

CRITICAL REVIEWER'S APPRAISAL

Title

Date manuscript received
(yyyy-mm-dd)

Author(s)

Division

Project No.

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The manuscript is recommended for publication in its present form. with major revision. with minor revision.

The manuscript is not recommended for publication. State why. For extensive comments, please include a separate sheet.

Please give a brief evaluation of the report and indicate why this report should be published.

Signature

Date (yyyy-mm-dd)

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