

AMERICAN BOARD OF VETERINARY PRACTITIONERS*CASE REPORT EVALUATION***Note to Reviewers: Failure of any section results in failure of the entire case report**

Applicant ID Number: _____

Case Report Title: _____

| 1. Introduction | Unacceptable | Acceptable |
|---|--------------------------|--------------------------|
| A. Case report title/definition of topic | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Etiology/pathophysiology | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Typical case presentation/characteristic physical exam and laboratory findings | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Differential diagnosis | <input type="checkbox"/> | <input type="checkbox"/> |
| E. Treatment options including mechanism of action and side effects, if appropriate | <input type="checkbox"/> | <input type="checkbox"/> |
| F. Prognosis/expected results | <input type="checkbox"/> | <input type="checkbox"/> |
| Overall assessment of Introduction | <input type="checkbox"/> | <input type="checkbox"/> |

Comments/Justification (*required for any unacceptable rating*):

| 2. Clinical Report | Unacceptable | Acceptable |
|---|--------------------------|--------------------------|
| A. Relevant history and physical exam findings | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Differential diagnosis for problems identified | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Appropriate diagnostic evaluation | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Laboratory results presented in table format including normals for the lab utilized | <input type="checkbox"/> | <input type="checkbox"/> |
| E. Photographs and figures demonstrated important clinical findings | <input type="checkbox"/> | <input type="checkbox"/> |
| F. Case management/treatment | <input type="checkbox"/> | <input type="checkbox"/> |
| G. Case outcome/follow-up/preventive measures | <input type="checkbox"/> | <input type="checkbox"/> |
| H. The case is sufficiently challenging to allow an adequate assessment of the applicant's ability to apply medical or surgical knowledge in a manner commensurate with ABVP status | <input type="checkbox"/> | <input type="checkbox"/> |
| Overall assessment of Clinical Report | <input type="checkbox"/> | <input type="checkbox"/> |

Comments/Justification (*required for any unacceptable rating*):

| 3. Discussion | Unacceptable | Acceptable |
|---|--------------------------|--------------------------|
| A. Timely and logical case management including recognition of clinical abnormalities and rationale for decisions that differed from accepted standards of care | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Analysis of diagnostic and therapeutic approach including irregularities and deficiencies | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Medical and surgical judgments and conclusions were justified | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Clinical acumen and technical abilities commensurate with ABVP status were demonstrated | <input type="checkbox"/> | <input type="checkbox"/> |
| Overall assessment of Discussion | <input type="checkbox"/> | <input type="checkbox"/> |

Comments/Justification (required for any unacceptable rating):

| 4. Summary | Unacceptable | Acceptable |
|--------------------------------------|--------------------------|--------------------------|
| A. Concise and Informative | <input type="checkbox"/> | <input type="checkbox"/> |
| Overall assessment of Summary | <input type="checkbox"/> | <input type="checkbox"/> |

Comments/Justification (required for any unacceptable rating):

| 5. Case Report Preparation and Organization <i>Guidelines for 5A,C,D,E: OS 1-3 errors, SD 4-5 errors, FF > 5 errors</i> | Unacceptable | Acceptable |
|--|--------------------------|--------------------------|
| A. Spelling/syntax/punctuation | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Well written in a professional style suitable for publication | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Proper format for products/equipment/units and dosages | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Tables/figures presented clearly and anonymously, suitable for publication | <input type="checkbox"/> | <input type="checkbox"/> |
| E. References were current and appropriate | <input type="checkbox"/> | <input type="checkbox"/> |
| F. Followed ABVP instructions for case report preparation | <input type="checkbox"/> | <input type="checkbox"/> |
| Overall assessment of Case Report Preparation and Organization | <input type="checkbox"/> | <input type="checkbox"/> |

Comments/Justification (required for any unacceptable rating):

Form 1 Reviewer Comments

Introduction Clinical Report Discussion Summary Preparation/Organization

Introduction Clinical Report Discussion Summary Preparation/Organization

Indicate the nature of each of your comments:

(**FF** – Fatal flaw, **SD** – Significant deficiency, **OS** – observations or suggestions)

Final Reviewer Comments

ABVP Reviewer Name

ABVP Reviewer Signature

Date

For Internal Use Only-Do Not Send to Applicants

Additional Form 1 Reviewer Comments

List the section(s) you are commenting about:

Introduction Clinical Report Discussion Summary Preparation/Organization

Indicate the nature of each of your comments:

(FF – Fatal flaw, **SD** – Significant deficiency, **OS** – observations or suggestions)