REVIEWER REPORT FORM

Manuscript ID: _____

Manuscript Title: _____

Reviewer Name/ID: _____

Date: _____

1. OVERALL ASSESSMENT

Please assess the manuscript considering its **originality, scientific quality, methodological rigor, clarity, relevance, and contribution to the field**.

Overall Recommendation:

☐ Accept

☐ Minor Revision

☐ Major Revision

☐ Reject

2. MANUSCRIPT EVALUATION

Criterion	**Excellent**	**Good**	**Fair**	**Poor**	**Not Applicable**
Originality/Novelty	☐	☐	☐	☐	☐
Scientific significance	☐	☐	☐	☐	☐
Title and Abstract	☐	☐	☐	☐	☐
Introduction/Rationale	☐	☐	☐	☐	☐
Methodology	☐	☐	☐	☐	☐
Statistical analysis	☐	☐	☐	☐	☐
Results	☐	☐	☐	☐	☐
Discussion	☐	☐	☐	☐	☐
Tables/Figures	☐	☐	☐	☐	☐
References	☐	☐	☐	☐	☐
Language/Presentation	☐	☐	☐	☐	☐

Ethical considerations ☐ ☐ ☐ ☐ ☐

3. MAJOR COMMENTS

Please identify the major scientific, methodological, ethical, statistical, or interpretive issues that must be addressed before publication.

1.

2.

3.

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4. MINOR COMMENTS

Please identify issues related to clarity, grammar, terminology, formatting, references, tables, figures, or other minor corrections.

1.

2.

3.

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5. SPECIFIC REVIEW POINTS

Title/Abstract: _____

Methodology/Statistics: _____

Results: _____

Discussion/Conclusion: _____

References: _____

6. ETHICAL & REPORTING REQUIREMENTS

☐ Ethical approval adequately reported

☐ Informed consent adequately reported

☐ Funding statement provided

☐ Conflict-of-interest statement provided

☐ Data availability statement provided

☐ Appropriate reporting guideline followed

☐ No major ethical concerns identified

Ethical concerns/comments:

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7. CONFIDENTIAL COMMENTS TO THE EDITOR

[Provide comments intended only for the Editor, including concerns about originality, ethics, methodology, serious flaws, or suitability for publication.]

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8. FINAL RECOMMENDATION

☐ **Accept without revision**

☐ **Accept after minor revision**

☐ **Major revision required**

☐ **Reject – substantial concerns**

☐ **Reject – outside scope/insufficient novelty**

Reviewer's Overall Comments:

Reviewer Signature/ID: _____ Date: _____