with the journal in the presentation of the manuscript, peer review and publication process.

**Conflicts of interests** should be specially detailed (please consult for a more complete disclosure, in <http://www.icmje.org>).

**Ethical disclosures.** In studies carried out on human beings, it is essential to indicate whether the procedures followed complied with the ethical standards of the human experimentation committee responsible (institutional or regional), and were in accordance with the World Medical Association and the Declaration of Helsinki (<http://www.wma.net/s/ethicsunit/helsinki.htm>). The authors must mention in the section Materials and methods that the procedures used in patients and controls have been carried out after obtaining informed consent. When animal experiments are described, it is essential to indicate whether these have been carried out in accordance with the standards of an international research institution or council, or with a national law regulating the care and use of laboratory animals.

**Detection of plagiarism.** Each manuscript is controlled to evaluate plagiarism. The online services of CrossRefMed ([www.crossrefme.com](http://www.crossrefme.com)), Article Checker ([www.articlechecker.com](http://www.articlechecker.com)) and Plagiarisma ([www.plagiarisma.net](http://www.plagiarisma.net)) CrossRefMed are used. The COPE flowchart algorithm is also applied (<http://publicationethics.org/resources/flowdiagrams>) to decide on manuscripts suspected of plagiarism.

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### Journal Sections

The journal sections include: **Original Articles (full articles and Short Communications), Special Articles, Case Reports, Clinicopathological Conferences, Images in Medicine, Editorials, Letters to the Editor, Book Reviews, and Diagnostics and Therapy.** The latter deals with drug therapy, new formulations, methods or applications of recent clinical developments. It offers to companies and enterprises a way to disseminate, with their authorship or sponsorship, data or research of interest to the medical community. Its characteristics are detailed separately (in Spanish).

**Original Articles** will have a maximum extension of 4000 words. **Special Articles**, advances in medicine (updates, reviews) will have a maximum extension of 7000 words and no more than 100 references. Systematic reviews are generally structured in the same way as the original articles, and should also include a section describing the

methodology used for the search (databases, periods, etc.), reasons and selection criteria for the reviewed material. There are special guidelines for different study designs, e.g. PRISMA for systematic reviews and meta-analyses (<http://prisma-statement.org/>), EQUATOR Network ([www.equator-network.org/home/](http://www.equator-network.org/home/)) or NLM's Research Reporting Guidelines and Initiatives ([www.nlm.nih.gov/services/research\\_report\\_guide.html](http://www.nlm.nih.gov/services/research_report_guide.html)). Special or review articles requested by the Editorial Board will have less extension and less bibliographical references than those indicated above.

**Short Communications** refer to results which justify publication because of their special interest, however preliminary. The manuscript should not exceed 2500 words, without sections, nonetheless containing the customary sequence, with no more than 15 references and 2 tables or figures. A Short Communication will be published within 3 months of acceptance. **Case Reports** (up to two cases) and **Case Series** (three to nine) will be accepted on the bases of their clinical interest. They should have the following sections: Introduction, Case/s Report, and Discussion. The manuscript should not exceed 1500 words (Case Reports) or 2000 (Case Series) including up to 2 tables or figures and no more than 15 references. Table/s should contain relevant information about the observations. An **Abstract** in English and another in Spanish will be always included. **Images in Medicine** may be radiograph, electrocardiogram (EKG records), echography, angiograph, tomography, magnetic resonance image (MRI), optic or electron microscopy, etc. Such images, not necessarily exceptional but illustrative, should not exceed one page in length, including an explanatory legend not exceeding 200 words. **Letters to the Editor** should refer to editorial comments, preferably of articles published in MEDICINA. They should not exceed 1000 words including up to 6 references and one Table or Figure. The opportunity and the eventual characteristics of the **Editorials, Occasional Articles**, as well as the section **Diagnostic and Therapy** remains a prerogative of the Editorial Board. **Supplements** are collections of papers that deal with related issues or topics, are published as a separate issue of the journal, and funded by sources other than the journal's publisher.

English and Spanish are equally suitable for Original Articles, Special Articles, and Short Communications.

