

TECHNICAL MANUSCRIPT REVIEW FORM

Title		Author(s)
Date Review Requested		Project Officer/Organization/Address
Date Review Required		
Type of Publication/Audience		Reviewer/Organization/Address
Review Coordinator (e.g., PO, TIM, Supervisor)		

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			(1)	Acceptable as is
Organization and presentation			(2)	Acceptable after minor revision
Quality of data and validity of analytical techniques			(3)	Acceptable after major revisions
Soundness of conclusions			(4)	Not acceptable
Editorial quality			If you have checked either 3 or 4, please specifically state reason(s) in the comments space below.	
Other (specify)				
			Reviewer's Signature _____ Date _____	

Comments: