

INSTRUCTIONS FOR AUTHORS

Before submitting a manuscript for consideration for publication in the journal *Vojnosanitetski pregled* (VSP), authors are required to carefully read the Instructions for Authors in order to prepare the manuscript in accordance with the journal's guidelines.

A manuscript that does not meet the requirements of these instructions cannot be considered and will be returned to the authors for completion and correction.

Upon acceptance of the manuscript for publication in VSP, the authors transfer their copyright to the journal's publisher, the Ministry of Defense of the Republic of Serbia, University of Defense.

VSP adheres to the recommendations of the International Committee of Medical Journal Editors (ICMJE), *Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals* (available at <https://www.icmje.org/recommendations/>).

VSP is available in open access mode. All articles may be downloaded free of charge from the journal's website and used in accordance with the Creative Commons Attribution-ShareAlike (CC BY-SA) license (<https://creativecommons.org/licenses/by-sa/4.0/deed.en>).

SENDING MANUSCRIPTS

The manuscript and all accompanying materials should be submitted as a **single document** (with all appendices incorporated into the text and placed at the end of the manuscript after the References section), exclusively in electronic form via the Aseestant submission system. In order to preserve quality, submitting the images as separate files is also recommended to avoid image compression and potential loss of quality, since Word may reduce their resolution. All authors and reviewers must be registered system users with a unique email address. Registration is possible at: <http://aseestant.ceon.rs/index.php/vsp/user>. The technical guide for using the electronic submission system is available at: <http://aseestant.ceon.rs/index.php/vsp/about/submissions>.

If you encounter any problems submitting your manuscript via the Aseestant platform, you can contact the journal's Editorial Office for assistance by sending an email to: vsp@vma.mod.gov.rs.

GENERAL INSTRUCTIONS

VSP publishes manuscripts that have not been previously published, in whole or in part, and that are not under consideration for publication or have not been accepted for publication in any other journal.

VSP does not consider manuscripts that have been previously published as preprints.

The journal accepts manuscripts whose results have been previously presented at scientific or professional meetings and published as abstracts, provided that these results have not been published with a DOI (e.g., an extended abstract in a journal supplement).

If part of the results presented in the submitted manuscript has previously been reported at a scientific/professional meeting or is part of a doctoral dissertation, the Submission Letter to the Editorial Board must specify the official name of the meeting, its location and date, and indicate whether the presented results have been published and in what form (e.g., same or different title or abstract). This information should also be clearly stated in a Note at the end of the manuscript.

Manuscripts are published in English. Certain categories of articles (e.g., history of medicine/dentistry/pharmacy) may, at the discretion of the VSP Editorial Board, be published in Serbian. All manuscript categories, except for Editorials, Letters to the Editor, Research Letters, Book Reviews, and Reports from Scientific or Professional Meetings, must include abstracts in both Serbian and English (as part of the manuscript). For details on the structure and length of the abstract, see the Abstract section of these Instructions.

Manuscripts should be prepared using Microsoft Word, with Times New Roman font, size 12 pt, and line spacing 1.5. Set the page size to A4, with a left margin of 4 cm and the remaining three margins 2 cm each. Text should be typed without hyphenation, and only one space should follow each punctuation mark. If special characters (symbols) are used in the text, the Symbol font should be applied.

References cited in the text should be indicated with Arabic numerals in superscript, in the order in which they appear.

Pages should be numbered consecutively in the bottom right corner, starting from the first page (excluding the title page).

When writing in English, follow the American English language standard. The International System of Units (SI) must be used, except for blood pressure (mm Hg) and temperature (°C).

Use standard abbreviations throughout the text. Avoid abbreviations in the title and abstract unless necessary. At their first mention, provide the full term followed by the abbreviation in parentheses; thereafter, use only the abbreviation in both the abstract and the main text. Do not use abbreviations in the Conclusion section (excluding the abstract).

Do not use commercial names of drugs or other products; if necessary, the generic name must also be provided. Devices and equipment should be referred to by their trade names, with manufacturer details (name and location) provided in round brackets. If labels combining letters and numbers are used in the text, ensure that superscript or subscript numbers are written precisely.

Avoid using bold or italic fonts, as they are reserved for subheadings. Exceptions include terms that must be italicized, such as gene names or foreign words in Latin.

