

## Review Form

Double-blind review process

**Autor(s): (manuscript code):**

**Title of the manuscript:**

Please provide the results of your evaluation by selecting one of the following fields:

1. General evaluation of the manuscript:
  - a) Brings new knowledge to the field
  - b) Represents a significant contribution
  - c) Confirms existing knowledge
  - d) Does not fit to the ACTA profile
2. Methods
  - a) Appropriate
  - b) Insufficiently described
  - c) Inadequate
3. Experimental material size
  - a) Sufficient
  - b) Insufficient
4. Statistical analysis
  - a) Redundant
  - b) Adequate
  - c) Acceptable on adopting Reviewer's suggestions
  - d) Not performed, though necessary, or wrong in assumption
5. Graphical illustration
  - a) Appropriate quantity and quality
  - b) Quality of Figures  inappropriate
  - c) Requires additions
  - d) Inappropriate
6. Tables and Figures
  - a) Appropriate
  - b) Need improvements
  - c) Inappropriate or insufficient
7. Results interpretation
  - a) Full and adequate
  - b) Acceptable on adopting Reviewer's suggestions
  - c) Inappropriate
8. Citations
  - a) Cited correctly
  - b) Lack conformity with Authors Guidelines
  - c) Incomplete, important items missing
  - d) Poorly selected

- 9. Units of measurement
  - a) Appropriate (SI units)
  - b) Inappropriate
- 10. Abstract
  - a) Descriptive
  - b) Does not represent the essence
  - c) Needs complete rewording
- 11. Text language quality
  - a) Good
  - b) Needs minor corrections
  - c) Needs major changes
- 12. Overall assessment of the manuscript and recommendation for publication in ACTA
  - a) Very good - accept for publication
  - b) Good - accept after minor changes
  - c) Acceptable after major changes
  - d) Poor quality, publication not recommended

## Comments

(The review without further comments will not be accepted)

Reviewer's title, degree, and name .....

Address .....

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Phone .....

E-mail .....

This is to declare that I am not aware of any conflicts of interest between me and the unknown author(s) of the reviewed manuscript\*.

Date .....

Reviewer's signature .....

\*Please decline reviewing if a conflict of interests exists.