### Manuscript sections

**Full articles should contain the following sections:** *Cover page* (see below), *Introduction* (without any heading), *Materials and methods*, *Results*, and *Discussion*. An Abstract written both in English and Spanish will be included preceded by the corresponding title. The Abstracts will follow the title page, will not exceed 250 words each, and will avoid referring to tables and figures. Three to six key words in English and in Spanish should be added after the corresponding abstract, preferably selected from Index Medicus (Medical Subject Headings, MeSH). In the **Introduction**, the purposes of the article are stated, and the rationale for the study is summarized. Do not include data or conclusions from the work being reported. **Materials and methods** include a description of (a) selection of the studied subjects, and their characteristics; (b) methods and procedures (in clinical trials, complete information on all major elements of the protocol will be included, e.g., study population, intervention or exposures, outcomes, rationale for statistical analysis); (c) ethical standards and guidelines followed will be indicated; (d) Statistical methods will be described. Results should be presented in logical sequence. Data presented in **tables** or **figures** should not be repeated in the text. In **Discussion**, new and important aspects of the study are discussed and the conclusions arrived at. Do not repeat in detail data or other material already given in previous sections. Avoid claiming priority and referring to work that has not been completed.

When appropriate, **acknowledgements** will be added, before the references section, in which technical help, financial support, and contributions that do not justify authorship may be listed. Any **Conflict of interests** should be declared. **References** should be limited to those papers directly related to the article, and numbered consecutively. All authors will be included if they are six or less; if more than six, the third one will be followed by, "et al" (et alia: and others). The titles of journals should be abbreviated according to the style used in Index Medicus (also available in <http://www.nlm.nih.gov>). Use superscript numerals for references in the text. List the **References** for journals, books and book chapters, and Internet sites, according to the following examples.

1. Van Klaveren RJ, Oudkrek M, Prokop M, et al. Management of lung nodules detected by volume CT scanning. *N Engl J Med* 2009; 361: 2221-9.
2. World Health Organization. Global tuberculosis control: surveillance, planning, financing. WHO report 2005. [WHO/htm/tb/2005.349](http://www.who.int/tb/2005.349). Geneva: World Health Organization, 2005.
3. Philips DJ, Whisnant JP. Hypertension and stroke. In: Laragh JH, Brenner BM, eds. Hypertension: pathophysiology, diagnosis, and management, 2nd ed. New York: Raven Press, 1995, p 465-78.
4. Helman A. Air pressure and Mount McKinley. In: [http://www.cohp.org/ak/notes/pressure\\_altitude\\_simplified\\_II.html](http://www.cohp.org/ak/notes/pressure_altitude_simplified_II.html); accessed October 2009.

Personal communications are cited in the text. **Tables** should not repeat information already mentioned in the text, and should be typed on separate pages, with a brief but explicit title, and numbered consecutively (Arabic numbers). They should be indispensable and self-explanatory. Do not use internal horizontal or vertical rules. Place explanatory matter in footnotes, not in the heading. **Figures** must allow for adequate reproduction and must be numbered and identified on a separate page in the text, followed by an explanatory legend. The explanatory legends shall be written on a separate page. The symbols, arrows or letters eventually used must contrast properly against the background. In cases where the authors submit Figures in color, these will be published in black and white in the printed Journal, and in color in *www.medicinabuenosaires.com*.

**Submission of manuscripts.** The manuscript should be submitted online (the complete file containing text, tables and figures) by e-mail to *revmedbuenosaires@gmail.com*. The first page must contain: (a) the title (informative but short); (b) the complete name of the authors and affiliations; (c) a running title for page heading, and (d) the complete postal address of the corresponding author, including e-mail address. A scanned copy of a covering letter must be included, signed by all authors, stating that the contents of the article have not been published elsewhere, and indicating the journal section in which the article should appear.

Manuscripts should be presented using Microsoft Word (Excel, Power Point, or other graphic software for the illustrations) on white paper (letter or A4), with margins of at least 25 mm, on only one side of the paper, double spacing, in letter font type Times New Roman 12, Arial 12, or other of a similar size. Pages must be consecutively numbered starting with the title page. Units of measurement: metric units should be used, with decimal points. Abbreviations and Symbols: only standard abbreviations will be used avoiding them in title and abstract. The full term for which an abbreviation stands should precede its first use in the text unless it is a standard unit of measurement. Manuscripts are examined by the Editorial Board members and by one or two external reviewers. Once accepted, articles will undergo an editorial process that may involve deletions and additions.

**Final version.** Upon acceptance, the authors are required to provide the complete final version via online, attached to e-mail, to *revmedbuenosaires@gmail.com*. Once the article is accepted, authors will be charged US\$ 100 per each page (published on-line and printed).