

Medical Research Peer Review Evaluation Form

Manuscript Information

Title:

Authors:

Manuscript ID:

Reviewer Name:

Date:

Evaluation Criteria

1. Originality and Novelty:

☐ ☐ ☐ ☐

Excellent Good Fair Poor

2. Significance of Findings:

☐ ☐ ☐ ☐

Excellent Good Fair Poor

3. Methodology and Design:

☐ ☐ ☐ ☐

Excellent Good Fair Poor

4. Quality of Data and Analysis:

☐ ☐ ☐ ☐

Excellent Good Fair Poor

5. Clarity of Presentation:

☐ ☐ ☐ ☐

Excellent Good Fair Poor

6. Literature Review/References:

☐ ☐ ☐ ☐

Excellent Good Fair Poor

7. Ethical Considerations:

☐ ☐ ☐

Yes No Not Applicable

Summary Comments

Major Strengths:

Major Weaknesses:

Specific Comments/Suggestions:

Recommendation