



UP STATE JOURNAL OF OTOLARYNGOLOGY AND HEAD AND NECK SURGERY

Article Review Form

Please give details that guide possible revisions or explain reasons for rejection

Title of Manuscript	
Manuscript Type	
Reference ID	
Date Assigned	
Date Returned (Expected)	

(The above details will be provided by the Editor)

Please answer **Yes/No** to the following questions and add further comments as appropriate

The manuscript fits into the mission of the journal	Yes / No
The abstract accurately reflects the content	Yes / No
The problem significant and concisely stated	Yes / No
The experimental and/or theoretical methods described comprehensively	Yes / No
The discussion interpretations and conclusions justified by the results of the study	Yes / No
Adequate reference made to other work in the field	Yes / No
The language, grammar and syntax acceptable	Yes / No
Please rate the priority for publishing the manuscript	
Excellent	
Very Good	
Good	
Average	
Poor	



UP STATE JOURNAL OF
OTOLARYNGOLOGY AND HEAD AND NECK
SURGERY

General Comments to the Author (s)

Specific Comments to the Author (s)