

MANUSCRIPT REVIEW FORM

TO: _____

DATE: _____

FROM: _____

You have been selected to review the attached manuscript and are encouraged to mark-up the manuscript as you see fit. Please return it to me no later than _____.*. Please complete "Reviewers Comments" and your signature. If it is impossible for you to meet this deadline, please advise me immediately. Thank you for your assistance.

MANUSCRIPT TITLE: CL-_____.

AUTHOR(S): _____

TO BE PUBLISHED: _____

REVIEWER'S COMMENTS:

Suitable for submission

- after minor edits ____

- after major edits ____

Unsuitable for submission

- lack of supporting data ____

- inappropriate journal ____

- other, specify _____

Additional Comments:

* Allow 2-3 Weeks

Reviewer's Signature Date