Study groups must be clearly defined and consistently named throughout the manuscript. Use a single, consistent term for the same concept. In the Results section, avoid sentences beginning with phrases like "Table X shows" or "Figure X illustrates". Instead, the sentence should describe the result, with the table or figure reference placed in parentheses at the end of the sentence. Sentences should not begin with abbreviations, numbers, or dates. Avoid overly long sentences that reduce clarity; favor short, clear sentences. The Conclusion should be written with

new sentences, without repeating previously stated ones. Translation of manuscripts into English using Google Translate may lead to misunderstandings and is therefore not recommended.

When selecting keywords, use Medical Subject Headings – MeSH (<https://www.nlm.nih.gov/mesh/meshhome.html>). Keywords in the accepted manuscript cannot be altered by the authors, as they are descriptors from the Thesaurus used by professional indexers.

REQUIRED ACCOMPANYING DOCUMENTS

AUTHOR STATEMENT AND AUTHORSHIP

For every manuscript submitted for consideration for publication in VSP, the author(s) must provide an **Authorship Statement Form (ASF)** confirming that the work has not been previously published and is not simultaneously under consideration for publication in another journal. The ASF must also confirm that all authors meeting the authorship criteria have read and approved the manuscript, and provide contact information for all authors (email address and mobile phone number). In this form, authors must declare any potential conflicts of interest or the absence thereof. All authors must sign the ASF by hand.

For additional information on different types of conflicts of interest, see the recommendations of the World Association of Medical Editors – WAME: <http://www.wame.org>.

VSP follows the authorship criteria recommended by ICMJE (<https://www.icmje.org/recommendations/browse/roles-and-responsibilities/defining-the-role-of-authors-and-contributors.html>). Authorship is based on fulfilling all four given criteria: substantial contributions to the conception of the work, acquisition of data or analysis/interpretation of data; critical revision of the manuscript for important intellectual content; approval of the final version of the manuscript to be published; accountability for all aspects of the published work. All other contributors who participated in the work but do not meet the authorship criteria should be listed in the Acknowledgements, specifying their contribution. Individuals mentioned in the Acknowledgements must provide written consent.

ETHICAL APPROVAL

All research involving humans and/or human material must be conducted in accordance with the ICMJE recommendations (<https://www.icmje.org/recommendations/browse/roles-and-responsibilities/protection-of-research-participants.html>) and the Declaration of Helsinki, 2024 revision (<https://www.wma.net/policies-post/wma-declaration-of-helsinki/>). Authors are required to submit a scanned copy of the Ethics Committee (EC) approval from the competent institution that approved the study, showing the date of issuance and the subject of the research, along with the manuscript. The EC approval should be submitted in the original language and in English (a certified copy is acceptable).

The Methods section must indicate that the study was approved by the relevant EC, including the name of the institution and the approval number, and that it was conducted in accordance with ethical principles for research involving humans and/or human material.

Patient anonymity must be protected following ICMJE recommendations. For research involving patient data that could allow direct or indirect identification, authors must obtain written informed consent from the patient, state in the manuscript that consent was obtained, and provide it to the Editorial Board if requested.

For research involving animals, authors must provide approval from the relevant EC ensuring compliance with international standards for the use of laboratory animals in research.

The Editorial Board reserves the right to reject manuscripts deemed not conducted in accordance with international ethical standards.

REPRODUCTION OF PREVIOUSLY PUBLISHED OR UNPUBLISHED THIRD-PARTY COPYRIGHTED MATERIAL

If previously published illustrations (photographs, diagrams, etc.) are used, the source must be cited, and permission must be obtained from the journal in which they were originally published, granting approval for their use in VSP. If unpublished third-party illustrations (photographs, diagrams, etc.) are used, permission must be obtained from the original author(s) for publication in VSP.

PLAGIARISM

Since 2012, all manuscripts submitted to VSP are checked for potential (self-)plagiarism using SCIndex Assistant – Cross Check (iThenticate). Manuscripts found to contain (self-)plagiarism will be rejected. Depending on the extent and type of detected (self-)plagiarism, authors may be banned from publishing in VSP for varying durations. Relevant authorities at the authors' institutions and appropriate professional associations will also be notified.

