



The Cochrane Collaboration
Oral Health Review Group
CHECKLIST FOR REFEREEING
SYSTEMATIC REVIEWS

REVIEW TITLE:	Review Ref.No		
CONTACT REVIEWER: (Name)	Yes	Partially	No
OBJECTIVE: Does the review address a clearly stated, well defined research question?			
CRITERIA FOR INCLUSION OF STUDIES: Are the criteria for considering studies for the review explicit? (i.e do they define types of studies, participants, interventions and outcome measures) <i>Note: these should be the same as those listed in the protocol. Any alterations should be clearly recorded and justified.</i>			
SEARCH STRATEGY: Are all the sources and search methods used to identify the evidence (primary studies) clearly stated? Was the search for evidence comprehensive? e.g Were all the relevant electronic databases searched? Is the search strategy included? Was handsearching undertaken of appropriate key journals? Did the authors attempt to identify unpublished literature? Did the authors attempt to identify/include non-English language articles?			
METHODS OF THE REVIEW: Was bias in the selection of articles avoided? Were the criteria and methods used to assess the methodological quality of the included studies clear and appropriate? Were checking procedures for data extraction implemented? <i>(Ideally, study selection, quality assessment and data extraction should be undertaken independently by two or more reviewers)</i>			
RESULTS: Was data pooling (regardless of whether it was qualitative or quantitative) appropriate? Are the results presented clearly and accurately (within both the text and tables)?			
DISCUSSION: Were data limitations and inconsistencies discussed?			
CONCLUSIONS: Were the conclusions made by the authors supported by the data and/or analysis reported in the review? Do the authors, in the light of the conclusions, consider; Implications for practice Implications for research			
REFERENCES: Have the authors provided details of Excluded studies (with reasons for exclusion)? Studies awaiting assessment/ Ongoing studies?			
ABSTRACT: Does the abstract accurately reflect the review?			
Please feel free to provide additional comments on any of these or other aspects of the review over leaf			
Referee (Signature) Date: Referee name (Please print)			



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REFEREE'S COMMENTS ON STRUCTURED REVIEW

Review Title:

Contact Reviewer:

Date sent to referee:

Date to be returned by:

Comments from Referee

Please make specific suggestions for recommended changes, if any. Use additional pages if necessary.

Referee (Signature)

Date:

Referee name (Please print)

Please return to: The Co-ordinator, Cochrane Oral Health Group, The Cochrane Suite, Manchester Dental Education Centre, School of Dentistry, The University of Manchester, Higher Cambridge Street, Manchester M15 6FH (UK) (Tel:+44 (0)161 275 7818 Fax: +44 (0)161 275 7815