TECHNICAL MANUSCRIPT REVIEW FORM

Title/Draft No.			Author(s)	Author(s)	
Associations between Chlorophyll *a* and various Microcystin-LR Health Advisory Concentrations			Hollister an	Hollister and Kreakje	
				Project Officer/Organization/Address	
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Review Coordinator (e.g., PO,	ervisor)				
The comments section below, partic	Julativ Teu	arumu vour recor	nmendations for r	make notations on the manuscript as well as in evisions. If you are unable to review the for alternate or additional reviewers will be	
SUMMARY RATING				RECOMMENDATIONS	
Please rate the manuscript as for	ollows:	Satisfactory	Unsatisfactory	O (1) Acceptable as is	
Content and scope				(2) Acceptable after minor revision	
Organization and presentation				(3) Acceptable after major revision	
Quality of data and validity of analytical techniques				(4) Not acceptable	
Soundness of conclusions				If you have checked either 3 or 4, please specifically state reason(s) in the comments space below	
Editorial quality					
Other (specify)				<u>a</u>	
				Reviewer's Signature 11/2/15	
Comments: (Use Extra sheets if needed)					
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