



KIDNEY INTERNATIONAL REPORTS

Official Journal of the [International Society of Nephrology](#)

AUTHOR INFORMATION PACK

TABLE OF CONTENTS

| | | |
|---|---------------------------------|------------|
| ● | Description | p.1 |
| ● | Abstracting and Indexing | p.1 |
| ● | Editorial Board | p.1 |
| ● | Guide for Authors | p.4 |



ISSN: 2468-0249

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.

ABSTRACTING AND INDEXING

PubMed Central
Embase
Emerging Sources Citation Index (ESCI)
Scopus
Directory of Open Access Journals (DOAJ)

EDITORIAL BOARD

Editor-in-Chief

Jai Radhakrishnan, Columbia University College of Physicians and Surgeons, New York, New York, USA

Deputy Editor

Sumit Mohan, Columbia University College of Physicians and Surgeons, New York, New York, USA

Executive Editor

Radha McLean, Columbia University, New York, New York, USA

Associate Editors

Stephen Pastan, Emory University School of Medicine, Atlanta, Georgia, USA

Jacob Stevens, Division of Nephrology, Columbia University College of Physicians and Surgeons, New York, New York, USA

Social Media Editor

Shayan Shirazian, Columbia University College of Physicians and Surgeons, New York, New York, USA

Statistical Reviewers

Magdalene Assimon, Kidney Center, University of North Carolina, Chapel Hill, North Carolina, USA

Brad Astor, Depts. of Medicine & Population Health Sciences, University of Wisconsin School of Medicine and Public Health, Madison, Wisconsin, USA

Bo Bibby, Department of Biostatistics, Aarhus University, Aarhus, Denmark

Zhezheng Jin, Department of Biostatistics, Mailman School of Public Health, Columbia University, New York, New York, USA

Kristen King, Division of Nephrology, Columbia University Medical Center, New York, New York, USA

Sudeshna Paul, School of Nursing, Emory University, Atlanta, Georgia, USA

Kam-Fai Wong, Institute of Statistics, National University of Kaohsiung, Kaohsiung, Taiwan

Xiaonan Xue, Epidemiology & Population Health, Albert Einstein College of Medicine, Bronx, New York, USA

Jingyan Yang, Mailman School of Public Health, Columbia University, New York, New York, USA

Rebecca Zhang, Department of Biostatistics, Rollins School of Public Health, Emory University, Atlanta, Georgia, USA

Editorial Board

Rajiv Agarwal, Indiana University School of Medicine, Indianapolis, Indiana, USA

John Asplin, Litholink Corporation, Chicago, Illinois, USA

Sean Bagshaw, University of Alberta, Edmonton, Alberta, Canada

Joanne Bargman, University Of Toronto Faculty Of Medicine, Toronto, Ontario, Canada

Laurence Beck, Jr., Boston University Medical School, Boston, Massachusetts, USA

Srinivasan Beddhu, VA Salt Lake City Health Care System, Salt Lake City, Utah, USA

Detlef Bockenhauer, University College London (UCL), London, England, UK

Andrew S. Bomback, Columbia University College of Physicians and Surgeons, New York, New York, USA

Barry Brenner, Harvard School of Medicine, Boston, Massachusetts, USA

Pietro Canetta, Columbia University Medical Center, New York City, New York, USA

Jorge Cerda, Albany Medical College, Albany, New York, USA

Terence Cook, Imperial College London, London, England, UK

Rosanna Coppo, Regina Margherita Children's Hospital, Torino, Italy

Steven D. Crowley, Duke University, Durham, North Carolina, USA

Kent Doi, The University of Tokyo, Tokyo, Japan

Murray Epstein, University of Miami, Miller School of Medicine, Miami, Florida, USA

Alton Farris, Emory University, Atlanta, Georgia, USA

John Feehally, University Hospitals of Leicester, Leicestershire, England, UK

Frederic O. Finkelstein, Yale University School of Medicine, New Haven, Connecticut, USA

Ali Gharavi, Columbia University College of Physicians and Surgeons, New York, New York, USA

Richard Glassock, David Geffen School of Medicine at UCLA, Laguna Niguel, California, USA

David Goldsmith, Guy's and St Thomas's Hospitals NHS Foundation Trust, London, England, UK

Stuart L. Goldstein, Cincinnati Children's Hospital Medical Center, Cincinnati, Ohio, USA

Orlando Gutierrez, University of Alabama at Birmingham, Birmingham, Alabama, USA

David Harris, The University of Sydney, Sydney, New South Wales, Australia

Salim Hayek, University of Michigan, Ann Arbor, Michigan, USA

Jonathan Hogan, University of Pennsylvania School of Medicine, Philadelphia, Pennsylvania, USA

Kitty Jager, Academic Medical Center, Amsterdam, Netherlands

J. Charles Jennette, University of North Carolina at Chapel Hill, Chapel Hill, North Carolina, USA

Vivekanand Jha, The George Institute for Global Health, New Delhi, India

Kamyar Kalantar-Zadeh, University of California at Irvine Med Ctr, Irvine, California, USA

Clifford Kashtan, University of Minnesota Medical School, Minneapolis, Minnesota, USA

Donald E. Kohan, University of Utah School of Medicine, Salt Lake City, Utah, USA

Csaba P. Kovesdy, University of Tennessee, Memphis, Tennessee, USA

Charmaine E. Lok, University of Toronto, Toronto, Ontario, Canada

Nicolaos E. Madias, Tufts University School of Medicine, Medford, Massachusetts, USA

