KIDNEY INTERNATIONAL REPORTS
Official Journal of the International Society of Nephrology

AUTHOR INFORMATION PACK

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DESCRIPTION

Now Accepting Submissions!

*Kidney International Reports*, an official journal of the International Society of Nephrology, is a peer-reviewed, open access journal devoted to the publication of leading research and developments related to kidney disease. With the primary aim of contributing to improved care of patients with kidney disease, the journal publishes original clinical and select translational articles and educational content related to the pathogenesis, evaluation and management of acute and chronic kidney disease, end stage renal disease, transplantation, acid-base, fluid and electrolyte disturbances and hypertension. Of particular interest are submissions related to clinical trials, epidemiology, systematic reviews (including meta-analyses) and outcomes research. The journal also provides a platform for wider dissemination of national and regional guidelines as well as consensus meeting reports. Article categories include but are not limited to full length articles, brief reports, research letters and case reports, as well as editorials, narrative reviews and commentaries on recent developments in the literature. While maintaining a rigorous peer review process, the journal uses innovative technology to provide authors novel means to share findings and data with readers in a timely manner.

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GUIDE FOR AUTHORS

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Scope

Kidney International Reports (KI Reports), an official journal of the International Society of Nephrology, is a peer-reviewed, open access journal devoted to the publication of leading research and developments related to kidney disease. With the primary aim of contributing to improved care of patients with kidney disease, the journal publishes original clinical and select translational articles and educational content related to the pathogenesis, evaluation, and management of acute and chronic kidney disease, end-stage renal disease (including transplantation), acid-base, fluid and electrolyte disturbances, and hypertension. Of particular interest are submissions related to clinical trials, epidemiology, systematic reviews (including meta-analyses), and outcomes research. The journal also provides a platform for wider dissemination of national and regional guidelines, as well as consensus meeting reports.

Article categories include, but are not limited to, full-length articles, meeting reports, research letters and nephrology rounds, as well as editorials and narrative reviews on recent developments in the literature. While maintaining a rigorous peer-review process, the journal uses innovative technology to provide authors with novel means to share findings and data with readers in a timely manner.

Submissions should be made at the link https://mc.manuscriptcentral.com/kir. For submission instructions, please see the SUBMISSION AND PUBLICATION here.

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Indexing
KI Reports is indexed by PubMed Central® (PMC), Directory of Open Access Journals (DOAJ), EMBASE (Elsevier), Emerging Sources Citation Index (ESCI), and Scopus (Elsevier).

Peer Review
This journal operates a single blind review process. All contributions will be initially assessed by the editor for suitability for KI Reports. Papers deemed suitable are then sent to at least two independent expert reviewers to assess the scientific quality of the paper. The Editor is responsible for the final decision regarding acceptance or rejection of articles. The Editor's decision is final. For more information on the types of peer review, please visit our peer-review site (https://www.elsevier.com/reviewers/peer-review).

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Special Notice Regarding Clinical Trials
As defined by the International Committee of Medical Journal Editors (ICMJE), a clinical trial is any research project that prospectively assigns human subjects to intervention and comparison groups to study the cause-and-effect relationship between a medical intervention and a health outcome. A medical intervention is any intervention used to modify a health outcome and includes, but is not limited to, drugs, surgical procedures, devices, behavioral treatments, and process-of-care changes. A trial must have at least one prospectively assigned concurrent control or comparison group in order to trigger the requirement for registration. Nonrandomized trials are not exempt from the registration requirement if they meet the above criteria.

All clinical trials must be registered in a public registry prior to submission. The journal follows the trials registration policy of the ICMJE (http://www.icmje.org) and considers only trials that have been appropriately registered before submission, regardless of when the trial closed to enrollment. Acceptable registries must meet the following ICMJE requirements: be publicly available, searchable, and open to all prospective registrants have a validation mechanism for registration data, and be managed by a not-for-profit organization. Examples of registries that meet these criteria include: the registry sponsored by the United States National Library of Medicine (http://www.clinicaltrials.gov) the International Standard Randomized Controlled Trial Number Registry (http://www.controlled-trials.com) the Cochrane Renal Group Registry (http://www.cochrane-renal.org), and the European Clinical Trials Database (https://eudract.ema.europa.eu). The trial registry number for eligible papers will be required during the submission process.

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**Guidelines**

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Word limit: to be determined in consultation with Editors. References: no maximum. Figures/tables: at least 1 image or figure. Disclosure statement required. These authoritative proceedings of specific topics in nephrology are usually solicited by the Editors. Proposals may be submitted; authors should only send an outline of the proposed paper for initial consideration. Both solicited and unsolicited articles will undergo peer review prior to acceptance.

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Short original research reports—approximately 1,200 words. Word limit: 1,200 words. No abstract required. Methods must be provided as a supplemental file. At the end of the article before the references, include the heading "Supplementary Material" with the supplementary legend below it and the text "Supplementary information is available on the *KI Report*’s website (file format).” References: no maximum. Figures/tables: at least 1 image or figure. Disclosure statement required.

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Text
The manuscript should be organized under the following nine headings: Title page Abstract Introduction Methods Results Discussion Disclosure Acknowledgements References

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Contributions by individuals who made direct contributions to the work but do not meet all of the above criteria should be noted in the Acknowledgments section of the manuscript with their consent. Medical writers and industry employees can be contributors. Their roles, affiliations, and potential conflicts of interest should be included in the author list or noted in the Acknowledgments and/or Contributors section concurrent with their contribution to the work submitted. Signed statements from any medical writers or editors declaring that they have given permission to be named as an author, as a contributor, or in the Acknowledgments section is also required. Failure to acknowledge these contributors can be considered inappropriate, which conflicts with the journal's editorial policy.

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**Guidelines for Studies of DNA Polymorphisms**
For case-control studies investigating associations between DNA sequence polymorphisms and renal phenotypes, the following review criteria will be considered in prioritizing manuscripts for publication: Adequate sample size and explicit power calculation are required for all submitted manuscripts. Negative studies have to be adequately powered in order to be considered for publication. Appropriate correction of *P* values for multiple comparisons is also required. In many cases this will involve calculation of empiric *P* values by permutation. Typing multiple markers within a locus of interest is preferred over studies that examine a single polymorphism. Defining risk haplotypes and performing haplotypic association tests is encouraged. Assessment and correction for possible population stratification are strongly encouraged, unless the analysis involves a method that is robust to stratification effects (e.g., transmission-disequilibrium testing).

Replication of the association in an independent cohort is required for new association findings. Priority will be given to studies that demonstrate a specific effect of the associated polymorphism on the expression or function of the relevant genes. A convincing biological validation will be considered in lieu of the replication requirement.

**Microarray Data**
Authors submitting manuscripts containing microarray data must submit the data to the Gene Expression Omnibus (http://www.ncbi.nlm.nih.gov/geo), or ArrayExpress (http://www.ebi.ac.uk/arrayexpress) databases and provide the accession number(s) upon submission to the journal. The data must be MIAME-compliant, with all variables completed.

**Style**
The American Medical Association Manual of Style (10th edition), Stedman's Medical Dictionary (27th edition), and Merriam Webster's Collegiate Dictionary (10th edition) should be used as standard references. Refer to drugs and therapeutic agents by their accepted generic or chemical name, and do not abbreviate them (a proprietary name may be given only with the first use of the generic name). Code numbers should be used only when a generic name is not yet available (the chemical name and a figure giving the chemical structure of the drug are required). Copyright or trade names of drugs should be capitalized and placed in parentheses after the name of the drug. Names and locations (city and state in USA; city and country outside USA) of manufacturers of drugs, supplies, or equipment cited in a manuscript are required to comply with trademark law and should be provided in parentheses. Quantitative data may be reported in the units used in the original measurement, but SI units are preferred, including those applicable to body weight, mass (weight), and temperature.
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As the electronic submission will provide the basic material for typesetting, it is important that papers are prepared in the general editorial style of the journal. For information on labeling figures, see the artwork guidelines (https://www.elsevier.com/artworkinstructions).
Do not make rules thinner than 1 pt (0.36 mm).
Use a coarse hatching pattern rather than shading for tints in graphs.
Color should be distinct when used as an identifying tool.
Use SI units throughout.
Spaces, not commas, should be used to separate thousands.
Abbreviations should be preceded by the words for which they stand in the first instance of use in the text. Overuse of abbreviations in the text is discouraged.
**No abbreviations should be used in the title or the abstract.**
The abstract should be written as a single paragraph; do not include headings.
Text should be double spaced with a wide margin.
At the first mention of a manufacturer, the town (state if USA) and country should be provided.

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Follow internationally accepted rules and conventions: use the international system of units (SI). If other units are mentioned, please give their equivalent in SI.

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Please submit your artwork with the original program in which it was created per one of the following acceptable formats:

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