

## MANUSCRIPT REVIEW FORM

( Please complete this review form and return to [info@ephysician.ir](mailto:info@ephysician.ir) )

**Manuscript ID :**

**Referee Name :**

**Manuscript Full Title :**

**Note:** The name of referee will be deleted when this report is sent back to the author(s).

### Part A: Manuscript Reviewing Checklist:

**Please answer to the following Questions:**

- 1. Does the subject of the manuscript fall within the scope of the journal?**
- 2. Is this a new and original contribution? For review articles this does not necessarily**
- 3. Are the results of sufficiently high impact and global relevance for publication in an international journal?**
- 4. Are the interpretations and conclusions sound, justified by the data and consistent with the objectives?**
- 5. Is the organization of the article satisfactory?**
- 6. Does the title of the manuscript clearly reflect its contents?**
- 7. Is the abstract sufficiently informative, especially when read in isolation?**

**8. Are appropriate keywords provided?**

**9. Does the introduction set the manuscript in an international context and show how it builds on previous work on the subject?**

**10. Are the methods correctly described and sufficiently informative to allow replication of the research?**

**11. Are the results clearly presented?**

**12. Are the results duplicated in the figures, tables and text?**

**13. Are the figures and tables all necessary and are the captions adequate and informative?**

**14. Is the length of the manuscript appropriate to the content?**

**15. Are the references adequate for the subject and the length of the manuscript?**

**16. Is the quality of the English satisfactory?**

**17. Can you suggest any reductions in the manuscript or deletions of parts?**

**Part B: Comments to Editor** (blind at the author(s):

.....

.....

.....

.....

.....

.....

**Part C: Comments to Author(s):**

.....

.....

.....

.....

.....

.....

**Part D: Please rate (x) the manuscript with respect to the following items.**

<b>Technical correctness:</b>		<b>Novelty/originality:</b>		<b>Importance to the field:</b>	
Excellent		Excellent		Excellent	
Good		Good		Good	
Acceptable		Acceptable		Acceptable	
Fair		Fair		Fair	
Very Poor		Very Poor		Very Poor	

**Part E: RECOMMENDATION (Please check appropriate box):**

Accept	<input type="checkbox"/>
Probationary acceptance (Revision is required)	<input type="checkbox"/>
Reject *	<input type="checkbox"/>

\* The reasons of rejection must be explained clearly.

More information about Electronic Physician Journal can be found at <http://www.ephysician.ir>

Please return this form to the editorial office at: [info@ephysician.ir](mailto:info@ephysician.ir)