Peer Review Evaluation Form

External Review of Scientific Manuscripts | Double-Blind Model

Confidential editorial use. Complete the applicable fields and substantiate your recommendation.
The final decision rests with the journal's editor-in-chief, taking the review reports into account.

Manuscript Information

Field	Entry
Journal / Section	
Manuscript Code or ID	
Manuscript Title	
Article Type	
Review Round	☐ First ☐ Second ☐ Other: _____
Review Date	____ / ____ / _____

Reviewer's Preliminary Declarations
Conflicts of Interest:
☐ None
☐ Yes; describe and disclose to the editor.

Subject Expertise:
☐ I can evaluate the manuscript
☐ I require specialist assistance or reassignment.

Confidentiality:
☐ I undertake not to disclose, distribute, or reuse the material received.

AI Tools:
☐ I did not use AI for this review
☐ I used permitted tools without sharing the manuscript; provide details to the editor.

Manuscript Assessment

Select one rating for each criterion:
1 = Poor, 2 = Major improvements needed, 3 = Adequate, 4 = Very good, N/A = Not applicable.

Criterion	1	2	3	4	N/A
Originality and Contribution to Knowledge	☐	☐	☐	☐	☐
Fit with Journal Scope and Health Relevance	☐	☐	☐	☐	☐
Clarity of Title, Abstract, and Keywords	☐	☐	☐	☐	☐
Research Question and Objectives	☐	☐	☐	☐	☐
Study Design and Description of Procedures	☐	☐	☐	☐	☐
Sample, Sources, Materials, and Data Analysis	☐	☐	☐	☐	☐
Presentation and Consistency of Results	☐	☐	☐	☐	☐
Discussion, Limitations, and Strength of Conclusions	☐	☐	☐	☐	☐
Ethics, Consent, Conflicts, and Trial Registration	☐	☐	☐	☐	☐
Citations, References, and Data Transparency	☐	☐	☐	☐	☐

Report to the Authors

Summary of the Study and Its Main Contributions

Briefly describe what the study addresses and what you consider its contribution to be.

Major Comments

Specify issues affecting validity, interpretation, ethics, methodology, or reproducibility. Indicate the section or page.

Minor Comments
Suggest improvements to structure, writing, tables, figures, references, and clarity of presentation.

Specific Questions and Requested Changes
Provide specific, verifiable requests for a possible revised version of the manuscript.

Editorial Recommendation
☐ Accept without substantive changes
☐ Accept subject to minor revisions
☐ Request major revisions and further review
☐ Reject with scholarly justification

Rationale for the Recommendation

Explain how your recommendation relates to scientific quality and the resolution of critical issues.

Confidential Comments to the Editor

This section must not be sent to the authors. Identify potential conflicts, ethical irregularities, unattributed similarities, concerns about originality, or recommendations regarding the review process.

Is another specialist's opinion required?

☐ No

☐ Yes. Specialty: _____

Were any research integrity concerns identified?

☐ No

☐ Yes; report to the editor with supporting evidence.

Final Declaration

I declare that this review was conducted independently, objectively, and confidentially, using scholarly criteria. I have disclosed relevant conflicts of interest and any permitted use of AI tools.
My comments are intended to be accurate, constructive, and respectful.

Confidential Reviewer Identification (Solely for Issuing a Peer Review Certificate)	Date and Signature / Electronic Confirmation
Full Name: _____	Date: ____ / ____ / _____