USE OF AI

Generative artificial intelligence (AI) or AI-assisted technologies may be used only in compliance with the principles of transparency (the use of AI must be clearly stated in the manuscript), accountability (authors remain fully responsible for the accuracy and originality of the content), verifiability (all participants in the publishing process must verify that AI has not introduced fabricated data, citations, or claims), and confidentiality (authors and reviewers are prohibited from uploading manuscripts submitted to VSP to public AI services).

The use of AI tools is permitted only for limited linguistic and technical interventions in the manuscript text: grammar and spelling correction, stylistic refinement of the authors' text, assistance with formatting, and technical assistance (such as code correction). Authors may use AI tools exclusively to create AI-assisted, but not AI-generated content.

Authors who have used AI-assisted content are required to fully and accurately disclose the use of AI tools (the exact name of the AI tool, date of access, prompts used, and purpose of use), guarantee the originality of the

scientific contribution, avoid any fabrication or manipulation, and comply with the rules of scientific ethics. Information on AI use should be stated in the Methods or Acknowledgements section.

Using AI tools is prohibited for the following: generating substantial portions of the manuscript content; creating scientific ideas, data, or results; analyzing or interpreting results; formulating conclusions; modifying images, tables, or graphs (including graphical abstracts); altering data or references.

Any unequivocally established improper use of AI will result in rejection of the manuscript.

AI may not under any circumstances be an author or co-author, nor may it be cited as an author in the References section.

To protect confidentiality, no part of unpublished research submitted to VSP may be entered into a large language model by authors or reviewers.

Authors who have used any AI tools are required to submit an [AI Use Statement](#) when submitting the manuscript.

TYPES OF MANUSCRIPTS

VSP publishes the following categories and types of manuscripts and communications: Editorial, Original Article, Preliminary Report, Short Report, Case Report and Case Series, General (Narrative) Literature Review, Mini-Review, Systematic Literature Review, Meta-Analysis, Systematic Literature Review with Meta-Analysis, Current Topic, In Focus, Article on the History of Medicine/Dentistry/Pharmacy, Letter to the Editor, Research Letter, Clinical Research, Congress and Scientific Meeting Report, Book Review, In Memoriam, and other contributions.

ORIGINAL ARTICLE

An Original Article presents new and significant findings in a specific field, with a detailed description of the research methods used, the results obtained, and the conclusions drawn. The reference list should include the most recent and most relevant references in the field.

PRELIMINARY REPORT

A Preliminary Report presents research that has not yet been completed, with findings that require further investigation and validation before final conclusions can be drawn, but where the obtained information is of interest to the scientific and professional community. It contains all sections of an Original Article, but in a substantially abbreviated form. Authors are encouraged to subsequently publish a full Original Article with complete, validated data and a comprehensive analysis.

SHORT REPORT

A Short Report presents a completed research study that is small in scope, narrowly focused, and has clear conclusions based on the presented results. It includes all sections of an Original Article, but in a substantially abbreviated form. It is considered the final publication of that specific, limited study and cannot be republished as a full-length article (although follow-up research building on it is encouraged).

REVIEW ARTICLES

GENERAL (NARRATIVE) LITERATURE REVIEW

A General (Narrative) Literature Review provides a review, critical analysis, and synthesis of existing scientific knowledge on a selected topic. Authors cover all available relevant literature over a defined time period, present the results of relevant studies, identify gaps, limitations, or controversies, and indicate directions for future research, offering their own perspective on the issue in the form of concluding remarks.

Authors of this category of article should have published at least five papers in peer-reviewed journals (M20) in the field of the review topic.

MINI-REVIEW ARTICLE

A Mini-Review provides a concise overview of the existing literature and the most recent advances within defined aspects of a particular research field, as well as its new and/or current directions of development.

SYSTEMATIC LITERATURE REVIEW

A Systematic Literature Review synthesizes previously published studies on a specific topic using clearly defined and pre-established methodological procedures for study selection and evaluation. The author must use relevant databases, define inclusion and exclusion criteria, and apply a transparent methodology.

META-ANALYSIS

A Meta-Analysis uses statistical methods to combine quantitative data from multiple primary studies in order to identify overall trends and assess the strength of evidence on a specific topic. Authors must use relevant databases, define inclusion and exclusion criteria, and apply a transparent and reproducible methodology. The research question must be clearly defined using the PICOS framework, and selection guidelines and a study flow diagram (PRISMA) must be provided.

