

**MANUSCRIPT REVIEW FORM**

**Manuscript title:**

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Please return the manuscript with your evaluation within two weeks. If you are unable to review this manuscript within this time period, please return it immediately

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**RATING:**

<b>Title of paper</b>		
Clear, concise	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Abstract</b>		
Concise, informative	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Introduction</b>		
Concise	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Focusing on problem	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Objective(s)</b>		
Clear	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Important	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Study design/methods</b>		
Design adequate Methods appropriate	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Precisely documented	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Materials</b>		
Numbers adequate Controls adequate	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Statistics</b>		
Methods appropriate	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Interpretation correct	<input type="checkbox"/> Yes	<input type="checkbox"/> No

<b>Results</b>		
All results presented	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Without bias	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> No
Without repetition	<input type="checkbox"/> Yes	
<b>Table(s)</b>		
All necessary	<input type="checkbox"/> Yes	<input type="checkbox"/> No   Delete:
Legend(s) clear	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Figure(s)</b>		
All necessary Legend(s) clear	<input type="checkbox"/> Yes	<input type="checkbox"/> No   Delete:
	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Discussion/Conclusions</b>		
Clear, concise	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Without repetition	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> No
Supported by the data	<input type="checkbox"/> Yes	
<b>Reference to previous work</b>		
Complete	<input type="checkbox"/> Yes	<input type="checkbox"/> No   Add:
Up to date Accurate	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Too many?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<input type="checkbox"/> Yes	<input type="checkbox"/> No   Delete:

**PROFESSIONAL JUDGMENT:**

<i>Concept(s) of study</i>	<input type="checkbox"/> New	<input type="checkbox"/> Confirmatory	
<i>Importance of study</i>	<input type="checkbox"/> High	<input type="checkbox"/> Moderate	<input type="checkbox"/> Low
<i>Scientific quality of study</i>	<input type="checkbox"/> High	<input type="checkbox"/> Moderate	<input type="checkbox"/> Low
<i>Writing</i>	<input type="checkbox"/> Clear, easily intelligible <input type="checkbox"/> Paper concise	<input type="checkbox"/> Needs revision <input type="checkbox"/> Should be condensed	
<i>Study within the scope of the Journal</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

**FINAL RECOMMENDATION:**

<input type="checkbox"/> Acceptable	<input type="checkbox"/> Acceptable with suggestions for revision not requiring re-review	<input type="checkbox"/> Acceptable only if adequately revised and requiring re-review	<input type="checkbox"/> Acceptable only if considerably shortened ("short communication")	<input type="checkbox"/> Reject
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**COMMENTS (Use additional pages if necessary):**

**\*SUGGESTIONS for improving the paper:**

**Date:**