

# APPLICATION FORM FOR REVIEWERS

## SCRIPTA MEDICA

JOURNAL FOR BIOMEDICAL RESEARCH

**WOULD YOU LIKE TO CO-OPERATE WITH US? WOULD YOU LIKE TO BECOME OUR REVIEWER?**

*IN SUCH A CASE, PLEASE WRITE TO US OR YOU CAN COMPLETE THE FORM BELOW FOR BETTER COMMUNICATION.*

*IF YOU ARE UNDECIDED, PLEASE READ OUR INFORMATION FOR REVIEWERS. WE PROVIDE DETAILED GUIDANCE ON OUR WEBSITE.*

*THE EDITOR-IN-CHIEF CAN ASSURE YOU THAT WE ONLY PROVIDE DOUBLE-BLIND REVIEWS.*

*WHAT DOES IT MEAN? A DOUBLE-BLIND REVIEW MEANS THAT BOTH THE REVIEWER AND THE AUTHOR REMAIN ANONYMOUS.*

*WE ARE INTERESTED IN TOPICS THAT YOU ARE WILLING TO REVIEW. PLEASE LET US KNOW YOUR SPECIALISATION (HONOURS) AND WRITE TO US WHAT KIND OF PAPERS YOU ARE INTERESTED IN.*

*YOU WILL BE INCLUDED IN OUR LIST OF REVIEWERS AND THEN YOU WILL BE ASKED TO REVIEW.*

*YOU WILL BE ASKED TO EVALUATE AN ARTICLE ON A NUMBER OF CRITERIA WHICH ARE DESCRIBED IN THE INFORMATION FOR REVIEWERS. (PLEASE HAVE A LOOK AT OUR WEBSITE.)*

*Step one: Please complete the form for reviewers:*

***First name***

***Family name***

***Title(s)***

***Full affiliation address with town postcode and country***

***Current address***

***Telephone number***

***E-mail***

*Type of papers*

*Date and signature*

*Step two: Please send us your completed form by post or by e-mail. We will contact you to check the information.*

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