The American Journal of Kidney Diseases (ISSN: 0272-6386), 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.

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, which are listed in alphabetical order in this section. If reporting company-sponsored research, authors should consult the Good Publication Practice recommendations (GPP3). For methodological information in 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 strongly encourages including the study protocol (with any amendments identified with date) with the initial submission.

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 review Sharp et al (A review of published analyses of case-cohort studies and recommendations for future reporting. PLOS One. 2014) for reporting suggestions.

For ecological studies, authors may wish to review Dufault and Klar (The quality of modern

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 endpoint 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 healthcare 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, which contains 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 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 are encouraged to prospectively register study protocols at the PROSPERO international registry, reporting the registration number at the end of the abstract. As of July 1, 2018, authors submitting systematic reviews that were not prospectively registered must register retroactively and include in ‘Author Comments’ 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 (combined into a single “Item S1”) 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 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. Authors should consult the CARE guidelines, with the understanding that certain items may not apply to all reports of cases.

**Features**

*AJKD* features are designed to strengthen knowledge in the field of nephrology and to provide physicians 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**

An article that provides 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). Images published within this feature may also appear on the journal cover.

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 depictions of patients are sufficient to permit identification, 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 the activities of a group or initiative relevant to clinical practice or research in nephrology. Examples include reports of scientific workshops and descriptions of the rationale or progress of initiatives or consortia. Criteria for review include the importance and clinical relevance of the issue addressed, timeliness of the topic, the appropriateness of the authors’ expertise and backgrounds for the scope of the article, and the novelty and anticipated impact of the conclusions. Articles of this type are limited to 4,000 words, and an unstructured abstract (150-200 words) is required; most Special Reports will have no more than 80 references and 8 figures/tables/boxes in total.

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.

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 suggested 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. Other custom features include clinical practice guidelines, commentaries on such guidelines, 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 forfeiture 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 meet the definition of plagiarism.

Authorship

In accordance with International Committee of Medical Journal Editors (ICMJE) recommendations, 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 study, to data acquisition, or to data analysis and interpretation; and
(2) the individual drafted the article and/or revised it for important intellectual content; and
(3) the individual approved the final version of the submitted manuscript; and
(4) the individual accepts accountability for the overall work by ensuring that questions pertaining to the accuracy or integrity of any portion of the work are appropriately investigated and resolved.

If revision is requested, item 3 applies to any revisions submitted. 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) must include a statement that the research was approved by the appropriate research ethics committee (eg, an institutional review board), quoting the approval number. If the relevant ethics committee exempted the study from the need for approval, the name of the committee and a brief explanation must be provided. 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.

Manuscripts reporting research studies (including quality improvement activities) must either state that written, informed consent was obtained from all participants or that the responsible ethics committee ruled that informed consent did not apply (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 provide written informed consent before publication.

**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 have prospectively registered 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 programs, 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 other 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.

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, as of July 1, 2018, Original Investigation and Research Letter manuscripts should include a data sharing statement. Of note, at this stage *AJKD* does not have a particular 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 (eg, deidentified, individual participant data underlying the results presented in the manuscript); whether other documents will be available (eg, 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 (eg, anyone, researchers with a methodologically sound proposal);
the types of analyses to be allowed (eg, 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.

For clinical trials that begin 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), 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 research articles (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 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 detailed 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 differ according to type of study, as shown below (these headings may differ from published reporting guidelines such as CONSORT; *AJKD* authors should follow the journal’s preferred headings).

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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 file(s) 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: HIJ; data analysis/interpretation: AB, EFG; statistical analysis: KL; supervision or mentorship: EFG, MN. Each author contributed important intellectual content during manuscript drafting or revision and accepts accountability for the overall work by ensuring that questions pertaining to the accuracy or integrity of any portion of the work are appropriately investigated and resolved.

