

Instructions for Manuscript Preparation

General Information

1. Romanian Journal of Internal Medicine (RJIM) publishes systematic and narrative reviews, meta-analyses, original research and exceptionally, meaningful case reports or letters to author. Original research papers may refer to causes, mechanisms, management, prevention and outcome for **diseases included in Internal Medicine field**. Original papers **should not exceed 4300 words (including tables, figures, references, abstract)**
2. Every article will be peer-reviewed by experts in field. The Editorial Board may decide if a paper deserves peer-review or not.

Presentation of manuscript

Manuscripts should have wide margins and double spacing (also for abstracts, footnotes and references). Every page of the manuscript, including the title page, references, tables, etc., should be consecutively numbered. A word count (excluding title page, abstract, and references) should be indicated. If data from the manuscript have been presented at a meeting, list the full name, date and location of the meeting and reference any previously published abstracts in the reference list.

Ensure that each new paragraph is clearly indicated. Present tables and figure captions on separate pages at the end of the manuscript. If possible, consult a recent issue of the Journal to become familiar with layout and conventions.

The authors should be familiar with ICMJE Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals.

Please follow also the reporting guidelines corresponding to the study type from <https://www.equator-network.org/>.

Please prepare your manuscript only as presented below. Otherwise the paper will be returned to the authors before initiating the peer-review.

1) Title page:

- **Provide the following data on the title page (in the order given).**
- Title (this should be clear, descriptive and not exceed 150 characters, including spaces)

- Name(s) of author(s). Authorship should only be assumed by those workers who have contributed materially to the work and its report (see ICMJE recommendations). **Colleagues who have otherwise assisted or collaborated should be recognized in the Acknowledgement section**
 - Complete postal address(es) of affiliations
 - Complete affiliation data are **mandatory** for all authors
 - Full telephone and fax numbers, and e-mail address of the corresponding author
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- Complete correspondence address (including postal zip code) and e-mail address to which the proofs should be sent
 - Grant support
 - Please also provide a short title (RUNNING HEAD). The running head should not exceed 80 characters including spaces.
 - A box indicating “what is new/what is important” (not exceeding 100 words) will be included after the abstract

2) Abstract: It should contain **no more than 250 words**. For original articles, the abstract should be structured (divided into the sections **Introduction, Methods, Results, and Conclusion**). Abstracts should briefly describe the problem being addressed in the study, how the study was performed and which measurements were carried out, the most relevant results, and what the authors conclude from the results. An abstract is often presented separate from the article, so it must be able to stand alone. Non-standard or uncommon abbreviations should be avoided, but if essential they must be defined at their first mention in the abstract itself. If you are Romanian and/or familiar with Romanian language please also provide the abstract in Romanian,. Otherwise the language editors will translate your abstract in Romanian.

3) Key words: A list of 3-6 words or short phrases should be included after the abstract for indexing purposes. Use terms from the Medical Subjects Headings from the Index Medicus or Medline. Key words may contain only internationally accepted abbreviations (i.e. ECG, CRR, EF.....). Otherwise any used abbreviation should be described when first used

Arrangement of the article

4) Introduction: State the objectives of the work and provide an adequate background, avoiding an excessive detailed literature survey. Use tables and figures to help summarize previous work when possible

5) Materials and Methods: Provide sufficient detail to allow the work to be reproduced. You must include a sentence saying that informed consent was obtained from participants in the study and/or that the institution's ethics committee approved the study. Otherwise please mention the conditions of the Helsinki Declaration were satisfied.

6) Results: These should be presented precisely. Do not repeat unnecessarily the same information shown in tables and figures. No discussions or conclusions should be inserted at this point

7) Discussion: Consider structuring the discussion according to the following sequence.

1. Provide a brief synopsis of key findings, with particular emphasis on how the findings add to the body of pertinent knowledge.
2. Do not repeat what was presented in the introduction
3. Discuss possible mechanisms and explanations for the findings of your work.
4. Compare study results with relevant findings from other published work. Briefly state literature search sources and methods (e.g., English-language MEDLINE search to Jan 2007) that identified previous pertinent work..
5. Discuss the limitations of the present study and any methods used to minimize or compensate for those limitations.
6. Mention any crucial future research directions.
7. Avoid exaggeration or conclusions not proven by your work

8) Conclusion: Conclude with a brief section that summarizes in a straightforward and circumspect manner the clinical implications of the work.. A systematization (e.g. i).....ii).....iii)...) is welcomed

9) Acknowledgements: This section should acknowledge colleagues who have assisted or collaborated in the study who are not listed on the title page. It should also include details on sponsoring and possible conflicts of interest.

10) Conflict of Interest disclosure: All authors are requested to disclose any actual or potential conflict of interest including any financial, personal or other relationships with other people or organizations within three years of beginning the submitted work that could inappropriately influence, or be perceived to influence, their work. If there is no conflict of interest please state **“The authors declare that there are not conflicts of interest”**.

11) References: The references should be numbered consecutively in [square brackets] as they appear in the text. The reference list should be typed double-spaced on a separate sheet. References should conform to the system used for manuscripts submitted to biomedical journals (N Engl J Med 1991;324:424- 428). **Please do not exceed 50 references per original/review papers, 20 references per case reports and 9 references per editorials.**

Examples: “A recent study presented similar findings [1].”

1. BAICUS C., CARAIOLA S., BAICUS A., TANASESCU R., RIMBAS M. *Involuntary weight loss: case series, etiology and diagnostic*. Rom J Intern Med. 2009;**47**:87-92.

Please note that all authors should be listed when six or less; when seven or more, list only the first six and add *et al*. Please follow this example:

1. VOIOSU T., BENGUŞ A., DINU R., VOIOSU AM., BĂLĂNESCU P., BĂICUŞ C., *et al*. *Rapid fecal calprotectin level assessment and the SIBDQ score can accurately detect active mucosal inflammation in IBD patients in clinical remission: a prospective study*. J Gastrointestin Liver Dis. 2014;**23**(3):273-8.

For book chapters

2. FLETCHER R., FLETCHER S. *Clinical epidemiology. The essentials*, Lipincott Williams & Wilkins, Philadelphia, 2005: 207.

3. REIFE CM. Weight loss. In: *Harrison’s principles of internal medicine*, McGraw-Hill, New York,

2005:233.

For online sites please provide the address and date of accession.

Do not include references to personal communications, unpublished data or manuscripts either in preparation or submitted for publication. If essential, such material may be incorporated into the appropriate place in the text. Recheck references in the text against reference list after your manuscript has been revised.

12) Tables: Tables should be typed with double spacing each on a separate sheet, numbered consecutively with Arabic numerals, and contain only horizontal lines. Number tables consecutively in accordance with their appearance in the text. The text should include references to all tables. Each table should occupy a separate page of the manuscript. Tables should never be included in the text. Each table should have a brief and self-explanatory title. Place footnotes to tables below the table body and indicate them with superscript lowercase letters, indicate each footnote in a table with a superscript lowercase letter. Data presented in tables must not duplicate results described elsewhere in the article. Large tables should be avoided. If many data are to be presented, an attempt should be made to divide them over two or more tables. Column headings should be brief, but sufficiently explanatory. Standard abbreviations of units of measurement should be added between parentheses.

13) Illustrations: Upload each figure as a separate file in **jpeg format, with the lead author's name, the figure number and the top of the figure indicated**. Compound figures e.g. 1a, b, c should be uploaded as one figure. Tints are not acceptable. Lettering must be of a reasonable size that would still be clearly legible upon reduction, and consistent within each figure and set of figures. Please supply artwork at the intended size for printing, sized to the text width of 84mm/single column, 176mm/double column. Where a key to symbols is required, please include this in the artwork itself, not in the figure legend.

Please provide in the manuscript the exact place where you would like to insert the figure indicating in parenthesis “(place for figure 1)”

A maximum number of 8 figures for original/review papers, 4 figures for case reports and 2 figures for editorials is allowed.

All illustrations must be supplied at the correct resolution:

Black and white and colour photos - 300 dpi

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14) Footnotes: Use footnotes only on the title page and in tables. Do not use footnotes in the text. Footnote symbols, in the order in which they should be used, are *, †, ‡, §, ||, ¶, **, ††, ‡‡, and so on. Do not use numbers or letters.

Letters to the editor

A letter to the editor should not exceed 300 words. A maximum of 3 authors may be listed, with only 2 references and 1 table or figures..

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Report percentages to one decimal place (i.e., xx.x%) when sample size is ≥ 200 . To avoid the appearance of a level of precision that is not present with small samples, do not use decimal places (i.e., xx%, not xx.xx%) when sample size is < 200 .

Always report the 95% confidence intervals along with exact P values to two decimal places (except when $P < 0.001$, in which case “ $p < 0.001$ ” is sufficient).

Report averages with standard deviations, not standard errors, when data are normally distributed, and report median (minimum, maximum) or median (25th, 75th percentile [interquartile range, or IQR]) when data are not normally distributed.

All materials must be submitted in electronic format at the e-mail address editor@intmed.ro . Please provide the fax and telephone number of the corresponding author (that member of the group of authors appointed to maintain the correspondence with the journal). The cover letter accompanying the article must clearly define the significance of the subject chosen and of the results, from the authors' point of view.

Important notes:

- 1. Please be aware that all the correspondence should be sent directly to the official address of the Romanian Journal of Internal Medicine (editor@intmed.ro). No other mail address is authorized by the editorial Board and the correspondence sent to other mail addresses will be disregarded.**
- 2. Please prepare your manuscript according to Instructions for authors. Manuscripts will be returned to authors if they do not comply with the journal's requirements.**