



# JAMDC

Journal of Akhtar Saeed Medical & Dental College, Lahore, Pakistan.

## Reviewers Guide

### Part A: Editorial office only

Manuscript Number	
Title	
Date sent to reviewer	

### Part B: Reviewer only (You can type comments on this proforma)

#### Section I: Comments per section of manuscript

<b>Title</b> <input type="checkbox"/> Reflects the study conducted. <b>Abstract</b> <input type="checkbox"/> Structured as per JAMDC format, informative and up to 250 words. <b>Key words:</b> <input type="checkbox"/> All key words added from MeSH <b>Conflict of interest</b>	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> <td></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td style="text-align: center;">Disclosed</td> <td style="text-align: center;">Not Disclosed</td> <td style="text-align: center;">Not relevant</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	Yes	No		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		Disclosed	Not Disclosed	Not relevant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<b>Methodology</b> <input type="checkbox"/> Setting and duration described <input type="checkbox"/> Type of study mentioned <input type="checkbox"/> Inclusion & exclusion criteria mentioned <input type="checkbox"/> Randomization / blinding done. <input type="checkbox"/> Data collection procedure described <input type="checkbox"/> Statistical analysis method / tests written and significance value mentioned.	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
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<b>Discussion</b> <input type="checkbox"/> Centered to subject with critical review of literature <input type="checkbox"/> Each aspect covered in separate paragraph	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
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**Section II: Recommendation**

Accept as it is for original article category	
Requires minor corrections	
Requires moderate revision	
Requires major revision	
Reject on ground of (please be specific)	

**Section III: Additional comments:**

Please add any additional comments (back of the page/additional sheet) including comments/suggestion regarding material, if any.

**Reviewer's information**

Name:	Signature:
Qualification:	Designation:
Official Address:	
Residential Address:	
Cell Phone No.	E-mail address: