

## 1. General Affairs

Acta Médica Colombiana, the journal of the Asociación Colombiana de Medicina Interna, is a peer-reviewed periodical scientific publication which publishes articles related to internal medicine and medicine in general, following approval by the Editorial Committee and after an independent academic peer review process. Acta Médica Colombiana is a digital, bilingual (Spanish/English) continuous publication which is numbered by volumes (one per year) and numbers (one per quarter). Each article is also identified by a Digital Object Identifier (DOI).

Acta Médica Colombiana signed the Recommendations for the Conduct, Reporting, Editing and Publication of Scholarly Work in Medical Journals agreement of the International Committee of Medical Journal Editors (ICMJE), and recommends that its authors review this document in Acta Med Colomb 2015; 40:138-157 as a guide for preparing their manuscript prior to submitting it for evaluation and possible publication.

### 1.1 Research on Human Subjects

Acta Médica Colombiana requires that all research involving human subjects strictly adheres to the Ethical Principles for Medical Research Involving Human Subjects established by the World Medical Association in its Declaration of Helsinki (<https://www.wma.net/es/que-hacemos/etica-medica/declaracion-de-helsinki/>). Acta Médica Colombiana also requires that any research on human subjects be previously approved by the Research Ethics Committee of the institution where the study is carried out.

### 1.2. Prospective Clinical Trial Registration

Acta Médica Colombiana recognizes the importance of the World Health Organization (WHO) and ICMJE initiatives with regard to free access to clinical research information and adheres to the policies of these two organisms regarding clinical trial registration.

Consequently, studies in which people or groups of people are prospectively assigned to one or more health-related interventions, to evaluate the health effects of these interventions, will only be accepted for publication if, before including the first person in the study, the research protocol has been registered in one of the Clinical Trials Registries recommended by the World Health Organization (WHO) and the ICMJE.

The health interventions referred to in the previous paragraph include medications, surgical procedures, devices, behavioral treatments, diets and care process modifications. The health effects include all biomedical measurements or those related to health obtained from the patients or research participants, including pharmacokinetic measurements and adverse events.

This requirement only applies to research that involves the prospective assessment of interventions; non-prospective research, and, in general, purely observational studies (studies of cases and controls, cross-sectional studies, case reports) do not need to be registered. If a researcher has questions regarding whether his/her study, due to its special characteristics, needs to be registered, it is better to register it.

The WHO and ICMJE-approved clinical trial registry sites are: [www.anzctr.org.au](http://www.anzctr.org.au), [www.clinicaltrials.gov](http://www.clinicaltrials.gov), [www.ISRCTN.org](http://www.ISRCTN.org), <http://www.umin.ac.jp/ctr/index.htm>, [www.trialregister.nl](http://www.trialregister.nl) and all the sites included in WHO's International Clinical Trials Registry Platform (ICTRP) (<http://www.who.int/ictrp/network/es/>).

Each study should only be registered once in any of the registries, regardless of the country in which the study is being carried out or the country to which the registry belongs, as the Clinical Trials Registries are internationally valid.

## 1.3. Animal Experiments

When reporting studies performed on test animals, the authors must clearly report which guideline (institutional or national) they followed for the care, protection and use of laboratory animals. This guideline on animal research should be aligned with the principles established in International Guiding Principles for Biomedical Research Involving Animals (available at: <https://issuu.com/aaalac/docs/igp2012/2>) of the Council for International Organizations of Medical Sciences (CIOMS), a joint WHO and UNESCO organization. Nevertheless, Colombian researchers should remember that, in Colombia, Law 1774 of 2016, which states that animals are sentient beings and not things, is in force (available at <http://es.presidencia.gov.co/normativa/normativa/LEY%201774%20DEL%206%20DE%20ENERO%20DE%202016.pdf>). This law partially modifies Law 84 from December 27, 1989, in which the National Congress adopted the Estatuto Nacional de Protección de los Animales [National Statute for the Protection of Animals], which in Chapter VI refers to the use of live animals in experiments and research (available at <https://www.alcaldiabogota.gov.co/sisjur/normas/Normal.jsp?i=8242>). Furthermore, this last law is still in force with regard to research on test animals, along with the Ministry of Health's Resolution N° 008430 of October 4, 1993, through which the Normas Científicas, Técnicas y Administrativas para la Investigación en Salud [Scientific, Technical and Administrative Norms for Health Research] are established, referring explicitly in Section V to Biomedical Research in Animals (available at <https://www.minsalud.gov.co/sites/rid/Lists/BibliotecaDigital/RIDE/DE/DIJ/RESOLUCION-8430-DE-1993.PDF>).

