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Key changes in June 1, 2019 update to this document:
• “AJKD Express” introduced (expedited track for select Original Investigations)
• PROBAST tool endorsed
• Publication consent for Case Reports clarified
• Special Report description revised
• Wording of authorship definition refined
• Support statement requirements clarified
• Intentional failure to disclose COIs specified as a violation of research integrity expectations

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The *American Journal of Kidney Diseases*, published monthly by Elsevier on behalf of the National Kidney Foundation (NKF), serves clinicians and scientists who treat and investigate kidney disease and associated conditions. *AJKD* is dedicated to providing high-quality, clinically relevant information in the form of original research articles, case reports, and a rich variety of educational features.

**ARTICLE TYPES**

**Original Investigations**

Original Investigations may evaluate pathogenesis, consequences, and treatment of kidney disease; kidney transplantation and dialysis therapies; and disorders of blood pressure and electrolyte and acid-base balance. Manuscripts must focus on clinical research; laboratory studies are suitable only if they are directly linked to measurements or outcomes in humans. Criteria for review include validity, clinical importance, and interest. Effective June 1, 2019, an expedited consideration pathway, AJKD Express, is available for select manuscripts redirected from high-profile publications.

An Original Investigation includes a structured abstract of up to 300 words and is limited to 3,500 words (excluding abstract, references, the article information section, tables, and figure legends); most Original Investigations will have no more than 50 references and 8 figures/tables/boxes in total. The body of the manuscript is organized into Introduction, Methods, Results, and Discussion sections; the Introduction and Discussion should not include any subheadings.

Reporting requirements vary by study design, listed in alphabetical order in this section. If reporting company-sponsored research, authors should consult the Good Publication Practice recommendations (GPP3). For studies using laboratory testing of biomarkers, *AJKD* endorses following the recommendations of the Consortium of Laboratory Medicine Journal Editors.

**Case Series**

A description of the clinical course of 11 or more actual individuals or patients with a condition of interest. A case series typically focuses on the description of variations in clinical presentation and, unlike an observational study, does not pursue evaluation of research hypotheses.

**Clinical Trial**

An experimental study that assesses the effect of an intervention or compares the effects of 2 or more interventions. *AJKD* requires clinical trials to be registered (see clinical trial registration policy) and requires that the study protocol (with any amendments identified with date) be included in the initial submission as part of the confidential review process (publication of the protocol as supplementary material or its availability for data sharing would be at the authors’ discretion).

For randomized controlled trials, authors should include a CONSORT flowchart to report participant flow through enrollment, allocation, follow-up, and analysis. Authors should follow the CONSORT guidelines matching the study design:

- Trial With Parallel Group Design (more info)
- Cluster-Randomized Trial
- Noninferiority and Equivalence Trial
- Pragmatic Trial
- Trial of Herbal Medicine Intervention (more info)
- Trial of Nonpharmacologic Treatment
- Trial With Patient-Reported Outcomes
- N-of-1 Trials (more info)

Authors should consider following the TIDieR guidance to describe the intervention. If appropriate, authors should follow CONSORT’s recommendations for reporting of harms.

For nonrandomized trials evaluating behavioral and public health interventions, authors should follow the TREND guidelines.

**Decision Analysis or Cost-Effectiveness Analysis**

An analysis that weighs choices in clinical care by modeling the projected consequences of different strategies to identify the optimal choice and/or to inform clinical decision making or public policy. Authors should follow the recommendations of the Second Panel on Cost Effectiveness in Health and Medicine (Sanders et al. *JAMA*. 2016;316[10]: 1093-1103) to report economic evaluations of health interventions.

**Diagnostic Test Study**

A study that compares the performance of 2 or more diagnostic tests or strategies. Authors should follow the STARD guidelines.

**Observational Study**

Cohort, Case-Control, Cross-sectional, Case-Cohort, and Ecological Studies

These studies observe and describe individuals or patients based on their exposure to a potential risk factor or an intervention with the purpose of assessing the validity of research hypotheses. In contrast to a trial, investigators do not deliver an intervention or manipulate its use; ie, they do not assign patients to treatment or control groups.

