Journal of Sharif Medical & Dental College

(JSMDC)

Review Form for Case Report

Name of Reviewer: _____

Title of the Case Report:_____

_____

We would appreciate it if you would please review the case report 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 case report.
☐ I will not conduct similar study on this subject until a final decision is taken by the journal about this case report.
☐ I will observe the confidentiality of the reviewed case report.

The following checklist may help you in your decision.

Title: Does it truly describe the core message of the case? Does it include the phrase "A Case Report"?	**Yes** ☐ **No** ☐ **Yes** ☐ **No** ☐ **Comments (if any):**
Abstract: Does it incorporate the core message? Does it summarize the core message?	**Yes** ☐ **No** ☐ **Yes** ☐ **No** ☐ **Comments (if any):**
Introduction: Does it emphasize the need for publication by the novelty of the case? Is a brief overview of the problem given?	**Yes** ☐ **No** ☐ **Yes** ☐ **No** ☐ **Comments (if any):**
Case Description: Does the case report provide the information regarding: • Patient's details • Case history • Physical examinations • Investigations • Treatment/Interventions • Outcomes of treatment	**Yes** ☐ **No** ☐ **Yes** ☐ **No** ☐ **Yes** ☐ **No** ☐ **Yes** ☐ **No** ☐ **Yes** ☐ **No** ☐ **Yes** ☐ **No** ☐ **Comments (if any):**

Discussion: Does it emphasize the medical importance of the case report? Does it provide adequate literature review pertinent to the case? Does it mention the limitations or recommendations to the case?	**Yes** ☐ **No** ☐ **Yes** ☐ **No** ☐ **Yes** ☐ **No** ☐ **Comments (if any):**
Conclusion: Does the case imply a core key message?	**Yes** ☐ **No** ☐ **Comments (if any):**
References: Are references up to date (within last 5 years)? Are references relevant?	**Yes** ☐ **No** ☐ **Yes** ☐ **No** ☐ **Comments (if any):**
Recommendations: Accept without corrections? Require minor corrections? Require major revision? Reject on grounds of (please be specific)?	**Yes** ☐ **No** ☐ **Yes** ☐ **No** ☐ **Yes** ☐ **No** ☐ **Yes** ☐ **No** ☐ **Comments (if any):**

Name: _____Signature: _____

Designation: _____ Contact No: _____

Institute: _____

Email ID: _____