SYSTEMATIC LITERATURE REVIEW WITH META-ANALYSIS

A Systematic Literature Review with Meta-Analysis combines qualitative and quantitative synthesis, using statistical techniques to summarize quantitative results and qualitative synthesis for descriptive/narrative findings. Authors must use relevant databases, clearly define inclusion and exclusion criteria, and apply a transparent and reproducible methodology. The research question must be clearly defined according to the PICOS framework, with specification of the reporting guidelines used (e.g., PRISMA) and inclusion of a PRISMA flow diagram showing study selection.

CURRENT TOPIC

A Current Topic addresses a contemporary, unresolved, or controversial issue of theoretical and practical importance, presenting the authors' own research

results or the most recent important data from the literature. The structure of the article is flexible, and brief concluding remarks with a clear message are encouraged.

IN FOCUS

An In Focus article provides a thematic, focused analysis or a brief overview of a scientific issue within the journal's scope, addressing a topic of significance for the scientific community and broader professional audience.

CASE REPORTS

CASE REPORT and CASE SERIES (≥4, ≤9)

Case reports or case series present cases with rare or unusual diagnoses, diagnostic processes, treatment strategies, clinical courses, or treatment outcomes that may be useful for clinical practice and medical education. The CARE guidelines should be followed when preparing the manuscript (<https://www.care-statement.org/writing-a-case-report>). Written informed consent from the patient is mandatory.

EDITORIAL

Editorials are non-peer-reviewed texts written by the Editor-in-Chief and/or members of the Editorial Board, intended to announce a new volume, special issues, or content of significance for the profession and/or institutions served by the journal, as well as invited editorial texts. Editorials should not contain unpublished or original data, and must include a statement of conflict of interest.

LETTER TO THE EDITOR

A non-peer-reviewed comment or critique of a paper published in VSP. It is written in a free format, with optional citation of relevant literature, and must not contain unpublished results. It is published at the discretion of the Editor-in-Chief.

RESEARCH LETTER

A Research Letter is a short report of original research, containing Introduction, Methods, Results, and Discussion in a condensed form (without separate sections or subheadings) and up to 2 supplementary items (tables/figures). It does not include an abstract or keywords, but must meet all general manuscript requirements for consideration, including the peer-review process.

HISTORY OF MEDICINE/STOMATOLOGY/PHARMACY

Manuscripts presenting material relevant to elucidating specific events and/or portraying notable figures in the history of medicine/stomatology/pharmacy, with particular emphasis on military medicine/stomatology/pharmacy.

CLINICAL RESEARCH

Clinical Research includes original randomized controlled trials and observational studies assessing the impact of one or more interventions or measures on human health outcomes, clinical practice, or health policy.

Manuscripts must be prepared in accordance with international guidelines (e.g., CONSORT – <https://www.consort-statement.org/> or STROBE – <https://www.strobe-statement.org/>) and be registered in a recognized public registry (e.g., ClinicalTrials.gov).

BOOK REVIEW

A Book Review includes bibliographic details of the publication (authors, original title, publisher, place, and year of publication), a brief summary, and critical comments on the content, style, and significance of the book in the relevant field. The manuscript must not exceed 2 pages.

SCIENTIFIC MEETING REPORT

A Scientific Meeting Report presents the activities of a scientific or professional meeting, highlighting the most important presentations, conclusions, or recommendations relevant to the wider readership of VSP.

MANUSCRIPT LENGTH

A complete manuscript consists of: title page, abstracts in Serbian and English with keywords, main text, acknowledgements (if applicable), reference list, and supplementary material (tables, figures, charts, diagrams, drawings).

For Original Article, General (Narrative) Literature Review, Systematic Literature Review, Meta-Analysis, and Systematic Literature Review with Meta-Analysis, the manuscript length may not exceed 5,000 words.

For Mini-Review, Preliminary Report, Short Report, Case Report, Case Series, Current Topic, Clinical Research, and History of Medicine/Stomatology/Pharmacy, the manuscript length may not exceed 3,000 words.

Manuscripts in other categories/sections may have a maximum of 1,500 words.

