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Scientific Board:

Department of Inorganic and Analytical Chemistry,
Jagiellonian University Medical College, Faculty of Pharmacy

REVIEWER FORM

Number:	Date accepted:
Manuscript title:	Authors: (single blind or open review)

Information for the author from the reviewer:

Scope and the subject	Manuscript language	General score
<input type="checkbox"/> Fits the journal scope and thematic well	<input type="checkbox"/> Manuscript contains only minor mistakes	<input type="checkbox"/> Very good, nearly flawless manuscript
<input type="checkbox"/> Fits the journal scope moderately	<input type="checkbox"/> Manuscript needs to be rechecked	<input type="checkbox"/> Good manuscript, with minor flaws
<input type="checkbox"/> Does not fit the journal scope	<input type="checkbox"/> Manuscript needs to be rewritten	<input type="checkbox"/> Poor manuscript, with major flaws

Manuscript should be accepted <input type="checkbox"/>	Manuscript needs minor review <input type="checkbox"/>	Manuscript needs major review <input type="checkbox"/>	Manuscript should not be published <input type="checkbox"/>
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Reviewer signature:



Editor: Z O Z
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