## 1.4. Authorship

As established in Recommendations for the Conduct, Reporting, Editing and Publication of Scholarly Work in Medical Journals, only those who have made substantial contributions to the concept and design, data analysis and interpretation or critical review of an essential part of the scholarly content of a paper may be considered to be authors. "Courtesy authorship" is unacceptable. The contribution of samples or patient recruitment, for example, although essential for the research, do not in and of themselves constitute authorship and a mention in the acknowledgments is sufficient for this type of contribution (see further on).

The manuscript should be accompanied by the Author Responsibility document signed by all the authors, in which they clearly state that the complete text, tables and figures are a product of their work, that this work took place in the manner described in the manuscript and that they have all read and approved the final manuscript and, consequently, they are all responsible for its content.

Acta Médica Colombiana presupposes that the content of the manuscript is true. In the event of fictitious research, plagiarism or any other type of research fraud, Acta Médica Colombiana will return the manuscript to the institution to which the authors belong, not to the authors, in order for this institution to carry out any necessary investigation and take appropriate action. If the article has already been published when the fraud is discovered, Acta Médica Colombiana will publicly demand that the authors retract the manuscript and will request that the institution to which they belong carry out the pertinent inquiries and take appropriate action.

## 1.5. Artificial intelligence assistance

Acta Médica Colombiana adheres to all the International Committee of Medical Journal Editors (ICMJE) guidelines on the use of artificial intelligence (AI) tools for writing scientific articles, according to the April 2025 update of its Recommendations for the Conduct, Reporting,

Editing and Publication of Scholarly Work in Medical Journals (<https://www.icmje.org/icmje-recommendations.pdf>).

Therefore, authors must explicitly declare whether they used any type of AI assisted technology in preparing their work, either through large language models (like ChatGPT, DeepSeek, Jenni, LLaMa2, and Claude, among others), chatbots or image generators.

This declaration must specify the type of assistance received and the way in which the tool was used. If AI was only used to refine the text or improve its clarity and readability (known as AI “assistance”), this collaboration should be recorded in the Acknowledgements section. On the other hand, if it was used for tasks like data collection or analysis, figure generation or the creation of original content (“generative” AI), the Methods section must include a detailed description of the way in which these tools were employed, specifying the name, version and purpose of each, as well as the commands or prompts used. This level of detail will allow the reviewers and readers to understand which parts of the manuscript were AI-assisted and properly contextualize the results presented.

Since AI tools cannot assume any responsibility for the accuracy, integrity, or originality of a scientific paper (essential requirements for authorship according to Section 1.4), under no circumstances can they be recognized as authors. The signatory researchers are solely responsible for the content of the manuscript as well as any material created with AI support.

Thus, the authors must carefully review and edit all AI-generated or -modified material, as these technologies can produce apparently credible but inaccurate, incomplete, biased or even false information (“hallucinations”). Likewise, in line with the principle of proper attribution and content originality (whether text, citations, figures or tables), the authors must ensure that there is no plagiarism in their own work or in the AI-assisted segments.

## 1.6. Exclusivity

Any manuscript sent to Acta Médica Colombiana must be unpublished; that is, neither its content nor part of it or of its essence, tables or figures may have been published or be in the process of being published in another journal, nor may they have been publicly disseminated through other means of communication, be they written, spoken, audiovisual, electromagnetic or global communication networks such as internet. The restrictions mentioned in the previous paragraph do not apply to abstracts published for scientific meetings nor to the summary of results required by some mandatory clinical trial registry sites such as ClinicalTrials.gov.

