INSTRUCTIONS FOR AUTHORS

1. Scope and Policy of the Journal

Journal of Medical Biochemistry (J Med Biochem) is the official journal of the Society of Medical Biochemists of Serbia with international peer-review. The Journal publishes original scientific and specialized articles on all aspects of clinical and medical biochemistry, molecular medicine, hematology, immunology, microbiology, virology, genetic epidemiology, drug measurement, evaluation of diagnostic markers, new reagents and laboratory equipment, reference materials, reference values, laboratory organization, automation and quality control, clinical metrology and all related scientific disciplines where chemistry, biochemistry, molecular biology and immunochemistry are dealing with the study of normal and pathologic processes in human beings. All manuscripts are reviewed and, after final decision, are classified in the following categories: a) personal view, b) review articles, c) original papers, d) professional papers, e) preliminary reports, and f) reviews of scientific meetings. There are also different reports and news, book reviews, reports on the activity of the Society of Medical Biochemists of Serbia, EFLM, IFCC and other related organizations, letters to the editor, and information about innovations, new reagents and instruments in the field of clinical chemistry.

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All elements of an article (a), (b), and (c) above, critical to its main conclusions, must be attributable to at least one author. A paper with corporate (collective) authorship must specify the key persons who were responsible for the article; others who contributed to the work should be recognized or acknowledged separately. The Editors may require authors to justify the assignment of authorship.

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The authors will receive first proofs for correction.

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Full length papers and technical reports should have Title Page, Summary, Keywords, List of Abbreviations, Introduction, Materials and Methods, Results, Discussion, Acknowledgements, if available, References, Tables and Figure legends.

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Letters to the editor are arranged like short communications but without a Summary.

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The title page should include:

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The second page of the manuscript should contain Summary, Keywords and a list of non-standard abbreviations used in text, figures, tables, and figure and table legends.

A summary should be short and clear, typed on a separate sheet, and should contain no more than 250 words. It must be comprehensible to readers before they have read the paper. Reference citations must not appear in the abstract, abbreviations should be avoided.

The summary of the original articles, should be structured, including following: Background, Methods, Results and Conclusions. The abstract of the other article types should not be structured.

A short summary in the Serbian language should be typed on the separate sheet, beginning with a Serbian title. This is valid only for Serbian authors. Below the end of English and Serbian summaries provide up to six Key Words in alphabetical order separated by semicolon using the entries from Index Medicus for indexing purposes.

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The experimental part should include a description of materials and methods used. If methods are widely known, they should not be described, but only references indicated. If the article deals with a new method or modified method, full description should follow. Methods used in statistical analyses should be indicated. Identify accurately all materials, substances, drugs and chemicals used.

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Results should be precise and clear, statistically processed and expressed according to the International System of Units (SI). Present in logical sequence the data generated using, as appropriate, tables and figures without duplication. Indicate the nature of data reduction and statistical procedures employed with appropriate references.

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Results should be discussed and compared to reference results. Conclusions should be drawn on the basis of these comparisons. Indicate the conclusions that may be drawn and place them in the context of a critical appraisal of previous work. Do not repeat in detail data or other material given in the introduction or the results section. Link the conclusions with the goals of the study, but avoid unqualified statements and conclusions not completely supported by your data. Distinguish clearly new information from previous finding, and speculation from fact. Problems arising out of the study may be identified, and relevant hypotheses may be generated.

Acknowledgements

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The units of measurement when possible must belong to the International System of Units (SI) or be non-SI units accepted for use with the SI (e.g. days, litre). (http://www.bipm.fr/3_SI/si.html)

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- Books and Monographs:
  Kahn CR, Weir GC, editors, Joslin's diabetes mellitus, 13ed. Philadelphia: Lea and Febiger, 1994: 1068pp.
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Submit tables on separate pages and number them consecutively using Roman numerals. Provide a short descriptive title, column headings, and (if necessary) footnotes to make each table self-explanatory. Refer to tables in the text as Table I, etc. Use Table I, etc. in the table legends. Please indicate in the manuscript the approximate position of each table.

Figures

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The first author's name, drawing number and top location are indicated on the back of the illustration.

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Provide figure legends on separate pages. Explain all symbols used in the figures. Remember to use the same abbreviations as in text.

Nomenclature

Follow the rules of the IUPAC-IUB Commission on Biochemical Nomenclature, as in IUB *Biochemical Nomenclature and Related Documents*, 3rd edition, obtainable from Biochemical Society Book Depot, P.O. Box 32, and Commerce Way, Colchester, CO2 8HP, U.K.

Enzyme names should be in accordance with the recommendations of the IUPAC-IUB Commission on Biochemical Nomenclature, 1978, as in *Enzyme Nomenclature*, published by Academic Press, New York, 1992. Genotypes should be given in italics, phenotypes should not be italicised. Nomenclature of bacterial genetics should follow Damerec et al. Genetics 1966; 54: 61–76.

