



SDI Review Form 1.6

Journal Name:	International Journal of Research and Reports in Hematology
Manuscript Number:	Ms_IJR2H_48185
Title of the Manuscript:	Relationship between folate status and complete blood count (CBC) parameters in sickle cell anaemia (SCA) at steady state in Aminu Kano Teaching Hospital, Kano, Nigeria
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:

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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	<ol style="list-style-type: none"> 1) When a contracted word is firstly written, the author must be the whole word of it. What is RDW in ABSTRACT? 2) In general, the anemia induced by folate deficiency will show high MCV and MCH. Why do the results in this study show low MCV or MCH? 3) The authors say that the result of the lower haematocrit or the higher RBC in SCA patients comes from folate deficiency. Can the higher nutrition containing folate treat such anemia? 4) Is the result in this study related to SCA, itself? 	<ol style="list-style-type: none"> 1. The full meanings of all abbreviations are now provided on first citation of abbreviation as reviewer suggested. Corrections on page 1, lines 19 and 22 2. The reported MCV and MCH in this study were at least above 80fL and 27pg respectively and these values are within adult reference range. It is true that anaemia arising from folate deficiency can present with high MCV due to macrocytosis associated with its deficiency but rarely cause high MCH which is a function of haemoglobin concentration in the individual red cells. This is simple to understand because the haemoglobin synthesis is also impaired in folate deficiency as such there would not be enough haemoglobin to give high MCH. With regard to the question why do this study shows these values of MCV, MCH, and other parameters reported, this was addressed in discussion on page 7 and 8, lines 135 to 143 of this manuscript 3. In an attempt to explain the findings low of low haematocrit and high red cell distribution width (RDW) not high RBC we opined that this could be due to folate deficiency anaemia and this still remain our opinion which may be right or wrong. Regarding the question can the higher nutrition containing folate treat such anaemia; we feel this need another research to address such question. 4. Yes this study was conducted on patient with SCA and whatever comes out it must be related to SCA either directly or indirectly.
Minor REVISION comments	1) The revised manuscript must be careful against typing errors.	The manuscript was read and re-read to correct typographical errors as much as possible.
Optional/General comments	1) The revised manuscript can be accepted in this journal.	Thank you for using your precious time to make our work better.

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?	<p><i>(If yes, Kindly please write down the ethical issues here in details)</i></p> <p>Informed written consent was obtained from adult participants and parental/guardian consent and child assent were obtained from paediatric participants. Ethical approval was obtained from Ethical Review Board of the Hospital.</p>	Page 4, lines 75 to 77