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

Authors should specify whether or not the funders had any role in study design; collection, analysis, and interpretation of data; writing the report; and the decision to submit the report for publication.
Financial Disclosure

Each article except for In a Few Words must list financial relationships between each author (or the author’s institution) and entities that did not support the study, but that might reasonably be considered to be relevant stakeholders. For manuscripts that discuss tests or treatments, relationships with entities offering alternatives to those tests or treatments are considered pertinent. The types of relationships include, but are not limited to:

- patents (planned, pending, or issued) or royalties
- employment or consultancy
- board membership
- payment or reimbursement of travel/accommodation expenses for expert testimony or lectures (including service on speakers' bureaus)
- stock/stock options
- a first-degree relative with any such relationship

The disclosure must cover the 36 months prior to submission of the manuscript, unless there are prior relationships that could reasonably represent or create the perception of a COI, such as long-term financial relationships that have now ended. If no financial COI is identified, a statement such as “Drs X, Y, and Z declare that they have no relevant financial interests” must be included. In general, however, authors should disclose information even when there is a question as to whether a relationship constitutes a COI.

Other Disclosures

If there are relevant nonfinancial associations (personal, professional, political, institutional, religious, or other) that may reasonably represent or create the perception of a COI related to the submitted work, authors should include this information in the “Enter Comments” text box provided during the submission process. When authors are uncertain about the need to disclose, they should err on the side of so doing.

Acknowledgements

Authors may express thanks or note assistance in the Acknowledgements. In addition, any individuals who contributed to the work described in the manuscript but who do not qualify as authors must be named in this section. Authors are responsible for informing all those listed that they are being mentioned in the manuscript and for obtaining their approval prior to publication.

Data Sharing Statement

Authors of Original Investigations and Research Letters should include a statement of their data sharing plans, as described in the Data Sharing section.

Tables and Figures

Tables and figures should be cited in numerical order in the text using Arabic numbering.

Each table should be on a separate page of the manuscript file, ordered immediately after the references. The table number and title should be included above the table. Any additional information, including conversion factors for international units, should be included in notes below each table.

Each figure should have a legend (figure title and other explanatory text); legends should be placed at the end of the manuscript file, after the references or tables (if present). Titles and legends should not appear in the figure files themselves.

Figures should not be embedded within the manuscript file; instead they should be uploaded in the Editorial Manager system as separate files. For initial evaluation, figures must be of sufficient quality to be interpretable. If revision is requested, production-quality figures will be required, for which advice will be given. In general, authors should minimize conversions between file types. Resolution should not be reduced except when file size would otherwise be impractically large; in most cases, pixel-based images should have a resolution of at least 1,200 dpi for graphs and line art or 500 dpi for micrographs and other images. Color figures should use CMYK color mode.

For all borrowed material, authors are responsible for applying for permission from the relevant publisher(s) for both print and electronic rights and are responsible for paying any permissions fees. In addition to providing proof of permission to the editorial office, authors must include appropriate wording in the figure legend or table note to indicate the source of the material.

For photographs of identifiable persons, the authors must obtain a signed release that indicates informed consent.

AJKD’s expectations for image processing are that (1) adjusting contrast/levels or rescaling is acceptable if the adjustment was performed across the entire image; and (2) if certain parts of an image have been altered (other than obscuring confidential patient information), the authors must explain what has been done in a text box provided during the submission process and must be prepared to provide the original image for the editors’ inspection.

Journal Style

Provided the manuscript is clear and complete, editors will not penalize submissions that do not follow journal style. However, for publication, manuscripts must conform to journal style, and thus style changes may be requested at revision.

Units of Measurement

Values should be expressed in US conventional units; international equivalents or conversions are not necessary in running text. However, conversion
factors should be provided in figure legends and table notes, as appropriate, eg, “Conversion factors for units: serum creatinine in mg/dL to μmol/L, ×88.4; urea nitrogen in mg/dL to mmol/L, ×0.357.”

A list of values requiring unit conversions, as well as conversion factors, is available for download.

**Reporting P Values**

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