



**SDI Review Form 1.6**

Journal Name:	<b><u>British Journal of Medicine and Medical Research</u></b>
Manuscript Number:	<b>2013_BJMMR_7832</b>
Title of the Manuscript:	<b>Utilization of QuantiFERON-TB Gold In-Tube for TB Diagnosis with Reference to other Immunological Tests of Iraqi Patients</b>
Type of the 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)
<b><u>Compulsory</u></b> REVISION comments	<p><b>The following issues may be clarified by the authors before further consideration of the manuscript for publication</b></p> <p>1. Page 3, line 122-128, What about a patient who is infected with M. bovis or other members of MTB complex? Will he remain undiagnosed as it is M.tb antigen specific IFN-gamma?</p> <p>2. Page 3, line 129-152, What are the differences or modifications in QFT, QFT-G, QFT-GIT? Which one is recommended in developing countries? What about a patient who is infected with M. bovis or other members of MTB complex? Will he remain undiagnosed as it is M.tb antigen specific IFN-gamma?</p> <p>3. Page 3, line 146-152, May cross react with a patient infected by NTMs (M. kansasii, M. szulgai and M. marinum)? In those cases what will be the interpretation? In case of Immunocompromised patients they may get NTM infection.</p>	Vigorous changes were done the new version of MS.Please see the new revision.



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	<p><b>4. Page 3, line 185-190</b> <b>What about M.bovis infected tb patients?</b></p> <p><b>5. Page 4, line 210-215</b> <b>What about people who were once infected and cured and now live healthy?</b></p> <p><b>6. Page 4, line 227</b> <b>It should be plasma instead of serum as in blood grouping anticuagulated (EDTA) is used. Later in line 242 it was written plasma.</b></p> <p><b>7. Page 4, line 247-258</b> <b>Interpretation not very clear.</b></p> <p><b>O blood group is very common. So, with a sample size of just 50 individuals can it be suggested that O+ are prone to TB?</b> <b>Same question arises for young people. I think it needs a study dedicated to young age tb with quite a big sample size. With just few young people in the sample population it can not be taken as an inference that young age are prone to tb. Sample size calculation may be done with the help of an expert statistician.</b></p> <p><b>8. Page 4, line 346(last line)</b> <b>grammatical correction. It should be "DOTS program would be cost</b></p>	
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	<p>saving" instead of "DOTS program would cost saving"</p> <p>9. Page 6. line 416-418 According to Trajman's finding why should we move for IGRA when both TST and IGRA are same accurate. IGRA must be a costly approach. Is it affordable in developing or poor countries in a massive manner?</p> <p>10. Page 6, line 419-421 What is the sensitivity scenario in patients infected with bovine type tuberculosis?</p> <p>11. Page 7, line 431-432 What is the sensitivity scenario in patients infected with bovine type tuberculosis?</p>	
<b><u>Minor</u></b> REVISION comments		
<b><u>Optional/General</u></b> comments	*Comment received as email.*	