



# Journal of Sharif Medical & Dental College (JSMDC)

## Review Form for Original Research Article

Name of Reviewer: \_\_\_\_\_

Title of the Article: \_\_\_\_\_

We would appreciate it if you would please review the article as early as possible. Please keep the review confidential and information about its originality, scientific content and reliability, clinical importance, and suitability for publication in JSMDC.

### Disclosure (Please Tick)

- I have no conflict of interest in reviewing this article.  
 I will not conduct similar study on this subject until a final decision is taken by the journal about this article.  
 I will observe the confidentiality of the reviewed manuscript.

The following checklist may help you in your decision.

<b>Title:</b> Is the title clear and reflects the objectives of the work?	Yes <input type="checkbox"/> No <input type="checkbox"/> Comments (if any):
<b>Abstract:</b> Is the abstract structured? Does it contain relevant information? Are keywords (3-5) according to MeSH?	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Comments (if any):
<b>Introduction:</b> Is the subject of clinical importance? Is introduction up to date and relevant clinical importance? Is the rationale of the study written at the end of the introduction?	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Comments (if any):
<b>Methodology:</b> Are study design, setting, and duration described with clarity? Are inclusion & exclusion criteria mentioned? Is the ethical approval number is mentioned?	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Comments (if any):
<b>Statistical Analysis:</b> Is it correct? Does it need replacement?	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Comments (if any):

<p><b>Results:</b></p> <p>Are these relevant to the problem posed?</p> <p>Are these credible?</p> <p>Are they well presented?</p> <p>Are figures &amp; tables appropriate and relevant?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Comments (if any):</p>
<p><b>Discussion:</b></p> <p>Does discussion tie back to Literature Review?</p> <p>Are key findings discussed and comparisons made with other studies?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Comments (if any):</p>
<p><b>Conclusion:</b></p> <p>Are these supported by adequate data?</p> <p>Is the message clear?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Comments (if any):</p>
<p><b>Limitations &amp; Recommendations:</b></p> <p>Are limitations mentioned?</p> <p>Are Specific implications/recommendations made?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Comments (if any):</p>
<p><b>References:</b></p> <p>Are references up to date (within last 5 years)?</p> <p>Are references relevant?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Comments (if any):</p>
<p><b>Recommendations:</b></p> <p>Accept without corrections?</p> <p>Require minor corrections?</p> <p>Require major revision?</p> <p>Reject on grounds of (please be specific)?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Comments (if any):</p>

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Designation: \_\_\_\_\_ Contact No: \_\_\_\_\_

Institute: \_\_\_\_\_

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