Glen Markowitz, Columbia University College of Physicians and Surgeons, New York, New York, USA

Christopher W. McIntyre, University of Western Ontario, London, Ontario, Canada

Ravindra L. Mehta, University of California at San Diego (UCSD), San Diego, California, USA

Thomas Nickolas, Columbia University Medical Center, New York, New York, USA

Chirag Parikh, Yale University, New Haven, Connecticut, USA

Rachel Patzer, Emory University School of Medicine, Atlanta, Georgia, USA

Mark Perazella, Yale University School of Medicine, New Haven, Connecticut, USA

John Prowle, Queen Mary University of London, London, UK
Hamid Rabb, Johns Hopkins University, Baltimore, Maryland, USA
Dominick Raj, George Washington University, Washington, District of Columbia, USA
Pierre Ronco, University Pierre & Marie Curie, Paris, France
Mitchell H. Rosner, University of Virginia Health System, Charlottesville, Virginia, USA
Brad Rovin, The Ohio State University, Columbus, Ohio, USA
Minnie Sarwal, University of California at San Francisco (UCSF), San Francisco, California, USA
Judith Savige, Peking University, China
Sanjeev Sethi, Mayo Clinic, Rochester, Minnesota, USA
Robert N. Sladen, Columbia University College of Physicians and Surgeons, New York, New York, USA
Stefan Somlo, Yale University School of Medicine, New Haven, Connecticut, USA
Michael Stokes, Columbia-Presbyterian Medical Center
Kouichi Tamura, Yokohama City University, Yokohama, Japan
Bekir Tanriover, University of Texas Southwestern Medical Center, Dallas, Texas, USA
Ashita Tolwani, University of Alabama at Birmingham, Birmingham, Alabama, USA
Tushar Vachharajani, Wake Forest University School of Medicine, Winston-Salem, North Carolina, USA
Patrick Walker, Nephropathology Associates, Little Rock, Arkansas, USA
Jan J. Weening, Tergooi Hospitals, Blaricum, Netherlands
Alexander Yevzlin, University of Wisconsin School of Medicine & Public Health (UWSPH), Madison, USA

GUIDE FOR AUTHORS

ABOUT THE JOURNAL

Please add your Twitter Handle (“@+twitter user name”) and ORCID (Open Researcher and Contributor ID) to your user account in manuscript central. If you don't have an ORCID, you can sign up for free at <https://orcid.org/>.

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](#).

Open Access/Publication Fee

KI Reports is an open access journal: all articles will be immediately and permanently free for everyone to read and download. To provide open access, *KI Reports* has an open access fee (also known as an article publishing charge, or APC), which needs to be paid by the authors or on their behalf—e.g., by their research funder or institution. Permitted third party (re)use is defined by the following Creative Commons user licenses (see <https://www.elsevier.com/openaccesslicenses>):

Creative Commons Attribution-NonCommercial-NoDerivs (CC BY-NC-ND)

For non-commercial purposes, lets others distribute and copy the article, and to include in a collective work (such as an anthology), as long as they credit the author(s) and provided they do not alter or modify the article.

For authors requiring a commercial CC BY license, you can apply after your manuscript is accepted for publication.

The open access publication fee for Full-length Articles (Original Research, Reviews, and Meeting Reports) is USD 2,100 for ISN members and USD 2,625 for non-ISN members; for Brief Reports (Nephrology Rounds/Case Reports and Research Letters) it is USD 840 for ISN members and USD 1,050 for non-ISN members, excluding taxes. See Elsevier's pricing policy (<https://www.elsevier.com/openaccesspricing>).

Elsevier supports responsible sharing

Find out how you can [share your research](#) published in Elsevier journals.

Use of inclusive language

Inclusive language acknowledges diversity, conveys respect to all people, is sensitive to differences, and promotes equal opportunities. Articles should make no assumptions about the beliefs or commitments of any reader, should contain nothing which might imply that one individual is superior to another on the grounds of race, sex, culture or any other characteristic, and should use inclusive language throughout. Authors should ensure that writing is free from bias, for instance by using 'he or she', 'his/her' instead of 'he' or 'his', and by making use of job titles that are free of stereotyping (e.g., 'chairperson' instead of 'chairman' and 'flight attendant' instead of 'stewardess').

ISSN

ISSN: 2452-1981

Frequency

Published bimonthly.

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>).

PREPARATION OF MANUSCRIPTS

Manuscripts that do not adhere to the following instructions will be returned to the corresponding author for technical revision before undergoing peer review. Please follow the [Manuscript Submission Style Checklist](#) prior to sending it to the journal for review.

Types of Articles

Original Articles

Includes clinical, epidemiological and translational research in the descriptions of areas of interest. Word limit: 4,000 words maximum, but excluding references, tables, and figures. Structured Abstract: 250 words maximum including spaces, organized into Introduction, Methods, Results, and Conclusion sections. References: no limit. Figures/tables: no limit. Disclosure statement required for all authors.

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.

Reporting Guidelines

KI Reports aims to support authors provide complete, accurate, and transparent reporting of their findings. Authors submitting articles to *KI Reports* should refer to the Enhancing the QUALity and Transparency Of health Research (EQUATOR) Network website (<http://www.equator-network.org/>), which provides a central repository of reporting guidelines and other resources to assist authors. Authors of the following study types are required to upload a copy of the corresponding checklist with their manuscript: [Randomized clinical trial](#) for CONSORT Checklist and flow diagram [Observational studies](#) for STROBE checklist [Systematic reviews and meta-analyses—interventional studies](#) for PRISMA checklist and flow diagram [Systematic reviews and meta-analyses—observational studies](#) for MOOSE Checklist and flow diagram [Diagnostic and Prognostic marker studies](#) for STARD Checklist and flow diagram While these checklists help improve the quality of reporting and increase reviewers' understanding, we do not use these guidelines as appraisal tools to filter out articles.

