

Project Title:

Lead Scientist:

Date:

Name of the Review Session:

Reviewer ID Number:

## Reviewer Comment Form

The purpose of this review is to judge the technical merit of the planned research and to make constructive comments for improvement. The focus of this research has been deemed essential by ARS and critical to its mission. Funding will be provided to carry out the proposed research upon the plan's certification. Please respond, using the format provided, to the 3 areas of interest below. It is important to state briefly the rationale for suggestions or questions posed. Comments, clarifications and recommendations may include specific questions you believe should be addressed by the research team. *All comments on this plan should be recorded using this format on this form and returned no later than a week before the panel meeting.*

**COMPLETING THIS FORM IS RECOMMENDED.**

### Objective 1:

Strengths:

Questions or Recommendations:

### Objective 2:

Strengths:

Questions or Recommendations:

**Public Burden Statement:** According to the Paperwork Reduction Act of 1995, an Agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB number. The valid OMB control number for this information collection is 0518-0028. The time required to complete this information collection is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

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