KIDNEY RESEARCH AND CLINICAL PRACTICE

DESCRIPTION

Kidney Research and Clinical Practice (formerly The Korean Journal of Nephrology; ISSN 1975-9460, launched in 1982), the official journal of the Korean Society of Nephrology, is an international, peer-reviewed, open access (free submission and free access) journal published in English. Its ISO abbreviation is Kidney Res Clin Pract.

To provide a venue for dissemination of knowledge and discussion of topics related to basic renal science and clinical practice, the journal considers articles on all aspects of clinical nephrology and hypertension, as well as related molecular genetics, anatomy, pathology, physiology, pharmacology, and immunology. In particular, the journal focuses on translational renal research that helps bridge laboratory discovery with the diagnosis and treatment of human kidney disease.

Topics covered include basic science with possible clinical applicability and papers on the pathophysiological basis of disease processes of the kidney. Article types considered for publication include original research, reviews on current topics of interest, and case reports. Accepted manuscripts are granted free online open-access immediately after publication, which permits its users to read, download, copy, distribute, print, search, or link to the full texts of its articles, thus facilitating access to a broad readership. Circulation number of print copies is 1,500.

The journal is indexed in SCOPUS, ScienceDirect, DOI/Crossref, PubMed Central (PMC), Google Scholar, KoMCI, KoreaMed, and CAS. We are supported by the Korean Federation of Science and Technology Societies (KOFST) Grant funded by the Korean Government, and also by the Korean Research Foundation of Internal Medicine (KRFIM) Grant.

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Manuscript Submission

Manuscripts for Kidney Research and Clinical Practice should be submitted online at http://www.evise.com/evise/faces/pages/navigation/NavController.jspx?JRNL_ACR=KRCP. For editorial questions, please contact us via e-mail (ksn@ksn.or.kr), telephone (+82 2 3486-8736), or fax (+82 2 3486-8737).

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Types of Articles
Review Articles
These describe new developments of significance in the field of nephrology, and highlight unresolved questions and future directions. Most reviews are solicited by the editors, but unsolicited submissions may also be considered for publication. Review articles should include Abstract, Introduction, brief main headings and References. The text should be limited to 5,000 words (excluding tables, figures and references).

Original Articles
These are expected to present major advances and important new research results. Section headings should include Abstract, Introduction, Methods, Results, Discussion, Conflict of Interest, Acknowledgments (if applicable), and References. The text should be limited to 4,000 words (excluding tables, figures and references) and 40 references.

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These are short peer-reviewed papers presenting novel findings in clinical studies. Case reports are only published if they illustrate a rare occurrence of very important clinical importance. Section headings should include Abstract, Introduction, Case, Discussion, and References. The text should be limited to 1,500 words (excluding tables, figures and references) and 15 references. A maximum of 4 figures/tables may be included.

Bench and Bedside
This section reviews current experimental methodologies used in kidney research (Bench) and important diagnostic or therapeutic techniques applied in clinical practice (Bedside). These are usually solicited by the editors, but unsolicited submissions may also be considered for publication. Articles should include Abstract, Introduction, brief main headings, and References. The text should be limited to 4,000 words (excluding tables, figures and references) and 30 references.

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These are letters about readers' opinions or issues of concern on previously published articles in the journal. Receipt of letters will not be acknowledged nor are authors generally consulted before publication. The text should be limited to 400 words (excluding tables, figures and references) and 5 references. Accepted letters are subject to editing for clarity and space.

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The title page should include article title, names (spelled out in full in order of first name, initials of middle name and last name) of all authors, and the institutions with which they are affiliated, short running title not exceeding 50 characters, separate word count for abstract and text, and corresponding author details (name, address, phone, fax and e-mail information). The individual contribution of each co-author must also be detailed.
**Abstract and Keywords**

Abstract should not exceed 250 words in original or review articles and 150 words in case reports. It must be written for easy reading with no abbreviations. The abstract of the original article should be divided into four subsections: Background, Methods, Results, and Conclusions. 35 keywords should be listed below the abstract. For selecting keywords, refer to the Index Medicus Medical Subject Headings (Available from: http://www.ncbi.nlm.nih.gov/mesh)

**Main Text**

The text for original articles, for example, should include the following sections: Introduction, Methods, Results, and Discussion. The Introduction should be as concise as possible, without subheadings. The Methods section should be sufficiently detailed. Subheadings may be used to organize the Results and Discussion. Each section should begin on a new page.

**Abbreviations**

Where a term/definition is continually referred to (3 times or more in the text), it is written in full when it first appears, followed by the subsequent abbreviation in parentheses (even if it was previously defined in the abstract); thereafter, the abbreviation is used.

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Current standard international nomenclature for genes should be adhered to. Genes should be typed in italic font and include the accession number. For human genes, use genetic notation and symbols approved by the HUGO Gene Nomenclature Committee (http://www.genenames.org/) or refer to PubMed (http://www.ncbi.nlm.nih.gov/sites/entrez).

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Systme International (SI) units must be used, with the exception of blood pressure values which are to be reported in mmHg. Please use the metric system for the expression of length, area, mass and volume.

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References should be cited with Arabic numerals in square brackets. References are numbered consecutively in order of appearance in text. Multiple references are separated by closed-up commas and ranges are indicated with en dash. References cited in tables or figure legends should be included in sequence at the point where the table or figure is first mentioned in text. Abstracts should not be cited unless it is the only available reference to an important concept. Uncompleted work or work that has not yet been accepted for publication (i.e. unpublished observation, personal communication) should not be cited as references.

When referring to a study, if the reference has only 1 author, then list the author name directly (e.g. Hawkins [1] reported that…); if the reference has 2 authors, both surnames are listed (e.g. Hawkins and Price [1] reported that); if the reference has 3 authors or more, then list the surname of the first author only followed by “et al” (e.g. Hawkins et al [1] reported that). Note that “et al” has not end period and is not in italics.

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References are limited to those cited in text and listed in numerical order, NOT alphabetical order. They should include, in order, author names, article title, journal name, volume, inclusive page numbers and year. If there is only one page, state if the article is an abstract or letter. Names of all authors should be listed, and should include the last name and initials of the first name and middle name. Journal names should be in italics and abbreviations for journal titles should conform to those used in MEDLINE. If citing a website, author information, article title, website address and the date the site was accessed should be provided. For an article in press, the journal name and, if possible, the volume and year, must be provided.

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Macdougall IC: Evolution of iv iron compounds over the last century. *J Ren Care* 35 (Suppl 2): S8–S13, 2009

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