In some cases (for example to warn of a public health risk), upon agreement with the Editor, public dissemination of the data contained in the manuscript may be allowed prior to its publication in Acta Médica Colombiana.

Acta Médica Colombiana has adopted the CC-BY-SA 4.0 license (see <https://creativecommons.org/licenses/by-sa/4.0/deed.es>) which allows authors to keep the rights to their articles published by the journal and the authority to freely distribute them as long as they are in the format in which they were published in the journal, and the journal is cited as the original publication source.

## 1.7. Declaration of funding sources and possible conflicts of interest

When submitting an article for publication, the authors should use the journal’s editorial management system to describe the study’s funding sources (whether scholarships, grants, administrative assistance, equipment, computer software, reagents, medications, etc.), together with the name of the donating universities, institutions and businesses (both public and private).

Acta Médica Colombiana considers conflicts of interest to be situations in which the ability to judge a given issue of interest is influenced by an interest in other matters. Acta Médica Colombiana does not consider conflicts of interest to be perverse, per se, but there must be a safeguard of the scientific community’s right to freely judge whether, considering all the extra-scientific facts which influence the production of knowledge, a manuscript constitutes a contribution to scientific knowledge or is, rather, publicity disguised as science. Therefore, the declaration of conflicts of interest never results in a manuscript being rejected for publishing in Acta Médica Colombiana. On the contrary, withholding these conflicts of interest will result in an unappealable rejection of the manuscript or a request for its retraction if it has already been published.

As part of the same process, each author must declare if, with regard to the manuscript that he/she is submitting, he/she has received scholarships, consulting fees, fees for reviewing the data or for the statistical analysis of the study, fees for writing or reviewing the manuscript or support for travel to research-related meetings from pharmaceutical companies or other sponsors. Each author must also declare, separately, financial activities related to pharmaceutical companies or other companies which, although not directly related to the submitted manuscript, could constitute a conflict of interest: employment, consultancy, membership on the board of directors, participation in expert witnessing, fees for conferences (including services for speaker agencies), fees for preparing manuscripts, fees for developing continuing education programs, scholarships, patents (including those planned or pending), stock market shares, trips, hotels and expenses for academic meetings or others (on the declaration of conflicts of interest it is always best to err on the side of caution).

## 1.8. Responsibility

The author or authors bear the full responsibility for the content of the manuscript. Acta Médica Colombiana does not accept any responsibility for the ideas presented by the authors and, likewise, is not responsible for the instructions or dosing schemes proposed by them with regard to medications or therapeutic devices, nor for the adverse reactions which may result from their use.

## 1.9. Peer review

Acta Médica Colombiana guarantees that peer review is absolutely confidential: the peers do not know the name of the manuscript authors nor may the authors know who their peers were. Each manuscript submitted for possible publication will be evaluated by at least two peers who are experts on the subject in question. In the event the peers have conflicting opinions regarding the publication of the manuscript, a review by a third peer will be requested.

## 2. Types of Manuscripts

Acta Médica Colombiana publishes different manuscript formats:

**2.1. Editorials:** always undertaken by the Editor or by the Editorial Committee’s express request.

**2.2. Original papers:** scientific reports of the results of original clinical studies.

**2.3. Systematic Reviews of the Literature and Meta-analysis:** systematic reviews of the literature or meta-analyses of a specific topic. Narrative reviews are not accepted.

**2.4. Medical Education and Practice:** opinions or presentations which treat educational or practice aspects of medicine.

**2.5. Correlación Clínico-Patológica:** publicación de uno de los casos clínicos de la ACMI presentados en el trimestre, a elección del Comité Editorial.

**2.6 Case Presentations:** papers aimed at describing one or more cases which the author considers to be of special interest.

