

Distribution

1. Division leader
2. Director's Office
3. Publications Office

Version: July 2010

**PMEL IN-HOUSE REVIEW  
MANUSCRIPT STATUS SHEET**

**TITLE:**

**AUTHOR(S):**

**INTENDED PUBLICATION:**

COMPLETED

Initial and date each action

**REVIEW HISTORY:**

Division Leader Review

Scientific Review (optional)

Revised (optional)

Director Review, NOAA Form 25-20 signed

Editorial Review (optional)

Contribution Number assigned

**JOURNAL PUBLICATION HISTORY:**

*Before publication:*

NOAA Form 25-20, this form, and copy of manuscript signed off by Division Leader and Director's Office (via Publications Office)

Manuscript sent to journal by author

Purchase Order for page charges when galley proofs returned to printer

*After publication:*

2 reprints to Publications Office

Reprint distribution by author

NOAA FORM 25-20 (10-76) PRES. BY NDM 25-10	U.S. DEPARTMENT OF COMMERCE NATIONAL OCEANIC AND ATMOSPHERIC ADMINISTRATION	<b>DISTRIBUTION</b> <input type="checkbox"/> AUTHOR <input type="checkbox"/> POE FILE <input type="checkbox"/> D61	
<b>RECORD OF REVIEW AND RELEASE OF SCIENTIFIC OR TECHNICAL MANUSCRIPT</b>			
INSTRUCTIONS — Prepare in triplicate when Item 1 is checked. Prepare in duplicate when Item 2 or Item 3 is checked. See reverse for more specific instructions and distribution of copies			
TO: AUTHOR'S NAME AND OFFICIAL ADDRESS	FROM: DIRECTOR OR DIRECTOR'S DESIGNEE		
	TITLE		
	PRIMARY ORGANIZATIONAL ELEMENT		
	SIGNATURE		
	DATE		
MANUSCRIPT TITLE			
FOR PUBLICATION IN			
REFERENCE (PREVIOUS CORRESPONDENCE)			
<p>Your manuscript has been reviewed in accordance with NOAA policy. The following disposition is indicated:</p> <p>1. <input type="checkbox"/> Manuscript approved in its present form, or <input type="checkbox"/> with minor revisions after consideration of the enclosed reviewer(s)'s comments</p> <p><input type="checkbox"/> a. For publication as submitted</p> <p><input type="checkbox"/> b. For alternative publication as follows: _____</p> <p>2. <input type="checkbox"/> Manuscript should be revised in light of reviewer(s)'s comments (enclosed) and resubmitted for further review.</p> <p>3. <input type="checkbox"/> Other disposition: (Specify)</p> <p>4. <input type="checkbox"/> Notes: _____</p>			
WHEN FORM IS INITIALED BY D61, COMPLETE THE FOLLOWING:	S/T NUMBER	NAME OF INITIATOR	DATE