

Manuscript Review

Reviewer's Information

First Name:	
Last Name:	
Title:	
e-mail:	

Manuscript Information

Journal Name:	RAD MEDICAL SCIENCES Croatian Academy of Sciences and Arts
Manuscript Number:	
Manuscript Title:	
Date Received from Journal:	
Date to Send Review Report:	

1. Is the paper of relevance to journal readers?

Yes No If no, please comment:

2. Does the title of this paper clearly reflect its content?

Yes No If no, please comment:

3. Is the abstract sufficiently informative especially when read in isolation?

Yes No If no, please comment:

4. Does the introduction section introduce the paper subject, its research context and relevance?

Yes No If no, please comment:

5. Are the methods/material correctly exposed and sufficiently informative?

Yes No If no, please comment:

6. Are the results clearly presented?

Yes No If no, please comment:

7. Does the discussion relate the findings of this paper to existing knowledge

Yes No If no, please comment:

8. Are interpretations and conclusions sound and justified by the data?

Yes No If no, please comment:

9. Is the structure and organization satisfactory and is the paper clearly presented?

Yes No If no, please comment:

10. Is the length appropriate to the content?

Yes No If no, please comment:

11. Are the illustrations and tables adequate, necessary and informative?

Yes No If no, please comment:

Reviewer's Decision Comment:

Reviewer's Confidential Comments to Editor:

Recommendation

Kindly mark with an X

Accept As Is:	
Requires Minor Corrections:	
Requires Moderate Revision:	
Requires Major Revision:	
Submit To Another Publication Such As:	
Rejection (Please provide reasons)	

Suggestion for manuscript category

A – original scientific paper

B – preliminary communication

C – review

D – professional paper

E – conference paper

F – case report