**2.7. Internal Medicine Images:** classic, striking or unusual images of conditions or diseases seen by the internist.

**2.8. Foros y Consensos:** Si se trata de un artículo con relación al resultado de las opiniones o ponencias realizadas por un grupo de expertos, avalado por Sociedades Científicas o por grupos de investigación, previa aprobación del Comité Editorial.

**2.9. Letters to the Editor:** brief comments about some paper published in Acta Médica Colombiana.

After the initial review by the Editorial Committee, the Original Papers, Systematic Review of the Literature, Meta-analysis and Case Presentation manuscripts will be submitted to peer review. Medical Education and Practice, Internal Medicine Images and Letters to the Editor will only be reviewed by the Editorial Committee.

### 3. Manuscript Presentation

Acta Médica Colombiana uses Open Journal Systems (<http://pkp.sfu.ca/ojs>) for its editorial processes, and therefore the manuscripts must be sent through the [www.actamedicacolombiana.com](http://www.actamedicacolombiana.com) web page on the send an article link (<http://actamedicacolombiana.com/ojs/index.php/actamed/login>). This link allows the author, after a simple registration process, to directly enter the editorial management system and follow the required steps for submitting the manuscript. The author should keep a copy of all the material submitted.

Manuscripts should be sent in Word or Pages format, with double-spaced letter size pages, 4 cm top and left margins and 3 cm bottom and right margins, left-justified margins and consecutively numbered pages beginning with the title page.

Under no circumstances should patients' names, initials, medical record numbers or personally identifiable information, in general, be mentioned.

All measurements, both in the text as well as in tables and figures, should be expressed in International System of Units measurement units (<http://www.actamedicacolombiana.com/cont.php?id=11&id2=58>). If conventional measurement units are used, these should be converted to International System of Units units, leaving the value in conventional units in parentheses, together with the abbreviation of the given unit.

The use of acronyms or abbreviations is not recommended (except for measurement units). If abbreviations, initials or acronyms are used, they should be preceded by the complete term from which they are derived, on their first use in the text.

Whenever substances with pharmacological effects are mentioned, their generic name should be used. Only in cases where the research is precisely on the differences between different registered trademarks of the same substance, or between substances with a registered trademark and their generic version, may the trade name be used. In these cases, when the substance is first named in materials and methods, the generic name should be used first, with the trade name and manufacturer in parentheses afterward.

The manuscript presentation should maintain the following sequence:

1. Title page
2. Structured summary
3. Key words
4. Text of the paper
5. Acknowledgements
6. References
7. Tables
8. Figures
9. Figure captions

### 3.1. Title

The title page should include:

A title for the scientific article which, in a maximum of 75 characters, conveys its content.

The authors' names along with their academic titles and the name of the institution or institutions to which they belong, as well as their ORCID iD.

The name, mailing address, telephone number and email of the author responsible for corresponding with Acta Médica Colombiana (corresponding author).

### 3.2. Summary

The summary, which shall not exceed 250 words, must be structured, adhering to the norms established in Resúmenes Más Informativos [More Informative Summaries] (<http://www.actamedicacolombiana.com/cont.php?id=11&id2=57>).

For research articles, the structured summary should include: the objective, design, reference framework, patients or participants, interventions, measurements, results and conclusions. If the research article is a randomized controlled trial, the clinical study's registry number should be included at the end of the summary.

For reviews of the literature or meta-analyses, the structured summary should include: the purpose of the review, data collection source, study selection, extraction and synthesis of the data and conclusions.

For Medical Education and Practice or Case Presentation articles, the summary may be unstructured, with a maximum of 150 words.

### 3.3. Key Words

The Key Words are at least five English terms, with their respective Spanish translations, based on the Medical Subject Headings (MeSH) of the National Library of Medicine (<https://www.nlm.nih.gov/mesh/MBrowser.html>), which express the content of the paper, are useful for its subsequent indexation and make it easily locatable using electronic browsers.

### 3.4. Text

#### 3.4.1. Original papers

For **Original Papers**, the text of the manuscript should include, clearly and concisely: introduction, materials and methods, results and discussion.