MANUSCRIPT PREPARATION

TITLE PAGE

The first page of the manuscript should include the following:

- Title of the manuscript without abbreviations;
- Full names of all authors (without academic titles, but with ORCID numbers included for those who have them) with symbols assigned in the following order: *, †, ‡, §, ||, ¶, **, ††... etc.;
- Full official names of the institutions where the authors work, including city and country of the institution (the symbols *, †, ‡, §, ||, ¶, **, ††... etc. correspond to the institutions of each author);
- At the bottom of the page, provide the name and surname, postal address, email address, and phone number (mobile/Viber or WhatsApp) of the author responsible for correspondence.

ABSTRACT

The abstract and keywords should be provided on the second page of the manuscript. The abstract should be written in short and clear sentences. For the

categories Original Article, Preliminary Report, Short Report, Systematic Literature Review, Systematic Literature Review with Meta-Analysis, Meta-Analysis, and Clinical Research, the abstract must be structured and include the following sections: Introduction/Aim, Methods, Results, Conclusion. Each section should be written as a separate paragraph beginning with a bolded heading. The most important results should be presented, including numerical values and the level of statistical significance. The conclusion must be directly related to the study results. The abstract must not exceed 300 words.

For the categories Case Report and Case Series, the abstract should have the following structure: Introduction (with the aim stated in the last sentence), Case Report, Conclusion. Each section should be written as a separate paragraph beginning with a bolded heading. The abstract must not exceed 250 words.

For all other manuscript categories: General (Narrative) Literature Review, Mini Review, Current Topic, In Focus, and History of Medicine/Stomatology/Pharmacy, the abstract is unstructured and must not exceed 200 words.

Care should be taken in ensuring that the Serbian and English versions of the abstract are accurate and precise translations of each other. No sentence may appear in one version without being translated into the other.

KEYWORDS

Below the abstract, list five to seven relevant keywords or phrases that indicate the content of the manuscript. It is recommended to avoid repeating words from the title of the paper. When selecting keywords, use Medical Subject Headings (MeSH) (<https://www.nlm.nih.gov/mesh/meshhome.html>).

STRUCTURE OF THE MAIN TEXT

Original Articles, Preliminary Reports, Short Reports, Meta-Analyses, Systematic Literature Review, Systematic Literature Reviews with Meta-Analysis, and Clinical Research papers must include the following sections: Introduction (a brief overview of the research topic, with the study aim stated in the final paragraph); Methods (a precise description of participant selection and applied methods, including statistical methods, and the approval number of the competent Ethics Committee); Results (presented in a logical order, without duplicating the same results in multiple forms); Discussion (without repeating data already presented in the Results section; only the obtained findings should be discussed, placing them in the context of other relevant studies; the discussion and conclusions should be linked to the study aims, and study limitations should be highlighted if necessary); Conclusion (derived directly from the study results); Acknowledgements (if applicable); References.

Manuscripts in the categories General (Narrative) Literature Review, Mini-Review, Current Topic, and In Focus should contain the following sections: Introduction (with appropriate subheadings), Conclusion, and References.

Manuscripts in the categories Case Report and Case Series should include the following sections: Introduction (the aim of the paper should be stated in the final paragraph of the Introduction), Case Report (the patient's identity must remain anonymous), Discussion, and References.

A Case Report must not have more than five authors.

QUESTIONNAIRES

All questionnaires used as measurement instruments for any of the investigated parameters must be translated into the language spoken by the study participants, with evidence provided of their validation and cultural adaptation to the participants' setting.

TABLES AND FIGURES

Tables and figures, the number of which should be appropriate to the length of the text, should be placed at the end of the main manuscript text, after the References. The exact position of each item should be clearly indicated in the text. The final placement of tables and figures will be determined during manuscript preparation for publication.

Tables

The title should be placed above the table, and explanations (the legend) below it. Tables should be numbered with Arabic numerals in the order in which they appear in the text. Tables must be created exclusively in the Microsoft Word program using the menu Table-Insert-Table, with the exact number of rows and columns defined. Use Times New Roman font, 12-point size, single spacing. Tables must be clear and include all elements necessary for the proper interpretation of the data presented. If the displayed values have ranges or reference values, these must be specified.

In the legend below the table, all abbreviations used in the table and all symbols (e.g., superscript letters or bolded values) must be explained. In addition, the applied statistical methods must be clearly specified.