KI Reports encourages the use of PENELOPE for help with identification of the appropriate checklist for data reporting. This tool can be found at <http://www.peneloperesearch.com/equatorwizard>.

Reviews

Both systematic and narrative reviews—particularly interested in systematic reviews. Word range: 3,000–5,000 words, including spaces and abstract but excluding references, tables, and figures. Supplementary material: no limit to number of words, figures, and/or tables. Abstract: 250 words maximum, including spaces. References: no maximum. Figures/tables: 1–3 images or figures required, in color if possible (no additional fees for color). Disclosure statement required. Reviews are comprehensive analyses of specific topics in nephrology that are usually solicited by the Editors. Proposals for reviews should be submitted to the editorial office by email: kireports.editor@cumc.columbia.edu. Authors should only send an outline of the proposed paper for initial consideration. Both solicited and unsolicited review articles will undergo peer review prior to acceptance.

Guidelines

Includes guidelines and consensus conference statements. Word limit: to be determined in consultation with Editors. No abstract required. References: no maximum. Figures/tables: no maximum. Disclosure statement required.

Meeting Reports and Mini-Symposia (By Invitation)

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.

Nephrology Rounds/Case Reports

Includes discussion of individual patients with challenging differential diagnosis or therapeutic dilemma. Format required: detailed case presentation (#400 words), tabulation of relevant laboratory results, discussion of the case, and follow up of the patient that includes confirmation of the diagnosis or response to therapy as appropriate. Should be written primarily for the trainee audience and list distinct teaching points in a separate table. Word limit: 3,000 words. No abstract. Table with teaching points required. References: 9 maximum. Additional references must be provided **in a separate file** and formatted as supplementary references with the prefix "S" (e.g., S1, S2, etc.). In the main article in a Supplementary Material section immediately before the references, state the type of supplementary file [e.g., "Supplementary File (PDF)"] and the title "Supplementary References." Figures/tables: at least 1 image or figure and 1 table. Disclosure statement required.

Research Letters

Short original research reports—approximately 1,200 words. Word limit: 1,200 words. No abstract required. Methods must be provided **as a separate supplemental file and excluded from the main manuscript**. Provide all supplementary material in a single PDF and cite the individual supplementary material elements in the main text (e.g., Supplementary Methods, Supplementary References, etc.). In the main article in a Supplementary Material section immediately before the references, state the type of supplementary file [e.g., "Supplementary File (PDF)"] and the title "Supplementary Methods." References: 9 maximum. Additional references must be provided in a separate file and formatted as supplementary references with the prefix "S" (e.g., S1, S2, etc.). In the main article in a Supplementary Material section immediately before the references, state the type of supplementary file [e.g., "Supplementary File (PDF)"] and the title "Supplementary References." Figures/tables: at least 1 image or figure. Disclosure statement required.

Letters to the Editor

In response to published original articles. Word limit: 250 words maximum, including spaces. No abstract required. References: 4 maximum. Figures/tables: up to 1. Letters to the Editor will be considered for publication, subject to editing. Letters must contain information critical to a certain area or must be confirmatory of data recently published in *KI Reports*. A Letter must reference the original source, and a Response to a Letter must reference the Letter in the first few paragraphs, as well as the original source. Letters can use an arbitrary title, but a Response must cite the title of the Letter: e.g., Response to [title of Letter]. All Letters must contain a title page including title, all authors' names and affiliations, and corresponding author contact information. Letters may be edited for clarity by the editorial staff.

Editorials (by invitation only)

Word Limit: 1,600 words maximum including spaces. No abstract required. References: 9 maximum. Additional references must be provided in a separate file and formatted as supplementary references with the prefix "S" (e.g., S1, S2, etc.). In the main article in a Supplementary Material section immediately before the references, state the type of supplementary file [e.g., "Supplementary File (PDF)"] and the title "Supplementary References." Proposals for Editorials may be submitted; authors should only send an outline of the proposed paper for initial consideration to kireports.editor@cumc.columbia.edu.

Format of Manuscripts

Please review the [Manuscript Submission Style Checklist](#).

Manuscripts must be typed in English and double-spaced. All text including legends, footnotes, tables, and references are to be on one side of the page only. All manuscript pages must be numbered.

Language (usage and editing services)

Please write your text in good English (American or British usage is accepted, but not a mixture of these). Authors who feel their English language manuscript may require editing to eliminate possible grammatical or spelling errors and to conform to correct scientific English may wish to use the [English Language Editing service](#) available from Elsevier's WebShop.

Elsevier Publishing Campus

The Elsevier Publishing Campus (<http://www.publishingcampus.com>) is an online platform offering free lectures, interactive training, and professional advice to support you in publishing your research. The College of Skills training offers modules on how to prepare, write, and structure your article, and explains how editors will look at your paper when it is submitted for publication. Use these resources, and more, to ensure that your submission will be the best that you can make it.

Use of Word Processing Software

It is important that the file be saved in the native format of the word processor used. The text should be in single-column format. Keep the layout of the text as simple as possible. Most formatting codes will be removed and replaced on processing the article. In particular, do not use the word processor's options to justify text or to hyphenate words. However, do use bold face, italics, subscripts, superscripts etc. When preparing tables, if you are using a table grid, use only one grid for each individual table and not a grid for each row. If no grid is used, use tabs, not spaces, to align columns. The electronic text should be prepared in a way very similar to that of conventional manuscripts (see also the [Guide to Publishing with Elsevier](#)). Note that source files of figures, tables and text graphics will be required whether or not you embed your figures in the text. See also the section on Electronic artwork.

To avoid unnecessary errors you are strongly advised to use the 'spell-check' and 'grammar-check' functions of your word processor.

Text

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

Title Page

Please limit manuscript title to 10 words or less.

This should include (a) the complete manuscript title; (b) all authors' full names (listed as first name, middle initial, last name), highest academic degrees, and affiliations; (c) the name and address for correspondence, fax number, telephone number, and e-mail address; and (d) the sources of support that require acknowledgment. A running headline of no more than 50 characters (including spaces) should be supplied. **Please also provide 6 keywords.**

Keywords

Immediately after the abstract, provide a maximum of 6 keywords, using American spelling and avoiding general and plural terms and multiple concepts (avoid, for example, 'and', 'of'). Be sparing with abbreviations: only abbreviations firmly established in the field may be eligible. These keywords will be used for indexing purposes.

Abstract

When required, abstracts should be no longer than 250 words including spaces, stating the main problem, methods, results, and conclusions. There should be no subheadings in the abstract. It must be factual and comprehensive. The use of abbreviations and acronyms should be limited and general statements (e.g., "the significance of the results is discussed") should be avoided. The editors reserve the right to edit the title and abstract to conform to journal style.

The abstract should state briefly the purpose of the research, the principal results, and major conclusions. An abstract is often presented separately from the article, so it must be able to stand alone. For this reason, References should be avoided, but if essential, then cite the author(s) and year(s). Also, nonstandard or uncommon abbreviations should be avoided, but if essential they must be defined at their first mention in the abstract itself.

Abbreviations

Abbreviations should be defined at first mention in the text and in each table and figure. For a list of standard abbreviations, please consult the Council of Biology Editors Style Guide (available from the Council of Science Editors, 9650 Rockville Pike, Bethesda, MD 20814), or other standard sources. Write out the full term for each abbreviation at its first use unless it is a standard unit of measure. Refrain from overuse of abbreviations.

Disclosure/Conflict of Interest

For original articles, research letters, nephrology rounds, meeting reports, guidelines, and reviews, the submitting author must include a disclosure statement in the body of the manuscript. The statement will describe all of the authors' relationships with companies that may have a financial interest in the information contained in the manuscript. This information should be provided under the heading titled "Disclosure," which should appear after the Discussion/last section of the manuscript and before the References section. A financial disclosure statement must be provided for each author; if no financial conflict of interest is identified, "none" should be written next to the author's name.

Acknowledgements

Collate acknowledgements in a separate section at the end of the article before the references and do not, therefore, include them on the title page, as a footnote to the title or otherwise. List here those individuals who provided help during the research (e.g., providing language help, writing assistance or proof reading the article, etc.). Please also include any funding/grant support for the work described in the submission, whether directed to an author or that individual's institution.

References

KI Reports uses the same reference formatting as *Kidney International*. References should be listed in order of appearance (AMA style). Indicate references by (consecutive) superscript Arabic numerals in the order in which they appear in the text. The numerals are to be used outside periods and commas, inside colons and semicolons. For further detail and examples you are referred to the AMA Manual of Style, A Guide for Authors and Editors, Tenth Edition, ISBN 0-978-0-19-517633-9 (see <http://www.amamanualofstyle.com>).

The reference list (starting on a separate page) should contain the references in the order in which they are cited in the text. Only published works (as well as manuscripts already accepted for publication) that are referred to in the text should be listed in the reference list. The reference list must not contain any unpublished observations or personal communications, etc. Kindly cite such sources solely within the text (in parentheses), not in the reference list. Do not list more than 3 authors per reference. Should there be 4 or more, please include only the first 3 followed by "et al."

Please do not use reference linking software such as EndNote to format the citations and references. Please type them manually. If you use reference management software, please ensure that you remove ALL field codes before submitting the electronic manuscript. Please note that once you remove all hidden codes and unlink the field codes, you can no longer reformat or unformat the citations or bibliography, so always make a copy of your document prior to removing any codes. When using EndNote, you may use the EndNote tool to remove field codes, or you may manually remove the codes: Make a copy of the final manuscript. From the File menu in Word, select the Save As command. Give the file a new name. In the new file, hit CTRL+A to select all. Press Ctrl+Shift+F9 or Cmd+6 to unlink all fields. The in-text citations and bibliography become regular text, without field codes or any hidden links.

If authors still have questions about removing the field codes, technical support is available free of charge. The link to reach support is <http://endnote.com/support>.

Use of the Digital Object Identifier

The publication's Digital Object Identifier (DOI) may be used to cite and link to electronic documents. The DOI consists of a unique alpha-numeric character string which is assigned to a document by the publisher upon the initial electronic publication. The assigned DOI never changes. Therefore, it is an ideal medium for citing a document, particularly 'Articles in press' because they have not yet received their full bibliographic information. Example of a correctly given DOI (in URL format; here an article in the journal *Physics Letters B*: <http://dx.doi.org/10.1016/j.physletb.2010.09.059>). When you use a DOI to create links to documents on the web, the DOIs are guaranteed never to change.

Citation in text

Please ensure that every reference cited in the text is also present in the reference list (and vice versa). Any references cited in the abstract must be given in full. Unpublished results and personal communications are not recommended in the reference list, but may be mentioned in the text. If these references are included in the reference list they should follow the standard reference style of the journal and should include a substitution of the publication date with either 'Unpublished results' or 'Personal communication'. Citation of a reference as 'in press' implies that the item has been accepted for publication.

Reference Links

Increased discoverability of research and high-quality peer review are ensured by online links to the sources cited. To allow us to create links to abstracting and indexing services, such as Scopus, CrossRef, and PubMed, please ensure that data provided in the references are correct. Please note that incorrect surnames, journal/book titles, publication year, and pagination may prevent link creation. When copying references, please be careful as they may already contain errors. Use of the DOI is encouraged.

Web references

As a minimum, the full URL should be given and the date when the reference was last accessed. Any further information, if known (DOI, author names, dates, reference to a source publication, etc.), should also be given. Web references can be listed separately (e.g., after the reference list) under a different heading if desired, or can be included in the reference list.

Data References

Please cite underlying or relevant datasets in your text and include said references in your Reference List. Data references should include the following: author name, title, repository, version, persistent identifier, year. Add the word "dataset" in brackets (i.e., [dataset]) immediately before the reference so that it can be properly identified. This identifier will not appear in your published article.

List

Number the references in the list in the order in which they appear in the text.

Examples

Reference to a journal publication:

1. Fan SL, Almond MK, Ball E, Evans K, Cunningham J. Pamidronate therapy as prevention of bone loss following renal transplantation. *Kidney Int.* 2000;57:684–690.

Reference to a supplement article:

2. Fogo AB. Glomerular hypertension abnormal glomerular growth, and progression of renal diseases. *Kidney Int.* 2000;57(suppl 75):S15–S21.

Reference to a book:

3. Lameire N, Mehta RL, eds. *Complications of Dialysis*. New York, NY: Marcel Dekker, Inc; 2000.

Reference to a chapter in an edited book:

4. Weidner N, Buckalew VM Jr. Sick cell anemia, sickle cell trait, and polycythemic states. In: Tisher CC, Brenner BM, eds. *Renal Pathology*. Vol 2. Philadelphia, PA: JB Lippincott Company; 1989:1417–1436.

Reference to a dataset:

[dataset] 5. Oguro M, Imahiro S, Saito S, et al. Mortality data for Japanese oak wilt disease and surrounding forest compositions, Mendeley Data, v1; 2015. <http://dx.doi.org/10.17632/xwj98nb39r.1>

Journal Abbreviation Source

Journal names should be abbreviated according to the List of Title Word Abbreviations: <http://www.issn.org/services/online-services/access-to-the-ltwa>.

ORIGINALITY

Submission declaration and verification

Submission of an article implies that the work described has not been published previously (except in the form of an abstract, a published lecture or academic thesis, see '[Multiple, redundant or concurrent publication](#)' for more information), that it is not under consideration for publication elsewhere, that its publication is approved by all authors and tacitly or explicitly by the responsible authorities where the work was carried out, and that, if accepted, it will not be published elsewhere in the same form, in English or in any other language, including electronically without the written consent of the copyright-holder. To verify originality, your article may be checked by the originality detection service [Crossref Similarity Check](#).

Authorship

Requirements for all categories of articles should conform to the "Uniform Requirements for Manuscripts Submitted to Biomedical Journals," developed by the ICMJE (<http://www.icmje.org/>).

Each author must have contributed sufficiently to the intellectual content of the submission. The corresponding author should list all authors and their contributions to the work. The corresponding author must confirm that he or she has had full access to the data in the study and final responsibility for the decision to submit for publication. To qualify as a contributing author, one must meet all of the following criteria:

Conceived and/or designed the work that led to the submission, acquired data, and/or played an important role in interpreting the results, drafted or revised the manuscript, and approved the final version.

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.

Although the editors and referees make every effort to ensure the validity of published manuscripts, the final responsibility rests with the authors, not with *KI Reports*, its editors, the International Society of Nephrology, or Elsevier.

Changes to Authorship

This policy concerns the addition, deletion, or rearrangement of author names in the authorship of accepted manuscripts:

Before the accepted manuscript is published in an online issue: Requests to add or remove an author, or to rearrange the author names, must be sent to the Journal Manager from the corresponding author of the accepted manuscript and must include: (a) the reason the name should be added or removed, or the author names rearranged and (b) written confirmation (e-mail, fax, letter) from all authors that they agree with the addition, removal or rearrangement. In the case of addition or removal of authors, this includes confirmation from the author being added or removed. Requests that are not sent by the corresponding author will be forwarded by the Journal Manager to the corresponding author, who must follow the procedure as described above. Note that: (1) Journal Managers will inform the Journal Editors of any such requests, and (2) publication of the accepted manuscript in an online issue is suspended until authorship has been agreed.

After the accepted manuscript is published in an online issue: Any requests to add, delete, or rearrange author names in an article published in an online issue will follow the same policies as noted above and result in a corrigendum.

Informed Consent and Patient Details

Studies on patients or volunteers require ethics committee approval and informed consent, which should be documented in the paper. Appropriate consents, permissions, and releases must be obtained where an author wishes to include case details or other identifiable information or images of patients and any other individuals in an Elsevier publication. Written consents must be retained by the author and copies of the consents or evidence that such consents have been obtained must be provided to Elsevier on request. For more information, please review the *Elsevier Policy on the Use of Images or Personal Information of Patients or other Individuals* (<https://www.elsevier.com/patient-consent-policy>). Unless you have written permission from the patient (or, where applicable, the next of kin), the personal identifying information of any patient included in any part of the article and in any supplementary materials (including all illustrations and videos) must be removed before submission.

Ethics in publishing

Please see our information pages on [Ethics in publishing](#) and [Ethical guidelines for journal publication](#).

Human and Animal Rights

If the work involves the use of animal or human subjects, the author should ensure that the work described has been carried out in accordance with The Code of Ethics of the World Medical Association (Declaration of Helsinki) for experiments involving humans (<https://www.wma.net/policies-post/wma-declaration-of-helsinki-ethical-principles-for-medical-research-involving-human-subjects>), the EU Directive 2010/63/EU, for animal experiments (http://ec.europa.eu/environment/chemicals/lab_animals/legislation_en.htm), Uniform Requirements for manuscripts submitted to Biomedical journals (<http://www.icmje.org>), and in the case of renal transplant the Declaration of Istanbul (as published in *Kidney Int.* [2008] 74, 854–859; <https://doi.org/10.1038/ki.2008.388>). *KI Reports* will not consider manuscripts containing data derived from transplants obtained from executed prisoners. If authors wish to submit a manuscript related to this issue such as an editorial or review examining the consequences of such practices, they must contact the Editorial Office to obtain permission prior to submitting the manuscript. Authors should include a statement in the manuscript that informed consent was obtained for experimentation with human subjects. The privacy rights of human subjects must always be observed.

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.

Journal Style

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.

Units

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

Artwork

Formats

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

TIFF (or JPEG): Color or grayscale photographs (halftones), at least 300 dpi.

TIFF (or JPEG): Bitmapped (pure black & white pixels) line drawings, at least 1,000 dpi.

TIFF (or JPEG): Combinations bitmapped line/halftone (color or grayscale), at least 500 dpi.

EPS: Vector drawings, embed all used fonts.

Microsoft Office **ONLY if your electronic artwork was originally created using a Microsoft Office application (Word, PowerPoint, Excel)**. Please supply 'as is' **as separate files** in the native document format.

General Points

Make sure you use uniform lettering and sizing of your original artwork.

Embed the used fonts if the application provides that option.

Aim to use the following fonts in your illustrations: Arial, Courier, Times New Roman, or Symbol, or use fonts that look similar.

Number the illustrations according to their sequence in the text.

Use a logical naming convention for your artwork files.

Provide captions to illustrations separately.

Size the illustrations close to the desired dimensions of the published version.

Submit each illustration as a separate file.

All microscopy figures must contain scale bars which must be defined in the legends.

A detailed guide on electronic artwork is available on our website (<https://www.elsevier.com/artworkinstructions>). **You are urged to visit this site; only excerpts from the detailed information are provided here.**

Color Artwork

Color artwork is encouraged to enhance the presentation of your paper in digital format. KI Reports does not charge additional fees for color artwork.

Please make sure that artwork files are in an acceptable format (TIFF [or JPEG], EPS, or MS Office files) and with the correct resolution. If, together with your accepted article, you submit usable color figures then Elsevier will ensure, at no additional charge, that these figures will appear in color online (e.g., ScienceDirect and other sites). For further information on the preparation of electronic artwork, please see our artwork guidelines (<https://www.elsevier.com/artworkinstructions>).

Please do not:

Supply files that are optimized for screen use (e.g., GIF, BMP, PICT, WPG); these typically have a low number of pixels and limited set of colors;

Supply PDF;

Supply files that are less than 300 dpi (low resolution); and

Submit graphics that are disproportionately large for the content.

Illustration services

[Elsevier's WebShop](#) offers Illustration Services to authors preparing to submit a manuscript but concerned about the quality of the images accompanying their article. Elsevier's expert illustrators can produce scientific, technical and medical-style images, as well as a full range of charts, tables and graphs. Image 'polishing' is also available, where our illustrators take your image(s) and improve them to a professional standard. Please visit the website to find out more.

Figure Captions

Ensure that each illustration has a caption. Supply captions separately, not attached to the figure. A caption should comprise a brief title (**not** on the figure itself) and a description of the illustration. Keep text in the illustrations themselves to a minimum but explain all symbols and abbreviations used. Use scale markers in the image for electron micrographs and indicate the type of stain used.

Text graphics

Text graphics may be embedded in the text at the appropriate position. See further under Electronic artwork.

Tables

Please submit tables in Microsoft Word format as editable text, not as images. Tables should be placed on separate page(s) **in the same file as the main paper** at the end of the manuscript. Number tables consecutively in accordance with their appearance in the text and place any table notes below the table body. Please avoid using vertical rules. Place explanatory matter of tables in the footnotes rather than in the titles. **PLEASE NOTE: PDF format is NOT accepted.**

Video Data

Elsevier accepts video material and animation sequences to support and enhance your scientific research. Authors who have video or animation files that they wish to submit with their article are strongly encouraged to include links to these within the body of the article. This can be done in the same way as a figure or table by referring to the video or animation content and noting in the body text where it should be placed. All submitted files should be properly labeled so that they directly relate to the video file's content. To ensure that your video or animation material is directly usable, please provide the files in one of our recommended file formats with a preferred maximum size of 150 MB. Video and animation files supplied will be published online in the electronic version of your article in Elsevier Web products, including ScienceDirect (<http://www.sciencedirect.com>). Please supply 'stills' with your files: you can choose any frame from the video or animation or make a separate image. These will be used instead of standard icons and will personalize the link to your video data. For more detailed instructions please visit our video instruction pages (<https://www.elsevier.com/artworkinstructions>).

Supplementary Material

Elsevier accepts electronic supplementary material to support and enhance your scientific research. Supplementary files offer the author additional possibilities to publish supporting applications, high-resolution images, background datasets, sound clips and more. Supplementary files supplied will be published online alongside the electronic version of your article in Elsevier Web products, including ScienceDirect (<http://www.sciencedirect.com>). In order to ensure that your submitted material is directly usable, please provide the data in one of our recommended file formats. Authors should submit the material in electronic format together with the article and supply a concise and descriptive caption for each file. For more detailed instructions, please visit our artwork instruction pages (<https://www.elsevier.com/artworkinstructions>).

Supplementary information is peer-reviewed material directly relevant to the conclusion of an article. Supplementary information enhances a reader's understanding of the paper but is not essential to that understanding. Supplementary information must be supplied to the editorial office in its final form for peer review. On acceptance, the final version of the peer-reviewed supplementary information should be submitted with the accepted paper. To ensure that the contents of the supplementary information files can be viewed by the editor(s), referees, and readers, please also submit a 'read-me' file containing brief instructions on how to use the file.

If your manuscript or any significant part of it has been under consideration for publication elsewhere, or has appeared elsewhere in a manner that could be construed as a prior or duplication publication of the same, or very similar, work, the said material must be included and marked appropriately as a supplemental file.

Authors should ensure that supplementary information is supplied in its FINAL format as it is not copyedited and will appear online exactly as originally submitted. It cannot be altered, nor can new supplementary information be added, after the paper has been accepted for publication. Please supply the supplementary information via the electronic manuscript submission and tracking system, in an acceptable file format.

Provide all supplementary material in a single PDF and cite the individual supplementary material elements in the main text (e.g., Supplementary Table S1, Supplementary Figure S1, Supplementary Methods, Supplementary References, etc.). For supplementary tables and figures (unlike in-text tables and figures), the full table title or figure legend should be included in the file containing the table or figure itself. Please use the "S" prefix (e.g., Table S1, Figure S1) to differentiate the material from that of the regular article. All supplementary references should start with the "S" prefix to be differentiated from regular references. In the main article in a Supplementary Material section immediately before the references, state the type of supplementary file [e.g., "Supplementary File (PDF)"] and a brief title for each supplementary material element.

Accepted File Formats

Quick Time files (.mov), graphical image files (.gif), HTML files (.html), MPEG movie files (.mpg), JPEG image files (.jpg), sound files (.wav), plain ASCII text (.txt), MS Word documents (.doc), Postscript files (.ps), MS Excel spreadsheet documents (.xls), and PowerPoint files (.ppt). We cannot accept TeX and LaTeX.

Images should not exceed 640 × 480 pixels, but we would recommend 480 × 360 pixels as the maximum frame size for movies. We would also recommend a frame rate of 15 frames per second. If applicable to the presentation of the supplementary information, use a 256-color palette. Please consider the use of lower specification for all of these points if the supplementary information can still be represented clearly. Our recommended maximum data rate is 150 KB/s.

Individual files should not exceed 1 MB. Please seek advice from the editorial office before sending files larger than our maximum size to avoid delays in publication.

Further questions about the submission or preparation of supplementary information should be directed to the editorial office.

SUBMISSION AND PUBLICATION

Submission of Papers

Submission If you are ready to submit an article, please visit the Online Submission page <https://mc.manuscriptcentral.com/kir>.

Authors who have an account with on KI submission site should login in the *KI Reports* submission site using their KI account login and password.

All text should be submitted in Microsoft Word (.doc) and figures as .tif or .jpg files.

Figures appearing in the online version of manuscripts will be published in 72 dpi as is standard for all .pdf files on the internet.

Please add your Twitter Handle (“@+twitter user name”) and ORCID (Open Researcher and Contributor ID) to your user account in manuscript central. If you don’t have an ORCID, you can sign up for free at <https://orcid.org/>.

Submission Checklist

The following [Manuscript Submission Style Checklist](#) will be useful during the final checking of an article prior to sending it to the journal for review. Please consult this Guide for Authors and the for further details of any item.

Ensure that the following items are present: One author has been designated as the corresponding author with contact details: E-mail address Full postal address All necessary files have been uploaded, and contain: Keywords All figure legends (include in the text of the manuscript after the references) All tables (include title, description, and footnotes, and place after the references) Further considerations: Manuscript has been ‘spell-checked’ and ‘grammar-checked’ Abstract is structured, with introduction, methods, results, and conclusion subheads Methods section appears before results section Financial disclosure statement is included in the body of the manuscript after the discussion section but before the references. If none, write “All the authors declared no competing interests.” A brief title for each supplementary material element is included in the body of the manuscript under the “Supplementary Material” heading before the references. References are in the correct format for this journal All references mentioned in the Reference list are cited in the text, and vice versa Clearly cite all tables and figures in the manuscript text with the table/figure number(s). Permission has been obtained for use of copyrighted material from other sources (including the Internet). Patient consent forms are in the authors' possession for figures that include recognizable patient images. **Figures must be excluded from the manuscript text and provided as separate files** in ppt, eps, or jpeg or tiff format. (**NO PDF/png format.** PDF format is acceptable for supplemental material). **Label figure files according to their number (i.e., Figure 1, etc.).** Provide figures in color if possible. For any further information please visit our customer support site at <https://service.elsevier.com>.

Format for Revised Manuscripts

We ask that two versions of a revised manuscript be uploaded, one with “tracked” changes and one “clean” version with all changes accepted and track changes turned off.

Copyright

Upon acceptance of an article, authors will be asked to complete a 'Journal Publishing Agreement' (for more information on this and copyright, see <https://www.elsevier.com/copyright>). An email will be sent to the corresponding author confirming receipt of the manuscript together with a 'Journal Publishing Agreement' form or a link to the online version of this agreement.

Role of the Funding Source

You are requested to identify who provided financial support for the research and/or preparation of the article and to briefly describe the role of the sponsor(s), if any, in study design; in the collection, analysis and interpretation of data; in the writing of the report; and in the decision to submit the article for publication. If the funding source(s) had no such involvement, then this should be stated.

List funding sources in this standard way to facilitate compliance to funder's requirements:

Funding: This work was supported by the National Institutes of Health [grant numbers xxxx, yyyy]; the Bill & Melinda Gates Foundation, Seattle, WA [grant number zzzz]; and the United States Institutes of Peace [grant number aaaa].

It is not necessary to include detailed descriptions on the program or type of grants and awards.

When funding is from a block grant or other resources available to a university, college, or other research institution, submit the name of the institute or organization that provided the funding.

If no funding has been provided for the research, please include the following sentence: This research did not receive any specific grant from funding agencies in the public, commercial, or not-for-profit sectors.

Funding Body Agreements and Policies

Elsevier has established a number of agreements with funding bodies that allow authors to comply with their funder's open access policies. Some authors may also be reimbursed for associated publication fees. To learn more about existing agreements please visit our funding bodies page (<https://www.elsevier.com/fundingbodies>).

After acceptance, open access papers will be published under a noncommercial license. For authors requiring a commercial CC BY license, you can apply after your manuscript is accepted for publication.

AFTER ACCEPTANCE

Manuscript Deposition Service

Elsevier's automated manuscript deposition service enables authors to meet the open access or public access policies of all of the participating funders, making it simple and free for researchers to comply.

Proofs

One set of page proofs (as PDF files) will be sent by e-mail to the corresponding author (if we do not have an e-mail address then paper proofs will be sent by post) or, a link will be provided in the e-mail so that authors can download the files themselves. Elsevier now provides authors with PDF proofs which can be annotated; for this you will need to [download the free Adobe Reader](#), version 9 (or higher). Instructions on how to annotate PDF files will accompany the proofs (also given online). The exact system requirements are given at the [Adobe site](#).

If you do not wish to use the PDF annotations function, you may list the corrections (including replies to the Query Form) and return them to Elsevier in an e-mail. Please list your corrections quoting line number. If, for any reason, this is not possible, then mark the corrections and any other comments (including replies to the Query Form) on a printout of your proof and scan the pages and return via e-mail. Please use this proof only for checking the typesetting, editing, completeness and correctness of the text, tables and figures. Significant changes to the article as accepted for publication will only be considered at this stage with permission from the Editor. We will do everything possible to get your article published quickly and accurately. It is important to ensure that all corrections are sent back to us in one communication: please check carefully before replying, as inclusion of any subsequent corrections cannot be guaranteed. Proofreading is solely your responsibility.

The editorial office may proceed with final publication without the author's approval if the author fails to return the proof.

CrossMark

Authors will see the *CrossMark* logo with their articles upon publication in an issue. *CrossMark* is a multipublisher initiative to provide a standard way for readers to locate the current version of a piece of content. By applying the *CrossMark* logo Elsevier Inc. is committing to maintaining the content it publishes and to alerting readers to changes if and when they occur. Clicking on the *CrossMark* logo will tell you the current status of a document and may also give you additional publication record information about the document.

Offprints

The corresponding author will be notified and receive a link to the published version of the open access article on [ScienceDirect](#). This link is in the form of an article DOI link which can be shared via email and social networks. For an extra charge, paper offprints can be ordered via the offprint order form which is sent once the article is accepted for publication. Both corresponding and co-authors may order offprints at any time via Elsevier's [Webshop](#). Authors requiring printed copies of multiple articles may use Elsevier Webshop's 'Create Your Own Book' service to collate multiple articles within a single cover.

Peer review

This journal operates a single blind review process. All contributions will be initially assessed by the editor for suitability for the journal. Papers deemed suitable are then typically sent to a minimum of 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. [More information on types of peer review](#).

Data linking

If you have made your research data available in a data repository, you can link your article directly to the dataset. Elsevier collaborates with a number of repositories to link articles on ScienceDirect with relevant repositories, giving readers access to underlying data that gives them a better understanding of the research described.

There are different ways to link your datasets to your article. When available, you can directly link your dataset to your article by providing the relevant information in the submission system. For more information, visit the [database linking page](#).

For [supported data repositories](#) a repository banner will automatically appear next to your published article on ScienceDirect.

In addition, you can link to relevant data or entities through identifiers within the text of your manuscript, using the following format: Database: xxxx (e.g., TAIR: AT1G01020; CCDC: 734053; PDB: 1XFN).

AUTHOR INQUIRIES

You can track your submitted article at <https://mc.manuscriptcentral.com/kir>. You can track your accepted article at <https://www.elsevier.com/trackarticle>. You are also welcome to contact Customer Support via <https://service.elsevier.com>.

© Copyright 2018 Elsevier | <https://www.elsevier.com>