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ARTICLE REVIEW FORM

Title:

Please answer the following questions marking the appropriate. All your comments and changes should be marked (in a track mode) directly in the provided *.doc file. If you want to add more comments provide a separate *.doc file. The review and the original article should be sent to the above given address.

1.	Does the title clearly express the content of the article?	yes <input type="checkbox"/>	no <input type="checkbox"/>
2.	Does the summary clearly express the content of the article?	yes <input type="checkbox"/>	no <input type="checkbox"/>
3.	Is it necessary to correct or change information given in:		
	• text	yes <input type="checkbox"/>	no <input type="checkbox"/>
	• tables	yes <input type="checkbox"/>	no <input type="checkbox"/>
	• figures	yes <input type="checkbox"/>	no <input type="checkbox"/>
4.	Did the conducted spot check prove correctness of the calculations?	yes <input type="checkbox"/>	no <input type="checkbox"/> no need to check <input type="checkbox"/>
5.	Does the used physical and technical units comply with the required standards?	yes <input type="checkbox"/>	no <input type="checkbox"/>
6.	Is the terminology accurate and does it explicitly describe the subject?	yes <input type="checkbox"/>	no <input type="checkbox"/>
7.	Are all references placed in the text?	yes <input type="checkbox"/>	no <input type="checkbox"/>
8.	Final decision (please choose one option)		
	• no changes or minor revisions as noted in the reviewer's comments		<input type="checkbox"/>
	• major modification needed, article can be reconsidered for publishing after complying with the reviewer's suggestions.		<input type="checkbox"/>
	• resubmit, the paper should be rewrite according to the suggestions of the reviewer and then to resubmit		<input type="checkbox"/>
	• reject		<input type="checkbox"/>

Other comments

Reviewer: Academic degree/ Professional title:

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date and signature