

TECHNICAL MANUSCRIPT REVIEW FORM

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

You are asked to review and comment on the attached manuscript. Feel free to make notations on the manuscript as well as in the comments section below, particularly regarding your recommendations for revisions. If you are unable to review the manuscript by the required date, 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 & scope			<input type="checkbox"/> (1) Acceptable as is
Organization & presentation			<input type="checkbox"/> (2) Acceptable after minor revisions
Quality of data & validity of analytical techniques			<input type="checkbox"/> (3) Acceptable after major revisions
Soundness of Conclusions			<input type="checkbox"/> (4) Not acceptable
Editorial Quality			If you have checked either box 3 or 4 please specifically state reasons(s) in the comments space below.
Other (specify)			
			Reviewer's Signature Date

Comments: (Use extra sheets if needed):