Figures (Illustrations)

Figures include all forms of graphical material (photographs, drawings, diagrams, and graphs). Figures should be embedded in the manuscript at the end of the text, after the References and after the Tables (if any). Figures should be numbered with Arabic numerals in the order in which they appear in the text. Capital letters A, B, C, etc., should be used to designate parts of multipart figures. Letters, numbers, and symbols must be clear, consistent, and of sufficient size to remain legible after reduction. All elements shown in figures must be saved as images (not as editable graphic objects) so that their position cannot be altered, ensuring the accuracy of the data presented. Only digital images with a minimum resolution of 300 dpi and in JPEG, PNG, or PDF format are accepted. Figures that do not meet these requirements will not be accepted for publication. The dimensions of submitted figures should be approximately the same as the dimensions at which they will be published. If authors are unable to provide digital photographs, original images should be scanned at a resolution of 300 dpi and at their original size and submitted in that form. All text in diagrams and graphs should be written in a sans-serif font for

better readability (e.g., Arial, Helvetica), with a font size of no less than 10 pt. Measurement units and scales must be clearly indicated. Decimal numbers in graphs must be presented with a decimal point, and thousands should be separated by a comma (e.g., 1,234.56).

Video supplements (illustrations of the manuscript) may last 1–3 minutes and should be submitted in AVI or MP4 (FLV) format. A separate still image representing the video (video thumbnail) must also be provided for use in the electronic edition and publication in the printed edition, along with a link to the platform where the video is already hosted.

In the legend below each illustration, all abbreviations, symbols, numbers, or letters used to explain individual parts of the figure must be defined. For graphs, the applied statistical methods should be specified where appropriate; for photomicrographs, details of the staining method and magnification must be provided.

If photographs of persons (patients) are presented, the face must be blurred or written consent must be obtained from the person depicted. In imaging materials (X-rays, CT scans, ultrasound images, etc.), all information that could identify the patient must be removed. If a figure has been previously published, the source must be cited, and written permission must be obtained if the material is protected by copyright.

ABBREVIATIONS

Abbreviations should be used only when necessary, primarily for very long names of chemical compounds or for terms that are already widely recognized in abbreviated form (e.g., DNA). For each abbreviation—except standard units of measurement—the full term must be given at its first occurrence in the text (including the abstract). The use of abbreviations should be avoided in the title and abstract; in the title, abbreviations should be used only if absolutely necessary. For terms mentioned more than 3 times in the text, introducing appropriate abbreviations is recommended.

DECIMAL NUMBERS

In manuscripts written in English, decimal numbers should be written with a decimal point (e.g., 22.7), whereas in manuscripts written in Serbian, a comma should be used (e.g., 22,7). Whenever possible, numbers should be rounded to one decimal place and reported consistently throughout the manuscript (e.g., if one value is 32.2, all others should also be rounded to one decimal place, e.g., 32.0).

UNITS OF MEASUREMENT

Length, height, weight, and volume should be expressed in metric units (meter – m, kilogram (gram) – kg (g), liter – L) or their subunits. Temperature should be expressed in degrees Celsius (°C), and blood pressure in millimeters of mercury (mm Hg). Results of clinical and biochemical measurements should be reported in metric units according to the International System of Units (SI).

ACKNOWLEDGEMENTS

The contributions of individuals who should be acknowledged but do not meet the criteria for authorship should be stated. Financial support (sponsorships, grants, equipment, etc.) should be disclosed, as well as the name of the project within which the research was conducted.

STATISTICAL ANALYSIS

In the Methods section, the applied statistical methods should be described in sufficient detail to allow verification of their correct use and reproduction of the analysis. Results must be presented numerically and clearly, with appropriate measures of variability and reliability (e.g., standard deviation, standard error, confidence interval). The type of study should be specified, and the manner in which it was conducted should be described. Inclusion and exclusion criteria must be stated. The software and the version of the computer program used for statistical data analysis should be reported. In the Results section, as well as in the legends of tables and/or figures, the statistical method used to analyze the presented results must be indicated. The *p* values should always be written with a leading zero (e.g., *p* > 0.05, not *p* > .05).

