

PEER REVIEW FORM

Confidential - Double-Blind Review

Manuscript ID:

Title of Manuscript:

Article Type:

Date of Review:

1. Overall Evaluation

Please provide a brief summary of the manuscript and its overall contribution to medicine or health science.

Comments:

2. Originality and Scientific Contribution

Please evaluate:

- ☐ Novelty and originality of the research.
- ☐ Contribution to existing medical or clinical knowledge.
- ☐ Relevance and adequacy of the literature review.

Comments:

3. Methodology and Scientific Quality

Please evaluate:

- ☐ Appropriateness of the study design and research methods.
- ☐ Adequacy of sampling, data collection, and outcome measures.
- ☐ Validity, reliability, and reproducibility of the methods.
- ☐ Accuracy of statistical analysis and interpretation.

Comments:

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4. Results, Discussion and Clinical Implications

Please evaluate:

- Clarity, accuracy, and significance of the findings.
- Consistency of conclusions with the reported results.
- Consideration of limitations and alternative explanations.
- Clinical, public health, or research implications.

Comments:

5. Ethical and Reporting Compliance

Please evaluate, where applicable:

- IRB/IEC approval and ethical safeguards.
- Informed consent, patient privacy, and confidentiality.
- Clinical trial registration or protocol transparency.
- Compliance with the relevant EQUATOR reporting guideline.

Comments:

6. Presentation and Organization

Please evaluate:

- Logical organization and clarity of writing.
- Quality and accuracy of tables, figures, and legends.
- Adequacy and relevance of references.
- Compliance with the journal's formatting requirements.

Comments:

7. Strengths of the Manuscript

Comments:

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8. Areas Requiring Improvement

Comments:

9. Comments to the Authors

Comments:

10. Confidential Comments to the Editor

Comments:

REVIEWER RECOMMENDATION☐ Accept Without Revision☐ Major Revisions Required☐ Formal Rejection☐ Minor Revisions Required☐ Reject and Resubmit**Justification for Recommendation****Reviewer Declaration**

I have disclosed any competing interests and maintained manuscript confidentiality.

Reviewer Name:

Signature:

Date:
