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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 laboratory medicine or health science.

Comments:

2. Originality and Scientific Contribution

Please evaluate:

- Novelty and originality of the research.
- Contribution to existing laboratory medicine 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:

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:

8. Areas Requiring Improvement

Comments:

9. Comments to the Authors

Comments:

10. Confidential Comments to the Editor

Comments:

REVIEWER RECOMMENDATION

- ☐ Accept Without Revision
- ☐ Minor Revisions Required
- ☐ Major Revisions Required
- ☐ Reject and Resubmit
- ☐ Formal Rejection

Justification for Recommendation: _____

Comments:

☐ Reviewer Declaration: I have disclosed any competing interests and maintained manuscript confidentiality.

Reviewer Name: _____

Signature: _____

Date: _____