Authors should follow the STROBE guidelines (more info), using the appropriate checklist for the design:

- Cohort Study
- Case-Control Study
- Cross-sectional Study

For case-cohort studies, authors may wish to re-
view Sharp et al (PLOS One 2014) for reporting suggestions.

For ecological studies, authors may wish to review Dufault and Klar (Am J Epidemiol 2011) for reporting suggestions.

Genetic Association Study
A study that investigates associations between genetic factors and clinical measurements or disease outcomes. Authors should follow the STREGA guidelines.

Prediction Study
A study that describes the development or use of a model designed to estimate risk of reaching a specific clinical end point within a defined period of time. Prediction models may also be referred to as prognostic (or predictive) indices, rules, tools, or instruments. Authors should follow the TRIPOD guidelines (more info); for risk prediction models involving genetic risk factors, authors should consult the GRIPS guidelines (more info).

Qualitative Study
A study used to gain an understanding about people’s behaviors, attitudes, and values. Qualitative approaches include focus groups, in-depth or semi-structured interviews, observations, or document analysis. For qualitative research based on interviews and focus groups, authors should follow the COREQ guidelines.

Registry or Health Care Database Study
A study that uses routinely collected health or health care administrative data that seeks to draw inferences about patterns of healthcare delivery, clinical decision-making, and their relationship to health outcomes. Authors may wish to review the RECORD guidelines for reporting suggestions.

Quality Improvement Study
A description of an initiative conducted to improve quality of care. The purpose of quality improvement studies is to modify human activities and not to produce new, generalizable knowledge. Improvement interventions are often adjusted in response to outcomes. These studies do not typically address the mechanisms through which interventions work. Authors should follow the SQUIRE guidelines (more info).

Systematic Review or Meta-analysis
A systematic review follows an explicit protocol to systematically identify, appraise, and synthesize the findings of studies that address a similar question; a meta-analysis (a quantitative synthesis of the results of the systematic review) is preferred whenever possible.

Authors should include a PRISMA flow diagram to report study yield and selection (if relevant, the format should be adapted according to the specific reporting guidelines being followed).

For systematic review/meta-analysis of health care interventions, authors should follow the PRISMA guidelines (more info); for observational studies, authors should follow the MOOSE checklist (Stroup et al, JAMA. 2000; 283[15]:2008-2012).

For meta-analyses of gene-disease association studies, AJKD does not endorse a particular set of reporting recommendations, but encourages authors to review the following resources: the Human Genome Epidemiology Network Review Handbook, Evangelou & Ioannidis (Nat Rev Genet. 2013;14: 379-389), and Saagoo et al (PLoS Med 2009).

For systematic reviews of prediction model studies, authors should use the PROBAST tool (more info) to assess these studies’ risk of bias and applicability.

For synthesis of primary qualitative studies (including by thematic synthesis, meta-ethnography, and critical interpretive synthesis) authors should report the approach for conducting the literature search and selection, appraisal, and synthesis of findings in accordance with the ENTREQ framework.

For systematic reviews and meta-analyses of individual participant data, authors should follow the PRISMA-IPD guidelines.

For network meta-analyses, authors should follow the PRISMA network meta-analysis extension.

Authors of systematic reviews should prospectively register study protocols at the PROSPERO international registry, reporting the registration number at the end of the abstract. Authors submitting systematic reviews that were not prospectively registered must register retroactively and include an explanation as to why registration was delayed.

Research Letters
Research Letters report findings relevant to clinical practice or research in a concise format comprising up to 800 words, 10 references, and a total of 2 figures or tables. Criteria for review include validity, clinical importance, and interest. Research Letters include an introduction, brief methods, key results, and a discussion, but no subheadings are used. Authors should use online supplementary material for detailed methods or supporting data. Since reports of cases do not include methods, they are not suitable as Research Letters.

