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| The name of the file with information about the author (**application for publication**) | **Separate file** with the name «Application - name of the author» |
| The name of the file that contains **the article** | **Separate file** with the name «Title of article section - name of the author» |
| Type of files | Microsoft Word 2003-2007 (doc) |
| Sheet size | А4 |
| Fields | Top and bottom - 2.5 cm, left - 3 cm, right - 1.5 cm |
| Text Alignment | By width |
| Paragraph( indent) | 1,25 см |
| Language | English |
| Review | **Separate file** with the name "Review"-scanned review with supervisor's signature in English or in Russian |
| The uniqueness of article | Article should not occur in other printed media. |

**General requirements for the articles and information about the author**

The following files should be sent as an archive RAR: «Application - name of the author", "Title of article section - name of the author", "Review".

**Application for publication**

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| Surname, Name, co-authors |  |
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**Making a title**

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| --- | --- |
| Title of article | Font -Times New Roman 20, bold ;  Text Alignment - Central |
| The authors, co-authors | Font - Arial 10 ;  Text Alignment - Central.  Name, Surname, place of study, class, faculty, city, country, email (in the sequence) |

**Summary formalization**

The summary should be after the title and before the article, consist of 4 short paragraphs:

* Background
* Methods
* Results
* Conclusion

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| Font | For headlines of paragraphs - Times New Roman 10, uppercase, bold;  For a summary of text - Times New Roman 10. |
| Colour | For headlines of paragraphs - blue;  For a summary of text - auto |
| Word limit | 300 |
| Line spacing | 1,0 |

**Article formalization**

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| The headlines of paragraphs | Introduction;  Purpose and Objectives;  Materials and Methods;  Results;  Conclusion;  References. |
| Font | For headlines of paragraphs - Times New Roman 12, uppercase, semi-bold;  For a summary of text - Times New Roman 12. |
| Colour | Auto |
| Word limit | 4000 |
| Line spacing | 1,0 |
| Tables, schemes, diagrams, illustrations | Coloured, black and white;  Embedded in the text, signed  The maximum number - 6. |
| Formulas | Must be created in the embedded equation editor of Word. |
| Making a list of references | Reference is placed at the end of the article, numbered |

**Sections:**

1. Allergy and Immunology
2. Anatomy and morphology
3. Anesthesiology
4. Biochemistry
5. Cardiology
6. Cell biology
7. Dentistry and oral diseases
8. Dermatology
9. Gastroenterology
10. Genetics
11. Geriatrics
12. Hematology
13. Infectious diseases
14. Management, marketing and finance in healthcare
15. Microbiology
16. Nephrology
17. Neurology and neurosurgery
18. Obstetrics and gynecology
19. Oncology, mammalogy and radiology
20. Ophthalmology
21. Pathophysiology
22. Pediatrics
23. Pharmacy and pharmacology
24. Physiology
25. Psychiatry
26. Public health
27. Pulmonology
28. Rheumatology
29. Surgery
30. Traumatology
31. Urology and andrology

**An example of the summary, article and references**

**Provision of No-Cost, Long-Acting Contraception and Teenage Pregnancy**

Gina M. Secura, 4th year undergraduate student, General Medicine Faculty, University of Cambridge,

Cambridge, UK

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**BACKGROUND**

The rate of teenage pregnancy in the United States is higher than in other developed nations. Teenage births result in substantial costs, including public assistance, health care costs, and income losses due to lower educational attainment and reduced earning potential.

**METHODS**

The Contraceptive CHOICE Project was a large prospective cohort study designed to promote the use of long-acting, reversible contraceptive (LARC) methods to reduce unintended pregnancy in the St. Louis region. Participants were educated about reversible contraception, with an emphasis on the benefits of LARC methods, were

provided with their choice of reversible contraception at no cost, and were followed for 2 to 3 years. We analyzed pregnancy, birth, and induced-abortion rates among teenage girls and women 15 to 19 years of age in this cohort and compared them with those observed nationally among U.S. teens in the same age group.

**INTRODUCTION**

Although it has declined substantially over the past two decades, the pregnancy rate among girls and women 15 to 19 years of age remains a stubborn public health problem.

Each year, more than 600,000 teens become pregnant, and 3 in 10 teens will become pregnant before they reach 20 years of ag.

Rates are higher among black and Hispanic teens, with 4 in 10 becoming pregnant by 20 years of age, as compared with 2 in 10 white teens.In addition to the negative health and social consequences borne by teenage mothers and their children, the national financial burden is substanti .

**REFERENCES**

1. Martin JA, Hamilton BE, Osterman MJK, Curtin SC, Mathews TJ. Births: final data for 2012. Natl Vital Stat Rep 2013;62:1-87.

2. Harper C, Callegari L, Raine T, Blum M, Darney P. Adolescent clinic visits for contraception: support from mothers, male partners and friends. Perspect Sex Reprod Health 2004;36:20-6

3. Medical eligibility criteria for contraceptive use. 3rd ed. Geneva:World Health Organization, 2004.