



SDI Review Form 1.6

Journal Name:	Asian Journal of Research in Medical and Pharmaceutical Sciences
Manuscript Number:	Ms_AJRIMPS_43956
Title of the Manuscript:	Prevalence and Susceptibility Analysis of Gram negative pathogens in Tertiary Care Hospital
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	<p>There are a few issues that save to be explained or have some references for their validity:</p> <p>Methods line 78 - Biochemical reactions were performed by inoculating the bacterial colony in a nutrient broth at 37°C for 2– 3 hours” – this is not true. There are special media (solid - in tubes) for testing the biochemical characteristics. The non-fermentative bacteria mostly are difficult to differentiate on the base of biochemical characters only – it is hard to identify baumannii species without automated or API-like tests.</p> <p>Do the authors have the approval of the appropriate party to use the results from the laboratory/hospital? If so, has to be stated.</p> <p>Results If table 3 cumulates the other pathogens, it would be helpful to describe the isolates in the text. For example, it is interesting to see if Salmonella is from stool or blood (I deduct that is from blood, because the table shows 0 for other pathogens from stool. Again, in Table 3, which king of E. coli were detected from stool (as it is part of the normal flora)? If pathogenic E. coli, in materials and methods you should describe the methodology of detection. And why to report Klebsiella from stool? It is not a classic intestinal pathogen as Shigella or Salmonella.</p> <p>Is there a CLSI standard for interpreting CSE-1034? If not, which is the cut-off diameter value? Please state this. Again is there a standard for Imipenem-cilastatin? CLSI shows only for Imipenem.</p>	
Minor REVISION comments	<p>Abstract line 18 – Gram (with capital G) line 21 – susceptible is not the best word, as it refers to bacterial behaviour towards an antibiotic. So bacteria can be susceptible or resistant, and a drug can be effective or not effective. In your case, 82.3% if E. coli isolates were susceptible to CSE-1034, and so on... line 25 – Pip-Taz is an abbreviation, use Piperacillin-Tazobactam. Or use all over the text the acronims, and describe them in an abbreviation list (TZP, IMI, MEM, etc...) line 29 – again, ...the most effective drug... maybe.</p> <p>Introduction row51 – not only ESBL and MBL. Also other types of carbapenemases. See https://www.ncbi.nlm.nih.gov/pubmed/27363583 which you may refer to.</p> <p>Results Line 94 – 47 clinical specimens – I guess the number is wrong. Again, Gram written with capital G. To be corrected all over the text</p>	
Optional/General comments	<p>There a few methodological issues which have to be seriously addressed and explained before eventual acceptance of the paper. Otherwise, the conclusions support the results and are practically important.</p>	



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PART 2:

	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)
Are there ethical issues in this manuscript?	<i>(If yes, Kindly please write down the ethical issues here in details)</i> Do the authors have the approval of the appropriate party to use the results from the laboratory/hospital? If so, has to be stated.	

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