

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 immunology 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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Each manuscript should be accompanied by a cover letter containing a brief statement describing the novelty and importance of the work submitted.

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In case of any technical problems, please contact Snežana Jovičić, Managing Editor for Journal of Medical Biochemistry (jmedbio.managing.editor@gmail.com).

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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.

5. Preparation of Manuscripts

The complete manuscript, including enclosures should be prepared according to instructions given in this section.

Manuscripts must be written in clear and concise English language. The manuscript should be written in the third person avoiding the passive voice. Please have your text proofread by a native English speaker before you submit it for consideration. Either British or American spelling is acceptable. At the proofreading stage, changes other than correction of printer's errors will be charged to the authors.

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Manuscripts should be prepared in accordance with the guidelines below and should be sent online at <http://aseestant.ceon.rs/index.php/jomb/>. The electronic copy of the manuscript should be saved as a Word for Windows (.doc) or Rich Text Format (.rtf) file. Manuscripts must be submitted using double line-spaced, unjustified text throughout, with headings and subheadings in bold case (not underlined). Press ENTER only at the end of a paragraph, list entry or heading.

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.

Short communications and case reports should be subdivided into Summary, Keywords, List of Abbreviations, and a single section of main text without headings. Experimental procedures should be described in legends to figures or footnotes to tables. Acknowledgements and References should be presented as in full length papers.

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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3. Full name, mailing address, fax phone number and e-mail address of the corresponding author to whom communications should be sent is typed at the bottom.
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Summary, Keywords and a list of non-standard abbreviations

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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Acknowledgements

Acknowledgements should be placed at the end of the text. Indicate financial support, gifts, technical assistance, and advice. Names of the funding organizations should be written in full. Obtain written permission from those acknowledged by name.

Units of measurement

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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Mizon D, Piva F, Queyrel V, Balduyck M, Hachulla E, Mizon J. Urinary bikunin determination provides insight into proteinase/proteinase inhibitor imbalance in patients with inflammatory diseases. *Clin Chem Lab Med* 2002; 40: 579–86.
- Supplements:
Williams DN. Reducing costs and hospital stay for pneumonia with home intravenous cefotaxime treatment: results with a computerized ambulatory drug delivery system. *Am J Med* 1994; 97: Suppl 2A: 50–5.
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