Case Reports
Case Reports present interesting, rare, and/or novel situations that bring to the attention of the experienced practitioner and others newly described clinical presentations, diagnostic dilemmas, or treatment responses that provide insights into mechanisms of disease. Criteria for review include clinical importance, originality, and the clarity of the case presentation. Limited to 1,500 words and requiring an unstructured abstract (150-200 words), most
Information for Authors and Journal Policies

Case Reports will have no more than 20 references and 2 figures/tables/ boxes in total. The format comprises an Introduction, Case Report, and Discussion.

In preparing Case Reports, authors should consult the CARE guidelines, with the understanding that certain items may not apply to all reports of cases.

In addition, because descriptions of individual case histories are considered to constitute identifying information, publication consent must be on file for all patients described in Case Reports, except in the rare instance authors have requested and received a formal waiver from AJKD. Further information is available in the Patient/Participant Protections section.

Features

AJKD features are designed to strengthen knowledge in the field of nephrology and to provide physicians with information enhancing their ability to provide patients the highest standard of care. Feature types for which ad hoc submissions are considered are described in this section.

Editorial

A focused commentary and narrative analysis concerning a current issue in nephrology. Editorials are limited to 1,500 words and 1 figure, table, or box; in most cases, editorials have no more than 20 references.

Authors of Editorials discussing issues of payment policy, social policy, demographics, politics, and ethics should select the “Policy Forum” Section/Category during manuscript submission.

In a Few Words

An evocative work that illuminates the personal experiences and stories that define kidney disease. Submissions may be in the form of a nonfiction narrative essay (up to 1,000 words); poetry; or a striking image with explanatory caption (100-200 words; may not include faces or other unique recognizable personal attributes). Select images may be published as a journal cover rather than within the feature.

Submissions from physicians, allied health professionals, patients, or family members are welcome. Details may be omitted to preserve patient confidentiality, but fictionalized depictions may not be included. If a patient may be identifiable, the patient will need to sign the journal’s consent form prior to publication. For images selected for publication, the copyright will remain with the creator, who will be asked to grant Elsevier a nonexclusive license to reproduce the work.

Narrative Review

An authoritative exploration of a clinical, translational, or basic science topic of interest to practitioners. Clinically focused Narrative Reviews should describe the treatment, diagnosis, or pathogenesis of a disease process or its complications, emphasizing recent advances in the field. Articles pertaining to basic science topics should give particular attention to cellular and molecular mechanisms of disease and their relation to diagnostic approaches or therapeutic applications. Criteria for review include clinical relevance, comprehensiveness, and balance. These articles are limited to 4,000 words; an unstructured abstract (150-200 words) is required, and most Narrative Reviews will have no more than 100 references. The editors encourage the use of figures, tables, and boxes (up to 8 total) to help convey the central concepts.

Perspective

An in-depth discussion of an issue of significance to the nephrology community that may be based in part on the author’s opinions or professional experiences. Criteria for review include originality, rigor of argument, and clinical relevance. Perspectives are limited to 3,000 words and 4 figures/tables/ boxes total; an unstructured abstract (150-200 words) is required, and most Perspectives will have no more than 70 references.

Authors of Perspectives discussing issues of payment policy, social policy, demographics, politics, and ethics should select the “Policy Forum” Section/Category during manuscript submission.

Quiz

An educational feature that allows readers to test their knowledge of unusual but clinically important diagnostic or therapeutic problems. Cases may focus on evaluation of clinical findings, interpretation of laboratory values, or assessment of pathologic material or radiologic images. The first section includes a brief description of the case (200 words or fewer), a maximum of 4 figures/tables, and 1 to 4 brief questions that help elucidate the underlying problem. An answer to each question, further information regarding the clinical entity, and a brief statement of the final diagnosis are provided in the discussion section, which may include an additional 2 to 4 figures, tables, or boxes, and in most cases has no more than 400 words and 5 references.

Special Report

An article summarizing a scientific workshop or the conclusions of a working group. Criteria for consideration as a Special Report include the reputation and stature of the organizing entity; for initiatives that are not yet well established, a Perspective may be a more suitable article type.

Criteria for review include the importance and clinical relevance of the issue addressed, timeliness of the topic, the novelty and anticipated impact of the conclusions, and the appropriateness of the authors’ expertise and backgrounds for the scope of the article.
If a report of a conference, the article should make clear the motivation, participants, sponsors, and scope of the meeting, and should specify if the conclusions are endorsed as an official position of the sponsor. For such submissions, the review process will focus on making constructive suggestions for placing the report in context, rather than requesting changes to the recommendations/outcomes of the conference.

Special Reports are limited to 4,000 words, and an unstructured abstract (150-200 words) is required; most articles of this type will have no more than 80 references and 8 figures/tables/boxes in total.

**Teaching Case**

A feature that elucidates the diagnosis and/or treatment of an interesting or unusual clinical problem, highlighting important teaching points geared toward advanced trainees and experienced practitioners. These articles may describe interpretation of pathology findings, laboratory tests, or imaging studies, and often include a detailed review of the underlying pathophysiology that explains the basis for the clinical presentation described. Criteria for review include the clarity of case presentation, clinical applicability and interest, and educational value.

Teaching Cases typically include an Introduction, a Case Presentation (with 4 subsections: Clinical History and Initial Laboratory Data, Additional Investigations, Diagnosis, and Clinical Follow-up), and a Discussion. In general, each Teaching Case includes a table of laboratory data, relevant images, a box of key teaching points, and a summary of the authors’ approach to the clinical problem. These articles are limited to 2,000 words and require an unstructured abstract (150-200 words). Most Teaching Cases will have no more than 30 references and 4 figures/tables/boxes in total.

**OTHER CONTENT**

**Letters to the Editor**

Letters must be in response to an article in *AJKD* and should not exceed 250 words (up to 5 references and 1 figure or table may also be included) and 3 authors. Priority will be given to letters submitted within 4 weeks of the article’s date of online or print publication, whichever occurs first.

**Custom Features**

Contributions to the Atlas of Renal Pathology, Core Curriculum, In the Literature, and In Practice series are typically by invitation only, but individuals who wish to propose a topic may contact the editorial office. Other custom features may include clinical practice guidelines, guideline commentaries, and kidney disease surveillance reports.

**SUBMISSION POLICIES**

Submission of a manuscript is understood to signify that the authors have complied with all policies in this document. Individuals who violate these policies are subject to forfeit of acceptance, if applicable, or editorial action including, but not limited to disclosure of violations to relevant entities (employers, funding agencies, etc) and/or the wider public via publication of an erratum, editorial, editorial expression of concern, or retraction.

**Originality**

Except by explicit, prior arrangement, manuscripts are considered for publication if the article or its key features (1) are not under consideration elsewhere, (2) have not already been disseminated in print or online, and (3) will not be disseminated in print or online prior to publication in *AJKD*. Printing of a dissertation or thesis is not considered dissemination; however, online access to the full text should be embargoed until the *AJKD* article is published. Abstracts published in connection with scientific meetings do not violate *AJKD*’s originality requirements; in addition, press reports arising from a conference will not be considered prior publication, provided that authors who discuss their work with reporters do not offer more detail than was contained in their oral or poster presentation. If copies of posters, slide sets, or audio/video recordings of presentations are produced in conjunction with a scientific conference, this is permissible as long as the materials are intended for meeting participants only.

Any text, figure, table, or data from other sources (including a thesis or dissertation) must be clearly attributed. If copyright permission is required for any component of the submission, appropriate documentation must be on file before publication. To monitor compliance with the journal’s requirements regarding attribution, accepted manuscripts are screened using plagiarism detection software. Consistent with the position of the US Office of Research Integrity, *AJKD* does not consider “limited use of identical or nearly-identical phrases which describe a commonly used methodology or previous research” to constitute plagiarism.

**Authorship**

Each author must meet all 4 of the following conditions; moreover, each person fulfilling these conditions must be listed as an author.

1. the individual made a substantial contribution to conception and design of the work, to data acquisition, to data analysis, or to data interpretation; and
2. the individual drafted the article and/or revised it for important intellectual content; and
3. the individual approved the submitted version of the manuscript; and
4. the individual agrees to be personally accountable
for the individual’s own contributions and to ensure that questions pertaining to the accuracy or integrity of any portion of the work, even one in which the author was not directly involved, are appropriately investigated and resolved, including with documentation in the literature if appropriate.

If revision is requested, item 3 also applies to any revised submissions that contain substantive changes relevant to the author’s contributions. Item 4 is intended to make clear that the responsibilities of authorship are not limited to direct accountability for the parts of the work that the author performed, but also cover knowing which co-authors are responsible for which other parts of the work, and having confidence in the accuracy and integrity of these co-authors. If questions arise about an aspect of a study or article, the authors have a collective responsibility to ensure the issue is resolved.

Any individual who does not qualify as an author but who contributed to the work described in the manuscript must be named in the Acknowledgements. In particular, if medical writer(s)/editor(s) have been involved, their role must be explicitly acknowledged, and their affiliation/source of funding must be listed.

For Original Investigations and Research Letters, a brief description of the contribution of each individual listed as an author must be provided in the Article Information. (At their discretion, the editors may request this information for other article types.)

Potential Conflicts of Interest for Authors
AJKD’s conflict of interest (COI) policies generally follow those of the ICMJE Recommendations. As described in the Support, Financial Disclosure, and Other Disclosures sections of this document, authors must disclose all relationships that could be viewed as a potential COI. Editors may use information in COI disclosures as the basis for editorial decisions.

Patient/Participant Protections
All manuscripts reporting research studies involving human participants or data (including quality improvement activities), and those Case Reports requiring review of charts for purposes other than patient care, must clearly state compliance with relevant research ethics requirements. Except as noted in the next sentence, the manuscript must include a statement that the research was approved by the appropriate research ethics committee (eg, an institutional review board), quoting the approval number. However, if the relevant ethics committee exempted the study from the need for approval, the name of the committee and its rationale for the exemption must be provided; in cases where authors cannot provide this information, a detailed explanation must be provided for the editors’ consideration. In all cases, the research must have been conducted according to principles having their origin in the Declaration of Helsinki. Studies related to transplantation must comply with the Declaration of Istanbul. Declarations of research ethics compliance appear in the Methods section of Original Investigations, and in the body, supplementary material, or Article Information for other article types.

Manuscripts reporting research studies (including quality improvement activities) must either state that written, informed consent was obtained from all participants or explain why individual-level informed consent was not obtained (eg, for a case series). If investigators have potential COIs, these must be disclosed to study participants, and a statement should be included in the manuscript to indicate that such disclosure was made.

Whenever possible, any information identifying individual patients or study participants should be avoided. If identifying information is necessary, the individual must be shown the manuscript and sign a written publication consent form before publication. Because descriptions of individual case histories are considered to constitute identifying information, publication consent must be on file for all articles containing case descriptions, except in the rare instance authors have requested and received a formal waiver from AJKD. Authors may use the AJKD form (Patient Consent for Publication of Identifying Material in AJKD), or may use another form that contains equivalent elements. To preserve patient confidentiality, these forms should be held by the treating institution and must not be provided to AJKD. However, prior to acceptance, authors will be required to attest that a signed form has been obtained, and to provide a blank copy of the form if the AJKD version was not used.

Clinical Trial Registration
To help limit publication bias and to aid in the identification of clinical trials for meta-analyses, AJKD requires authors of manuscripts pertaining to clinical trials to prospectively register their study in a public trials registry. AJKD defines a clinical trial as any research project that prospectively assigns participants to an intervention (with or without a comparison group) to study the cause-and-effect relationship between a health-related intervention and a health-related outcome. Interventions include but are not restricted to drugs or devices, surgical procedures, behavioral treatments, quality improvement interventions, educational initiatives, process-of-care changes, and preventive care. This definition includes phase 1 to 4 studies of drugs or other treatments.

For trials that were completed before 2006, authors may instead cite a published peer-reviewed article describing the study.
A list of acceptable registries is maintained on the WHO Primary Registries page. Authors must include the minimum required information at the time of registration, and are encouraged to update the record with the full journal citation when the results are published. Investigators studying devices must make their registry posting public prior to device approval.

If authors have failed to prospectively register their trial, the manuscript should explain when registration was completed and the reason for the delay; the editors will take this information into consideration when deciding whether to grant an exception to the prospective registration requirement.

Data Sharing

In recognition of the increased attention given to reproducibility of research findings, and to enhance opportunities for research collaboration, each manuscript reporting a clinical trial must include a data sharing statement. This statement should include a data sharing expectation (beyond the requirement to make data available to editors’ inspection, as detailed in the Research and Publication Integrity section); the requirement is simply that authors be transparent about their data sharing intentions. Data sharing statements should specify the type of data that will be shared (e.g., deidentified, individual participant data underlying the results presented in the manuscript); whether other documents will be available (e.g., study protocol, statistical analysis plan, analytic code); if data will be available, the start and end dates of this availability; with whom data will be shared (e.g., anyone, researchers with a methodologically sound proposal); the types of analyses to be allowed (e.g., any, meta-analysis); and the procedure for requesting access. Authors are encouraged to review the table in the ICMJE’s publication regarding data sharing for further detail on the type of information to be included in data sharing statements and possible wording of such statements.

Clinical trials that began enrolling participants on or after January 1, 2019, should include a data sharing plan when registering the trial (see Clinical Trial Registration section), and should update the registry record if the plan is subsequently modified.

Research and Publication Integrity

AJKD endorses the Singapore Statement on Research Integrity, which lists the responsibilities of researchers in upholding research integrity. AJKD considers irresponsible and unethical research practices to include fabrication (invention of data), falsification (tampering with data, including images), misrepresentation (plagiarism, duplicate publication, misattribution), intentional failure to disclose COIs, or any other behavior that lessens the reliability or integrity of the research record. AJKD takes seriously its responsibility to respond to suspicions or allegations of misconduct according to its misconduct handling policy.

For all Original Investigations and Research Letters, authors have a responsibility to report methodology accurately, clearly, and with sufficient detail such that the findings can be independently confirmed, and to retain the underlying data for at least 3 years after study completion, unless questions have been raised regarding the conduct of the research, in which case all relevant data must be retained until all such matters are resolved. Collectively, the authors are responsible for ensuring that the article is an honest, accurate, and transparent account of the study being reported; that no important aspects of the study have been omitted; and that any discrepancies from the study as planned (and, if relevant, registered) have been explained.

For all article types, the editors may at their discretion request to inspect raw data or unprocessed images. AJKD’s expectations regarding image processing are listed in the Tables and Figures section.

MANUSCRIPT PREPARATION GUIDANCE

Title Page

Titles should be concise and descriptive. Reports of studies should not summarize the results in the title. For Original Investigations, a subtitle stating the study design is recommended. Other elements that should be included on the title page are: each author’s first and last names and highest degree(s); institution of each author; corresponding author’s contact information; and word counts for the abstract (if present) and the body of the manuscript.

Note: The author list must comply with AJKD’s definition of authorship.

Abstract

Abstracts for Case Reports and Features are unstructured, should be 150-200 words, and should be followed by a list of index (key) words.

Abstracts for Original Investigations are 300 words or fewer, structured, and followed by a list of index words. The structured headings vary by study design, as shown below (these headings may differ from published reporting guidelines; AJKD authors should follow the journal’s preferred headings).

Case Series

- Rationale & Objective
- Study Design
- Setting & Participants
- Results
- Limitations
- Conclusions
## Information for Authors and Journal Policies

### Clinical Trial
- Rationale & Objective
- Study Design
- Setting & Participants
- Intervention(s)
- Outcomes
- Results
- Limitations
- Conclusions
- Funding
- Trial Registration

### Decision Analysis/ Cost-Effectiveness Analysis
- Rationale & Objective
- Study Design
- Setting & Population
- Intervention(s)
- Outcomes
- Model, Perspective, & Timeframe
- Results
- Limitations
- Conclusions

### Diagnostic Test Study
- Rationale & Objective
- Study Design
- Setting & Participants
- Tests Compared
- Outcome(s)
- Results
- Limitations
- Conclusions

### Observational Study
- Rationale & Objective
- Study Design
- Setting & Participants
- Exposure(s)* or Predictor(s)*
- Outcome(s)*
- Analytical Approach
- Results
- Limitations
- Conclusions

### Prediction Study
- Rationale & Objective
- Study Design
- Setting & Participants
- New Predictors & Established Predictors
- Outcomes
- Analytical Approach
- Results
- Limitations
- Conclusions

### Quality Improvement Study
- Rationale & Objective
- Study Design
- Setting & Participants
- Quality Improvement Activities
- Outcome(s)
- Analytical Approach

### Systematic Review or Meta-analysis
- Rationale & Objective
- Study Design
- Setting & Study Populations
- Selection Criteria for Studies**
- Data Extraction
- Analytical Approach
- Results
- Limitations
- Conclusions

*Omit for qualitative studies
**Use the heading “Search Strategy & Sources” if a systematic review of qualitative studies.

### Manuscript Body

Manuscripts must be double-spaced with numbered pages; use of 12-point Times New Roman and an unjustified right-hand margin is preferred.

Word limits are provided in the Article Types section of this document. For initial submission, authors may exceed these limits if they are concerned about omission of key information; if revision is requested, the editors will provide guidance on appropriate reductions or the use of supplementary online material.

### Supplementary Material

When important supporting information for an article is too extensive for print publication (eg, a lengthy study questionnaire), it should be submitted as online-only supplementary material. Supplementary material should also be provided in lieu of stating “data not shown.”

Supplementary material should be provided at the time of manuscript submission, and should be called out in the text (eg, Table S2, Fig S1, Item S4). A brief title for each piece of supplementary material should be provided in a section immediately following the end of the article. For supplementary figures (unlike in-text figures), the full legend should be included in the file containing the figure itself.

Supplementary material is governed by the same copyright transfer policies as the article; if supplementary material has been reproduced from another source, the authors must provide documentation granting permission for its reuse in AJKD.

### Article Information Section

#### Authors’ Contributions

Original Investigations and Research Letters must describe each author’s contributions and provide a statement of collective responsibility, eg:

Authors’ Contributions: research idea and study design: AB, CD, EFG; data acquisition: HI; data analysis/interpretation: AB, EFG; statistical analysis: KL; supervision or mentorship: EFG, MN. Each author con-
Information for Authors and Journal Policies

Authors should specify that might reasonably be considered types of rate files. For one of used, for which advice will lead on a separate page of the institution will create the perception of a relationship that could include the study, but are not limited to:

- grants, active or pending (including industry grants)
- consulting fees or honoraria related to the study
- funding of travel related to the study
- fees related to data monitoring boards, statistical analysis, end point committees, etc
- funds for writing or reviewing the manuscript
- nonmonetary support (eg, writing or administrative assistance), or provision of medicines or equipment
- employment

Financial Disclosure

For research articles, authors should specify whether or not the funders or their institution had any role in study design; collection, analysis, and interpretation of data; writing the report; and the decision to submit the report for publication. Authors must inform the editors if the sponsor imposed any limits on authors’ access to all of the study’s data; upon request, authors must confidentially share with the journal any such agreements.

For other article types, authors should specify whether or not the funders or their institution had a role in defining the content of the manuscript.

Support

Except for In a Few Words and Letters and their Replies, each article must report any support for the work described in the submission, whether directed to an author or that individual’s institution. Types of support include, but are not limited to:

- grants, active or pending (including industry grants)
- consulting fees or honoraria related to the study
- funding of travel related to the study
- fees related to data monitoring boards, statistical analysis, end point committees, etc
- funds for writing or reviewing the manuscript
- nonmonetary support (eg, writing or administrative assistance), or provision of medicines or equipment
- employment

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