REVIEW FORM

PART A:

Reviewer's Name:	
E-Mail:	
Manuscript Number:	
Title:	

PART B: Reviewer Only
Comments per Section of Manuscript (if applicable):

General comment:	
Introduction:	
Methodology:	
Results:	
Discussion:	

For each characteristic, please tick (√) one of the following: *excellent, good, fair, poor.*

	Excellent	**Good**	**Fair**	**Poor**
Originality:				
Contribution to the field:				
Paper organisation:				
Clarity of presentation :				
Depth of research:				
References:				
Tables and figures:				
Spelling and grammar				

Recommendations. Please tick (√) **only one option:**

	Option to be ticked
To be published in the received form:	
To be published only after recommended changes have been made: (Please specify what changes should be made) …….. …….. …….. …….. ……..	
The revised manuscript must be reviewed again after changes have been performed: (Please specify what changes should be made) …….. …….. …….. …….. ……..	
Rejected on the following grounds: (Please be specific) …….. …….. …….. …….. ……..	