

TECHNICAL MANUSCRIPT REVIEW FORM

Title/Draft No.		Author(s)	
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You are asked to review and comment on the attached manuscript. Feel free to make notations on the manuscript as well as in comments section below, particularly regarding your recommendations for revisions. If you are unable to review the manuscript by the required date above, please return it now. Your suggestions for alternate or additional reviewers will be welcomed.

SUMMARY RATING			RECOMMENDATIONS
Please rate the manuscript as follows:	Satisfactory	Unsatisfactory	
Content and scope	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (1) Acceptable as is
Organization and presentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (2) Acceptable after minor revision
Quality of data and validity of analytical techniques	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (3) Acceptable after major revision
Soundness of conclusions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (4) Not acceptable
Editorial quality	<input type="checkbox"/>	<input type="checkbox"/>	<p>If you have checked either 3 or 4, please specifically state reason(s) in the comments space below.</p> <div style="border: 1px solid black; height: 30px; margin-top: 10px;"></div>
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	
<div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div>			

Comments: *(Use extra sheets if needed.)*