

**TECHNICAL MANUSCRIPT REVIEW FORM**

<b>Title</b>		<b>Author(s)</b>
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<b>Date Review Requested</b>	<b>Date Review Required</b>	
<b>Type of Publication/Audience</b>		<b>Reviewer/Organization/Address</b>
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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 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.**

<b>SUMMARY RATING</b>			<b>RECOMMENDATIONS</b>
<b>Please rate the manuscript as follows:</b>	<b>Satisfactory</b>	<b>Unsatisfactory</b>	
<b>Content &amp; scope</b>			<input type="checkbox"/> (1) Acceptable as is <input type="checkbox"/> (2) Acceptable after minor revisions <input type="checkbox"/> (3) Acceptable after major revisions <input type="checkbox"/> (4) Not acceptable
<b>Organization &amp; presentation</b>			
<b>Quality of data &amp; validity of analytical techniques</b>			
<b>Soundness of Conclusions</b>			
<b>Editorial Quality</b>			
<b>Other (specify)</b>			<b>If you have checked either box 3 or 4 please specifically state reasons(s) in the comments space below.</b>
			<b>Reviewer's Signature      Date</b>

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