

TECHNICAL MANUSCRIPT REVIEW FORM

Title/Draft No.		Author(s)
Date Review Requested		Project Officer/Organization/Address
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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		(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)	_____	_____		
_____	_____	_____		
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Comments: *(Use extra sheets if needed.)*