



**TRANSACTIONS
OF THE INSTITUTE OF FLUID-FLOW MACHINERY**

Reviewer.....

Name, surname, degrees

.....

Affiliation

.....

Adress

Manuscript number:

.....

Manuscript received (date)

.....

Manuscript reviewed (date)

Review of the paper intended for publication in *Transactions of the IFFM*

by (Authors)

entitled.....

.....

	no	yes	unable to comment
1. Is the subject of work up to date?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Do the authors clearly state what they have done and why the subject deserves attention?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Are the presented results new?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Are the presented methods new?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Does the title of work reflect its contents?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Is the summary written properly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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9. Do the authors use SI units?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Do figures and illustrations appropriately illustrate the subject?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Level of information included*			
• outstandingly high	<input type="checkbox"/>		
• high	<input type="checkbox"/>		
• average	<input type="checkbox"/>		
• low (problems are too obvious for experts)	<input type="checkbox"/>		

12. Expected interest among readers*

- for a wide group of knowledgeable readers
- for a small group of experts
- no interest expected

13. Is the publication purposeful?*

- yes – high – priority publication
- yes – publication required
- no – publication not required

14.A. The work can be published*

- in the form as submitted**
- after editorial corrections**
- after essential improvements agreed with the reviewer**
- if thoroughly rewritten and reviewed again**
- if supplemented with additional investigations, rewritten and reviewed again **

14.B. The work is not fit for publication*

Short justification***:

15. General and detailed remarks (please, write your remarks on a separate sheet(s) in duplicate and sign one copy only)

.....date

.....

Referee's signature

I hereby declare that there is no conflict of interest between me Reviewer and Authors(s) of the article, which is being reviewed. As the conflict of interest may be recognized the following relationships between Reviewer and Author: direct personal relations, i.e., a kinship, legal relations, personal conflict etc.; professional dependence; direct scientific cooperation during two years before the review was prepared.

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Referee's signature

Please send review to the adress of Editorial Office: The Szewalski Institute of Fluid-Flow Machinery PASci, Fiszera 14 80-231 Gdańsk, Poland or send the scanned document to the e-mail adress: redakcja@imp.gda.pl

* tick as appropriate ** tick as appropriate if option 14A ***provide if option 14B