REFERENCES

References should be numbered with Arabic numerals according to the order of their first appearance in the text (including tables and figure legends). It is recommended that the majority of cited references be published within the last ten years. At least 80% of the cited references should be original research articles, while books, book chapters, and review articles should account for no more than 20% of the total number of references. All references, regardless of the language of the original source, must be cited in English, with the original language indicated in parentheses after the reference.

All data on the references must be accurate, and the cited works should be easily accessible to readers. A DOI number must be provided for each reference. Citation of articles published in journals indexed in Current Contents, Index Medicus (MEDLINE), Excerpta Medica, Scopus, and Web of Science is recommended.

Citation of abstracts, secondary publications, oral communications, unpublished works, official or confidential documents, Wikipedia, preprints and in press articles, retracted articles, and articles published in predatory journals is not permitted.

When citing websites, the homepage must not be cited; instead, the specific webpage from which the information was obtained must be referenced. Each cited reference must be available for online verification. If a reference is not available online (e.g., archival material), the author must provide the source from which the cited material was obtained, or submit a photographed or scanned copy of the document by emailing it to: strliteratura@gmail.com.

References should be formatted according to the Vancouver style established by the ICMJE (https://connect.ebsco.com/s/article/Citing-Articles-in-Vancouver-ICMJE-Style?language=en_US).

Citation examples:**Article with 1 to 6 authors**

Nikolić A, Biočanin V, Rančić N, Dušpara M, Đurić D. Serbian translation and validation of the SF-36 for the assessment of quality of life in patients with diagnosed arterial hypertension. *EABR Exp Appl Biomed Res* 2023; 24(3): 227–34. DOI: 10.2478/sjecr-2020-0073

Article with more than 6 authors

Kapur VK, Auckley DH, Chowdhuri S, Kuhlmann DC, Mehra R, Ramar K, et al. Clinical Practice Guideline for Diagnostic Testing for Adult Obstructive Sleep Apnea: An American Academy of Sleep Medicine Clinical Practice Guideline. *J Clin Sleep Med* 2017; 13(3): 479–504. DOI: 10.5664/jcsm.6506

Volume with a Supplement

Smith JA, Brown LM. Effects of vitamin D on immune response. *J Nutr Sci* 2024; 15(Suppl 2): S45–53.

Issue with a Supplement

Zhou Q, Shi R, Kopjar B, Wang H, Chen D, Li H, et al. Adjacent Intervertebral Disc Changes in Patients with Isobar Semirigid Dynamic Stabilization System. *Global Spine J* 2017; 4(1 Suppl): s-0034-1376699.

Volume with Part (Pt)

Ozben T, Nacitarhan S, Tuncer N. Plasma and urine sialic acid in non-insulin dependent diabetes mellitus. *Ann Clin Biochem* 1995; 32(Pt 3): 303–6.

Issue with Part (Pt)

Poole GH, Mills SM. One hundred consecutive cases of flap lacerations of the leg in ageing patients. *N Z Med J* 1994; 107(986 Pt 1): 377–8.

Issue with no Volume

Turan I, Wredmark T, Fellander-Tsai L. Arthroscopic ankle arthrodesis in rheumatoid arthritis. *Clin Orthop* 1995; (320): 110–4.

No Volume or Issue

Browell DA, Lennard TW. Immunologic status of the cancer patient and the effects of blood transfusion on antitumor responses. *Curr Opin Gen Surg* 1993; 325–33.

Pagination with Roman numerals

Fisher GA, Sikic BI. Drug resistance in clinical oncology and hematology. Introduction. *Hematol Oncol Clin North Am* 1995; 9(2): xi–xii.

Book**Printed Book**

Ritter JM, Flower RJ, Henderson G, Loke YK, MacEwan D, Robinson E, et al. Rang & Dale's Pharmacology. 10th ed. London: Elsevier; 2023. p. 3630.

Book in electronic format

Shreeve DF. Reactive attachment disorder: a case-based approach [Internet]. New York: Springer; 2012 [cited 2012 Nov 2]. 85 p. Available from: <http://dx.doi.org/10.1007/978-1-4614-1647-0>

Chapter**In an edited book**

Metcalfe CS, Smith MD, Wilcox KS. Pharmacotherapy of the Epilepsies. In: Brunton LL, Knollmann BC, editors. Goodman & Gilman's The pharmacological basis of therapeutics. 14th ed. NY: McGrawHill; 2023. p. 385–411.

