SDI Review Form 1.6

PART 1:

Journal Name:	International Journal of TROPICAL DISEASE & Health
Manuscript Number:	**MS: 2013_IJTDH_3405**
Title of the Manuscript:	**Super agglutination Test: A novel method to minimize false negative and false positive results of plate / slide agglutination tests for diagnosis of infectious diseases.**

General guideline for Peer Review process is available in this link:
(http://www.sciencedomain.org/page.php?id=sdi-general-editorial-policy#Peer-Review-Guideline)

- This form has total 9 parts. Kindly note that you should use all the parts of this review form.

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PART 2: 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 work presented does not meet minimum validation requirement for a new assay. There are two phases to new assay testing; first defining the test parameters (how were amounts of analyts determined?) validation of assay (precision, reproducibility, robustness); second determine performance characteristics - measure against gold standard sensitivity and specificity of the assay. What was gold standard? Sample size is too small**	The manuscript is aimed at rapid communication of the first results of a new diagnostic test which has the potential of global application in brucellosis control. The principle behind the test can also be applied to numerous other infectious diseases of animals and man (like Salmonellosis, HIV/AIDS) where agglutination based diagnostic kits are used. Validation studies will take some time and may be communicated separately, when completed. The sample size is limited due to resource, manpower and time constraints. Nevertheless, the sample size is statistically acceptable. The sensitivity and specificity of the new test was higher than those of RBPT and STAT, hence it is a superior screening test compared to the RBPT.
Minor REVISION comments	Need to calculate sensitivity and specificity of all assays and present as table. That can also be compared and discussed. Is this being recommended as screening or confirmatory assay? Precision testing all the more important because reading and interpretation of test as described is subjective	Sensitivity and specificity of the conventional RBPT and superagglutinaton has been calculated, included and compared in the results. The new test is being recommended as a screening test.

Optional/General comments	This test is not yet ready for prime time. Paper cannot be repaired without going back to do more laboratory work to generate more data.	The paper is ready for rapid publication as a first report of a new diagnostic test with significant improvement over the available screening test. It can reduce economic losses and check spread of important diseases like Brucellosis.