

HIV NURSING

CARING FOR PEOPLE AFFECTED BY HIV

Peer review report

Date sent:

Article title:

Author/s:

Evaluation:	High	Medium	Low
Significance of article content	_____	_____	_____
Appropriateness for readership	_____	_____	_____
Quality of research/discussion	_____	_____	_____
Quality of writing	_____	_____	_____

Recommendations:

Acceptance strongly recommended

- As is
- With revisions as suggested

Accept if space permits

- As is
- With revisions as suggested

Resubmit a revised document/ major revisions are required.

{NB revised manuscript will be reviewed again before final acceptance}.

Reject: {Please give basis for rejection in your comments on the next page }

If unsuitable for HIV Nursing to what other publications {e.g. the NHIVNA Newsletter} might this manuscript be submitted?

HIV NURSING

CARING FOR PEOPLE AFFECTED BY HIV

Peer Review Feedback Form

Please use the Peer Review Guidelines in order to guide the content of your feedback.

Comments for the author's attention (please type or write legibly):

Comments for Editorial Team

Please return this form by email to: editorial@mediscript.ltd.uk