**3.4.1.1. The Introduction should** give the reader a clear but summarized idea of the background and importance of the problem to be discussed: What is known? What is not known? What does the present research intend to learn? In response to this final question, both the primary and secondary research objectives should be clearly established, without including research data or conclusions.

**3.4.1.2. The Materials and Methods section** describes the information which was available when the research protocol and work plan were defined, without including any of the data obtained in the course of the study (these data are part of the results section). Adhering to the 25 items on the CONSORT format checklist helps to avoid forgetting any step in the drafting of this type of manuscript ([http://www.consort-statement.org/Media/Default/Downloads/CONSORT%202010%20Statement/CONSORT%202010%20Statement%20\(BMJ\).pdf](http://www.consort-statement.org/Media/Default/Downloads/CONSORT%202010%20Statement/CONSORT%202010%20Statement%20(BMJ).pdf)).

The study subjects should be clearly described: a given population observed in such a way, a population sample obtained in such a way with a control group obtained in this other way, bacterial colonies cultured under these conditions, etc.; always describing the inclusion and exclusion criteria.

For randomized trials, the manuscript should include a **flowchart in Materials and Methods** showing how many patients were evaluated for eligibility, how many were excluded and why they were excluded (how

many did not fulfill the inclusion criteria, how many refused to participate, etc.), how many were randomized, how they were assigned to each of the intervention groups, how many were lost to follow-up, etc. This flowchart should adhere to the CONSORT format available at <http://www.consort-statement.org/consort-statement/flow-diagram>.

The instruments used to study these subjects or to intervene in them should also be described, annexing the necessary bibliographic references so that anyone who wishes to do so can replicate the study. The instruments may be technological (imaging equipment, measuring instruments, therapeutic devices, etc.), including the manufacturer's name and address in parentheses), chemical substances (whether used as reagents or as drugs, identifying them precisely with their generic name, dose and route of administration) or theoretical instruments (statistical methods, treatment algorithms, qualitative assessment questionnaires, etc.).

The statistical methods should be described in enough detail that the readers who wish to do so and have access to the data may verify the results.

**3.4.1.3. The Results section** describes the research findings in a sequential and logical way, with the help of tables and illustrations, emphasizing the most important findings and without repeating in the tables or illustrations what was already said in the text.

**3.4.1.4. The Discussion section** should answer the following questions: What new knowledge is derived from this research? How do these findings correlate with the best available evidence from other studies with similar characteristics? How can the differences between this study and other similar studies be explained? What limitations could this study have? What points are left unresolved? What new research could shed light on the problems posed by this study?

### **3.4.2. Case Presentations**

**Case Presentations** should include an Introduction, Case Presentation and Discussion, and should not exceed 2,500 words, including the references. They should also not contain more than two tables and three images or figures. Adherence to the 13 CARE format checklist items will help avoid forgetting any steps in the drafting of this type of manuscript (<https://www.care-statement.org/resources/checklist>).

**3.4.2.1. The Introduction** should provide a brief summary of the importance of the case to be discussed, whether from a diagnostic, therapeutic, epidemiological, etc. point of view.

**3.4.2.2. The Case Presentation** should summarize the patient or patients' medical history, emphasizing the points in the diagnostic process or therapeutic approach which the authors wish to highlight.

**3.4.2.3. The Discussion** should in no way become a topic review, but should rather answer the following questions: What can we learn from this case? How do the findings in this case correlate with the best available evidence in the literature in cases with similar characteristics? How could the differences between this case and other descriptions of similar cases be explained? What limitations could the diagnostic study or therapeutic approach have had in this case? What points remain unresolved? What new research could shed light on the problems raised by this case?

### **3.4.3. Systematic Review of the Literature or Meta-Analysis**

**Systematic Reviews of the Literature or Meta-Analyses** should include the Introduction, Data Collection, Results and Discussion. Adherence to the 25 items on the PRISMA format checklist will help avoid forgetting any of the steps in the drafting of this type of manuscript (<https://www.bmj.com/content/339/bmj.b2700>).