In an edited electronic (online) book

Halpen-Felsher BL, Morrell HE. Preventing and reducing tobacco use. In: Berlan ED, Bravender T, editors. Adolescent medicine today: a guide to caring for the adolescent patient [Internet]. Singapore: World Scientific Publishing Co.; 2012 [cited 2012 Nov 3]. Chapter 18. Available from: http://www.worldscientific.com/doi/pdf/10.1142/9789814324496_0018

Website**Homepage**

Diabetes Australia. Diabetes globally [Internet]. Canberra ACT: Diabetes Australia; 2012 [updated 2012 June 15; cited 2012 Nov 2]. 85 p. Available from: <http://www.diabetesaustralia.com.au/en/Understanding-Diabetes/Diabetes-Globally/>

Part of a website

Australian Medical Association [Internet]. Barton ACT: AMA; c1995-2012. Junior doctors and medical students call for urgent solution to medical training crisis; 2012 Oct 22 [cited 2012 Nov 2]; [about 3 screens]. Available from: <https://ama.com.au/media/junior-doctors-and-medical-students-call-urgent-solution-medical-training-crisis>

Conference Proceedings

Kimura J, Shibasaki H, editors. Recent advances in clinical neurophysiology. Proceedings of the 10th International Congress of EMG and Clinical Neurophysiology; 1995 Oct 15–19; Kyoto, Japan. Amsterdam: Elsevier; 1996.

Article from Conference Proceedings

Bengtsson S, Solheim BG. Enforcement of data protection, privacy and security in medical informatics. In: Lun KC, Degoulet P, Piemme TE, Rienhoff O, editors. MEDINFO 92. Proceedings of the 7th World Congress on Medical Informatics; 1992 Sep 6–10; Geneva, Switzerland. Amsterdam: North-Holland; 1992. p. 1561–5.

Dissertation

Knežević D. The importance of decontamination as an element of complex therapy of poisoning with organophosphorous compounds [Ph.D. Thesis]. Belgrade: School of Veterinary Medicine; 1988. (Serbian)

Other published articles**News article**

Vujadinović J. The inconsistency between federal and republican regulation about pharmacies. In between double standards. *Borba* 2002 February 28; p. 5. (Serbian)

Holy Bible

Serbian Bible. Belgrade: British and Foreign Biblical Society; 1981. Book of Isaiah 2: 19–22. (Serbian)

Dictionaries and similar references

Kostić AD. Multilingual Medical Dictionary. 4th Ed. Belgrade: Nolit; 1976. Erythrophobia; p. 173–4.

Other examples of citing publications can be seen at https://www.nlm.nih.gov/bsd/uniform_requirements.html

ARTICLE PUBLICATION FEES

The publication fee is to be paid after the manuscript has been accepted for publication. Decision on accepting the manuscript must be confirmed at a VSP Editorial Board meeting. Manuscripts for which the fee has not been paid will not be published.

Payment of the fee does not guarantee that the manuscript will be published in VSP.

All authors are required to pay the Article Processing Charge to cover the costs of language editing, as well as professional and technical processing of the manuscript, and its publication. Domestic authors pay 5,000 RSD, and international authors pay 150 EUR.

Institutional subscription (10,000 RSD) applies only to institutions that wish to receive physical copies of the journal's monthly issues. In the year the subscription is paid, authors can submit an unlimited number of manuscripts to VSP.

Copies of the payment receipt must be sent to stlitteratura@gmail.com for record-keeping.

The following are exempt from the subscription fee: VSP reviewers (a manuscript ID or title of the reviewed paper must be provided), doctoral students (with proof of enrollment in the current academic year), and editors. The Editorial Board reserves the right to reduce or waive the subscription fee upon a justified request from the author.

For any additional information, you can contact the addresses and phone numbers listed below.

Vojnosanitetski pregled Editorial Office

17 Crnotravska St

11 000 Belgrade

Serbia

Phone number: (+381 11) 3608-997

E-mail: vsp@vma.mod.gov.rs

E-mail for subscription information: stlitteratura@gmail.com

Website: www.vsp.mod.gov.rs

ISSN 0042-8450

ISSN Online 2406-0720 OPEN ACCESS