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ABSTRACT

The Abstract should be unstructured and no more than 250 words, with 3-5 key words. It should not be descriptive, but should contain only important facts raised from the manuscript.

1. Introduction

Introduction represents a short description of the problem described in the manuscript and purpose of the study. There is a need to mention only the references in the direct relationship with a problem presented in manuscript. Continue logically and finish the section with a short description of the aim of the study.[1,2]

2. Methods

Methods should present concisely and systematically a list of summarize data sources, including years searched. Include in the search the most current information possible, ideally conducting the search several months before the date of manuscript submission. Potential sources include computerized databases and published indexes, registries, abstract booklets, conference proceedings, references identified from bibliographies of pertinent articles and books, experts or research institutions active in the field, and companies or manufacturers of tests or agents being reviewed. Describe inclusion and exclusion criteria used to select studies for detailed review from among studies identified as relevant to the topic. Under details of selection include particular populations, interventions, outcomes, or methodological designs. Specify the method used to apply these criteria (for example, blinded review, consensus, multiple reviewers). State the proportion of initially identified studies that met selection criteria. Describe guidelines used for abstracting data and assessing data quality and validity (such as criteria for causal inference). State the method by which the guidelines were applied (eg, independent extraction by multiple observers).

Authors should report systematic reviews and meta-analyses in accordance with the PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) statement.

3. Results

State the main results of the review, whether qualitative or quantitative, and outline the methods used to obtain these results. For meta-analyses, state the major outcomes that were pooled and include odds ratios or effect sizes and, if possible, sensitivity analyses. Accompany numerical results by confidence intervals, if applicable, and exact levels of statistical significance. For evaluations of screening and diagnostic tests, include sensitivity, specificity, likelihood ratios, receiver operating characteristic curves, and predictive values. For assessments of prognosis, summarize survival characteristics and related variables. State the major identified sources of variation between studies, including differences in treatment protocols, protocols, co-interventions, confounders, outcome measures, length of follow-up, and dropout rates.

Tables, figures and illustrations

Illustrations should be kept to a minimum. Data reported in tables or figures should not be repeated in the text. We accept up to five tables/figures.

Each table/figure/illustration should be presented on a separate page in the smaller format possible and contain: a) descriptive or explanatory title; b) respective number (using Arabic, not roman numerals) consecutively as cited in the text; c) all the necessary explanations of symbols and abbreviations.

Tables. Table title should be placed above the table. Use the MS Word table tool (table's editor). Abbreviations may be used, but must be explained in full as footnotes. Units of measurement must be clearly indicated.

Place explanatory matter in footnotes. Explain in footnotes all abbreviations that are

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4. Discussion

Discussion includes interpretation of study findings and results considered in the context of results in other trials reported in the literature.

5. Conclusion

Conclusions should be stated in a short, clear and simple manner, stemming directly from the results shown in the paper. Rather than summarizing the data, conclude from them.

6. References

Each scientific fact and published statement in the text requires a relevant reference. Preferably, references should be widely visible on the Internet and refer to the most recent sources. Citing retracted and 'predatory' items is unacceptable.

The author is responsible for the accuracy and completeness of all references, which should be numbered sequentially and not alphabetically, with the numbers cited in the text in parenthesis, before punctuation marks according to the Vancouver style (examples following). Provide names of **all authors**.

Consult *List of Journals in Index Medicus* for standard journal abbreviations.

Journal reference

Fodor SP, Rava RP, Huang XC, Pease AC, Holmes CP, Adams CI. Multiplexed biochemical assays with biological chips. Nature 1993; 364:555-6.

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World Health Organization. Global strategy for the containment of antimicrobial resistance. http://www.who.International (date last accessed; an example: **07 July 2011**).

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References to (personal) unpublished data should be made parenthetically in the text (an example: **Brankovic, unpublished data**).