**3.4.3.1. The Introduction** should state the primary objective of the review article or meta-analysis: What is known about the topic to be discussed? What is not known? What does the present study intend to

investigate? In response to this last question, both the primary and secondary research objectives should be clearly established.

**3.4.3.2. Data Collection** should describe the data sources which were researched (research archives, electronic databases, etc.), including the key words used in the searches, the dates included and the restrictions.

The total number of studies obtained in the search should also be stated, along with the criteria used to select from these the studies which were ultimately included in the review or meta-analysis.

Finally, the parameters used for summarizing the data obtained from the selected studies, as well as the methods used for applying these guidelines, should be stated.

**3.4.3.3. The Results** should describe the main data yielded by the review or meta-analysis.

**3.4.3.4. The Conclusions** should answer the following questions: What new knowledge, or what clinical applications are derived from this study? How do these findings correlate with the best available evidence from other studies with similar characteristics? How can differences between this and other similar studies be explained? What limitations could this study have? What points are left unresolved? What new research could shed light on the problems raised by this study?

### **3.4.4. Medical Education and Practice**

If the article discusses opinions or presentations regarding medical education or practice, this article belongs by rights to Medical Education and Practice, and the format is left open. However, under no circumstances will narrative reviews or clinical updates be accepted for this section.

### **3.4.5. Images in Internal Medicine**

For Images in Internal Medicine, the image (or a maximum of three images on the same topic) should be sent in a digital format adhering to the characteristics given for figures (see following). An accompanying text should also be sent in a double-spaced Word or Pages format, with the following characteristics: title (no more than 40 characters), a maximum of two authors (with each one's name, highest academic degree, the institution to which he/she belongs, address, email and telephone number) and a text explaining the image (no more than 150 words).

### **3.4.6. Letters to the Editor**

Letters to the Editor should have a maximum of 400 words and five references, including that of the Acta Médica Colombiana article which is being commented on.

### **3.4.7. Forums and Consensuses**

When it is an article related to the results of opinions or presentations by a group of experts, endorsed by Scientific Societies or research groups.

### **3.5.8. Correlación Clínico-Patológica**

Publicación de uno de los casos clínicos de la ACMI presentados en el trimestre, a elección del Comité Editorial. La guía o modelo para la elaboración y presentación del manuscrito debe ser basada en los **Case Records of the Massachusetts General Hospital** que semanalmente publica NEJM.

### **3.5. Acknowledgements**

In Acknowledgements, the names of persons or institutions who have contributed to the production of the paper may be recorded, without this contribution being considered to be part of the article's authorship (for example, contribution of samples or patient recruitment or some sort of consultancy on the statistical analysis or use of electronic equipment or devices).

### 3.6. Bibliographic References

**Bibliographic References** should be numbered according to their order of appearance in the text. References cited for the first time in tables or figure captions should maintain the sequence of those cited in the text. The journal recommends using a reference manager such as Zotero (<https://www.zotero.org>) or Mendeley (<https://www.mendeley.com/newsfeed>) for this section.

All manuscripts must include at least two references to a Colombian or Latin American article on the topic.

Personal communication or articles in progress or submitted for publication will not be accepted as references.

References must follow the citation style recommended in Recommendations for the Conduct, Reporting, Editing and Publication of Scholarly Work in Medical Journals, which is the one currently adopted by the National Library of Medicine of the United States of America and which, if in doubt, may be consulted free of charge in the electronic book Citing Medicine at <http://www.ncbi.nlm.nih.gov/bookshelf/br.fcgi?book=citmed>.

When there are six or fewer authors, they should all be cited. However, if there are seven or more, only the first six should be cited, followed by "et al.". If the author is a group, at least one person should accompany the name of the group, citing the person first. The name of the journal should be abbreviated according to the Index Medicus style recorded in the National Library of Medicine catalog (<https://www.ncbi.nlm.nih.gov/nlmcatalog/journals>). The abbreviation for Acta Médica Colombiana is: Acta Med Colomb.

