

## REVIEW FORM

### Reviewer Details

Name and Surname:

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### 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,