

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
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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	<div style="display: flex; justify-content: space-between;"> <div>_____ (1) Acceptable as is</div> <div>_____ (2) Acceptable after minor revision</div> </div>	
Content and scope	_____	_____	_____ (3) Acceptable after major revision	
Organization and presentation	_____	_____	_____ (4) Not acceptable	
Quality of data and validity of analytical techniques	_____	_____	If you have checked either 3 or 4, please specifically state reason(s) in the comments space below. <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div>_____ Reviewer's Signature</div> <div>_____ Date</div> </div>	
Soundness of conclusions	_____	_____		
Editorial quality	_____	_____		
Other (specify)	_____	_____		

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