#### 3.6.1. Journal articles

For journal articles, the following should be cited: last names and initials of the authors' first names, complete title of the article, abbreviated journal name, year of publication, volume, and initial and final pages. For capitalization and punctuation, follow the example:

Davidoff F, for the Council of Science Editors Task Force on Authorship. Who's the author? Problems with biomedical authorship, and some possible solutions. Science Editor. 2000;23:111-9.

#### 3.6.2. Books and Book Chapters

For Books, the following should be cited: last names and initials of the authors' first names, title of the book, edition (if it is not the first edition), translator (if it is an edition in a language other than that of the original manuscript), city, publishing house, year, and total number of pages in the book. For capitalization and punctuation, follow the example:

Hippocrates. On Ancient Medicine. Schiefsky MJ, traductor. Leiden: Brill Academic Publishers; 2005. 418 p.

#### 3.6.3. Book chapters

For book chapters, the following should be cited: last names and initials of the authors' first names, title of the chapter, authors or editors of the book, title of the book, edition (if it is not the first edition), city, publishing house, year, and initial and final pages of the cited chapter. For capitalization and punctuation, follow the example:

Van der Eijk PJ. Galen's use of the concept of 'qualified experience' in his dietetic and pharmacological works. In: Debru A, editor. Galen on pharmacology: Phylosphy, History and Medicine. Leiden: Brill Academic Publishers; 1997. p. 35-58 .

#### 3.6.4. Electronic journal articles

For electronic journal articles, the following should be cited: last names and initials of the authors' first names, title, abbreviated title of the online journal, date on which the article was accessed, and address of the web page consulted. For capitalization and punctuation, follow the example:

Davidoff F, for the Council of Science Editors Task Force on Authorship. Who's the author? Problems with biomedical authorship, and some possible solutions. Science Editor [Internet]. 2000 [citado el 3 de junio de 2011];23:111-9. Disponible en: <http://www.councilscienceeditors.org/files/scienceeditor/v23n4p111-119.pdf>

If in doubt as to how to cite other types of documents (dissertations, theses, patents, maps, laws, judicial rulings and other legal documents, videos, movies, audio, press releases, computer programs, etc.) we recommend consulting the electronic book Citing Medicine (<http://www.ncbi.nlm.nih.gov/bookshelf/br.fcgi?book=citmed>).

#### 3.7. Tables

Tables and charts are termed Tables and should be numbered using Arabic numerals according to their order of appearance in the text. Each table should be placed on a separate page, with its sequential number according to its order of appearance in the text (Table 1, Table 2, etc.). The table title should be located above the table and explanatory notes should be placed under the table. The column labels should include the symbols of the units used. If a table has been published previously, it should be accompanied by the respective permission from the original editor for reproduction in Acta Médica Colombiana and credit should be given to the original publication.

#### 3.8. Figures

Flowcharts, algorithms, histograms, statistical curves and graphs, diagrams, drawings, photographs, microphotographs, infographics and segments of electrocardiogram, electroencephalogram, electromyogram, etc. tracings, are termed Figures.

Each Figure should be placed on a separate page, numbered according to its sequential order of appearance in the text (Figure 1, Figure 2, etc.), with instructions regarding its correct positioning (for example: this side up) and, in the case of microphotographs, always including the internal measurement scales.

The Figures should be original. If a Figure has been published previously or is a modification of a previously published Figure, not only should credit be given to the original publication in the text of the manuscript, but it should also be accompanied by the respective permission from the original editor for its reproduction in Acta Médica Colombiana.

If photographs of identifiable people are used, these should be accompanied by their respective permission for publication.

#### 3.9. Figure Captions

Figure Captions should be placed on separate pages, one for each Figure, numbered according to the corresponding Figure number (Figure 1, Figure 2, etc.). The techniques, staining and magnification used should be stated at the end of microphotograph captions.