



SDI Review Form 1.6

Journal Name:	British Microbiology Research Journal
Manuscript Number:	Ms_BMRJ_28690
Title of the Manuscript:	Anti-thyroid antibodies in patients of HCV genotype 3a
Type of the Article	Original Research Article

General guideline for Peer Review process:

This journal's peer review policy states that **NO** manuscript should be rejected only on the basis of '**lack of Novelty**', provided the manuscript is scientifically robust and technically sound.

To know the complete guideline for Peer Review process, reviewers are requested to visit this link:

(<http://www.sciencedomain.org/page.php?id=sdi-general-editorial-policy#Peer-Review-Guideline>)



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PART 1: Review Comments

	Reviewer's comment	Author's comment (if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)
Compulsory REVISION comments	The methods of statistical analysis and which groups there are significant differences between are not clear. It states that Chi square and Fisher's exact test are used to test significance, but there are 3 groups being analysed. I believe the tests are applied to compare the frequency of some occurrence (ATA) between 2 groups and that they are not applicable to comparisons across 3 groups. This needs a to be clarified throughout the manuscript including the abstract. Is the difference observed between males and females statistically significant? Some additional description of the indirect immunofluorescence assay including how a sample is defined as positive or negative and a reference to this assay being more sensitive than ELISA should be added.	As the data was qualitative, The best option to compare this data was chi Square test among the three groups, ANOVA could be a good option when comparing more than two groups and data is quantitative. Explained in methodology section
Minor REVISION comments	There are a number of minor grammatical errors and cases where abbreviations were not defined upon first use. Line 4: is "a" major cause of Line 5: Acute "HCV" infection Line 11: define ATA on first use Line 15: delete the word "technique". Line 20: "with" HCV Line 25: "a" major cause Line 26: with HCV Line 28/29: are chronic carriers	Article has been thoroughly revised for minor mistakes



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	Line 34/35: with cryoglobulinemia Line 38: explain the range of prevalence from 0.1-5% Line 42: It isn't the antibodies that express high levels of CXCL10 Line 44: delete "patients of", define AT Line 45: "tumor" growth Line 48: "influenza-like symptoms" Line 50: "A" high prevalence Line 78: p value should be < some value, not 0. Line 86: HCV, not HVC Line 90: to different Lines 92-97: what were the predominant HCV genotypes in the cited studies?	
<u>Optional/General</u> comments	Interesting report on frequency of ATA in persons infected with HCV genotype 3a. Unclear whether difference in frequencies between groups are significant, but overall high frequency when measured by indirect immunofluorescence is notable.	