

## Discussion/ Closure Review Form

<i>Date sent:</i>			
<i>Journal:</i>			
<i>Discussion#:</i>			
<i>Title of Paper:</i>			
<i>Author(s):</i>			
<i>Discussed by</i>		<i>Manuscript #:</i>	

### RECOMMENDATION

<p><b>Approved (Final)*</b>  <input type="checkbox"/> This discussion should be <b>published</b> because  <i>Please check applicable reason(s) below:</i>  <input type="checkbox"/> It is germane to the original paper.  <input type="checkbox"/> It is a worthwhile contribution on the subject  <input type="checkbox"/> It contains valuable material of interest to a significant portion of potential readers.  <i>*Final Decision, Accept; move to Publication</i></p>	<p><b>*Re-review required:</b>  <input type="checkbox"/> Discusser should make the following revisions and submit a revised version to the Editor for review.  <i>*Final decision deferred; depends on revisions.</i></p>
<p><b>Approved (with Suggestions)*:</b>  <input type="checkbox"/> The Discussion has been <b>accepted</b>. Prior to publication, the discussor should consider making the following adjustments: (listed in the Critique)  <i>*Final Decision, Accept; no further re-review necessary</i></p>	<p><b>Declined (Final):</b>  <input type="checkbox"/> This discussion should be <b>declined</b> because:  <i>Please check applicable reason(s) below:</i>  <input type="checkbox"/> It is not germane to the original paper.  <input type="checkbox"/> It does not contain original or valuable information on the subject  <input type="checkbox"/> It is based on material readily available elsewhere or is common knowledge  <input type="checkbox"/> It advocates special or commercial interests  <b>Other:</b>  <input type="checkbox"/> It is suggested that the discussor resubmit this work as a Technical Note</p>

**CRITIQUE:** (Please type or print additional comments on a separate page.)

## REVIEWER'S SIGNATURE

Names are confidential and will be removed before review comments are forwarded to authors.

---

NAME (TYPED OR PRINTED BY HAND)

---

SIGNATURE

---

ADDRESS:

---

PHONE:

---

FAX:

---

E-MAIL:

---

DATE:

---