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## Science and Technology Manuscript/Abstract/Webpage Review Form

### Manuscript/Abstract/Webpage Description

*(To be filled out by senior/sole/corresponding ST author. Attach three copies of manuscript, one copy of abstract, or three copies of webpage. Submit form and copy(ies) to your ST Division Chief.)*

Manuscript/abstract title or webpage address: \_\_\_\_\_

Author(s): \_\_\_\_\_

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

Target Audience(s): \_\_\_\_\_

Intended outlet(s): \_\_\_\_\_

Submission deadline: \_\_\_\_\_ (If date given, documentation must be attached)

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

\_\_\_\_\_  
Senior/sole/corresponding ST author's signature

\_\_\_\_\_  
Date signed

### Technical Review Initiated

*(To be filled out by Division Chief. Place a check mark in appropriate box.)*

**No** additional review needed

Additional review needed:

1. Reviewer: \_\_\_\_\_

Mailing address and telephone number (if outside ST): \_\_\_\_\_

2. Reviewer: \_\_\_\_\_

Mailing address and telephone number (if outside ST): \_\_\_\_\_

\_\_\_\_\_  
Division Chief's signature

\_\_\_\_\_  
Date signed

### Technical Review Completed

*(To be filled out by Division Chief. Place a check mark in appropriate box or boxes.)*

Reviewed for informational purposes only

**Not** suitable for publication/presentation/display/posting (attach explanation)

Suitable for publication/presentation/display/posting:

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 of three options)

Rewrite **not** approved (attach explanation)

\_\_\_\_\_  
Division Chief's signature

\_\_\_\_\_  
Date signed

**Data Quality Act Compliance** *(To be filled out by Division Chief.)*

**Information Product Category** *(Circle appropriate category or categories.):*

Original Data   Synthesized Product   Interpreted Product   Experimental Product   Corporate and General Information

**Product Standards Certification** *(Each box must be checked in order for the work to be cleared for dissemination. Provide any and all necessary descriptions, explanations, etc., in the "Comments" section below.):*

- Meets "Utility" standard
- Meets "Integrity" standard
- Meets "Objectivity" general standard and category-specific standard

\_\_\_\_\_  
Division Chief's signature

\_\_\_\_\_  
Date signed

**Policy Review** *(To be filled out by ST Deputy Director. Place a check mark in appropriate box or boxes.)*

- Reviewed for informational purposes only
- Not** suitable for publication/presentation/display/posting (explain in "Comments" below)
- Suitable for publication/presentation/display/posting:
  - 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 of three options)
    - Rewrite **not** approved (explain in "Comments")

\_\_\_\_\_  
ST Deputy Director's signature

\_\_\_\_\_  
Date signed

**Comments:**