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Science and Technology Manuscript/Abstract/Webpage Review Form

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Manuscript/abstract title or webpage address: _____

_____

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Author's(s') affiliation(s) (complete mailing address if outside ST): _____

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(Optional) If manuscript/abstract/webpage has been informally reviewed by colleagues, please indicate names and attach their comments. _____

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Senior/sole/corresponding ST author's signature: _____

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Technical Review Initiated (To be filled out by Division Chief. Place a check beside appropriate review action.)

_____ No additional review needed

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1. Reviewer: _____
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Division Chief's signature: _____Date signed: _____

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- ☐ Reviewed for informational purposes only
- ☐ Not suitable for publication/presentation/display/posting (attach explanation)
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  - ☐ as is
  - ☐ with corrections as indicated (does not need my further review); or
  - ☐ with rewrite as indicated (does need my further review)
    - ☐ Rewrite approved: as is/with corrections/with further rewrite (circle one)
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Division Chief's signature: _____Date signed: _____

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  - ☐ as is;
  - ☐ with corrections as indicated (does not need my further review); or
  - ☐ with rewrite as indicated (does need my further review)
    - ☐ Rewrite approved: as is/with corrections/with further rewrite (circle one option)
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Date signed: _____

Comments:_____
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_____