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STATISTICAL GUIDELINES

These guidelines are designed to help authors prepare statistical data for publication and are not a substitute for the detailed guidance required to design a study or perform a statistical analysis. Each section of a scientific paper is addressed separately.

Summary

The number and source of data must be stated and conclusions which have a statistical basis must be substantiated by inclusion of pertinent descriptive statistics [mean or median, standard deviation (SD) or interquartile range, percentage coefficient of variation (%CV), 95% confidence limits, regression equations, etc.].

Methods

Experimental design, subject selection and randomization procedures should be described and analytical precision quoted when appropriate. The hypotheses to be tested by a statistical procedure must be stated and where appropriate power calculations for the sample size used should be given (it is recommended that the power is <80%). In case-control studies, clearly define how cases and controls were selected and what matching has taken place.

Statistical tests should be described but need not be referenced unless they are unusual or are applied in a non-standard way. Computer software used should be referenced.

If the paper is reporting the results of a diagnostic trial read the STARD statement (1) and for a clinical trial read the CONSORT statement (2) to improve the quality of your report.

Results

Unnecessary precision, particularly in tables, should be avoided. Rounded figures are easier to compare and extra decimal places are rarely important. Descriptive statistics require an additional digit to those used for the raw data. Percentages should not be expressed to more than one decimal place and not be used at all for small samples.

Normally distributed data should be described using a mean, SD and/or %CV and expressed as »mean (SD)« not »mean ± SD«. When data are not normally distributed, following demonstration by tests such as the Shapiro-Wilk test (3), then medians and interquartile ranges should be used in place of mean and SD. Skewed data can often be normalized by logarithmic transformation or a power transformation. The statistical analysis and calculation of summary statistics should be carried out on the transformed data and the summary statistics transformed back to the original scale for presentation. If a logarithmic scale is used, then graphs should display non-transformed data on a logarithmic scale.

Graphs showing data of comparable magnitude should be of similar size and design. All individual points should be displayed where possible by displacing overlapping points. Error bars showing the standard error of the mean (SEM) or interquartile range, as appropriate, can be used to aid the interpretation of data.

The results of significance tests such as Student's and chi-squared should be presented with descriptive statistics, degrees of freedom (if appropriate) and probability *P*. The validity of any assumptions should be checked (e.g. conventional *t*-tests assume a normal distribution and equal variance for each set of data). For 2×2 contingency table analysis by the chi-squared test the continuity correction must be applied, and for small expected frequencies Fisher's Exact Test used.

P values should be reported in full in 1 or 2 significant figures. Describing *P* values as > 0.05 or NS (not significant) should be avoided. If the results are highly significant and the calculated *P* value from the computer is e.g. 0.000, then the use of $P < 0.0005$ is acceptable. Confidence intervals should be stated, particularly for non-significant results.

The conventional use of statistical significance is $P \leq 0.005$. If a different significance level needs to be used, then the reasons for this must be clearly stated in the statistical method section.

Discussion

Statistical significance should not be equated to importance and P values should not be compared between different statistical tests. Association should not be interpreted as causation without additional evidence.

Problem Areas

Multiple comparisons can produce spurious and misleading significance values. The primary hypothesis should always be clearly stated, and associations detected by retrospective analysis should be interpreted with caution. Whenever possible a single overall statistical test should be applied first e.g. ANOVA. If this is not significant, then multiple comparisons must not be applied. If it is significant then some form of multiple range test can be applied. If a single overall test is not possible, then multiple comparisons must use a Bonferroni type significance level.

With paired data the differences between individual pairs of data and the variability of the differences are more important than the individual values. Graphical representation should also show the difference between individual pairs, e.g. by plotted lines joining the paired data points.

Standard regression analysis requires data points to be independent (repeated measurements are not independent). The independent variable should be measurements without significant error, e.g. age or time, and the points should be evenly distributed over the range and

have no outliers (this can be easily examined with a scatter plot). These requirements are rarely satisfied with biological data.

Method comparison using regression and correlation coefficients is inappropriate and should be performed using Altman and Bland difference plots (4). If a standard scatter plot and regression line are thought to be useful they can be given along with the Altman – Bland plot. Remember, if two methods are supposed to be measuring the same thing, then it is extremely likely they will be correlated so that a statistical tool correlation not tell you anything new.

If you are carrying out complicated statistical analyses, e.g. multivariate analysis, ROC analysis etc., then it is recommended that you seek advice from a statistician.

References

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2. Moher D, Schultz KF, Altman DG, for the CONSORT Group. The CONSORT statement: revised recommendations for improving the quality of reports of parallel-group randomization trials. Lancet 2001; 357: 1191–4.
3. Altman DG. Practical Statistics for Medical Research. London: Chapman & Hall, 1991: 132–12.
4. Bland JM, Altman DG. Statistical methods for assessing agreement between two methods of clinical measurement. Lancet 1986; 1 (8476): 307–10.