

REVIEW FORM

Reviewer Details

Name and Surname:

E-mail:

Article Details

Manuscript number:

Title:

Decision

Paper fits LR aims:	YES []	NO []
Is text original and novel:	YES []	NO []
Paper respects LR style:	YES []	NO []
Title is concise and informative:	YES []	NO []
Abstract reflects the content:	YES []	NO []
Text is clear and well structured:	YES []	NO []
Conclusions are valid:	YES []	NO []
References are updated:	YES []	NO []
Language Problems:	YES []	NO []
Revision necessary:	YES []	NO []

Comments

Date,

Signature,