

## GENERAL INFORMATION

*Childhood Kidney Diseases* (*Child Kidney Dis*, *ChiKD*) is a peer-reviewed open-access journal of medicine published in English. The Journal is published twice per year (the last day of June and December). It is the official publication of the Korean Society of Pediatric Nephrology (KSPN). *ChiKD* covers clinical and research works relevant to all aspects of pediatric nephrology. The journal aims to serve researchers engaged in pediatrics, nephrology, urology, genetics and laboratory medicine, and related fields through the prompt publication of significant advances in pediatric nephrology and to rapidly disseminate recently updated knowledge to the public. Additionally, it will initiate dynamic, international, academic discussions concerning the major topics related to pediatric nephrology.

Manuscripts submitted to *ChiKD* should be prepared according to the following instructions. For issues not addressed in these instructions, authors are referred to “Recommendations for the Conduct, Reporting, Editing and Publication of Scholarly Work in Medical Journals” from the International Committee of Medical Journal Editors (ICMJE; <http://www.icmje.org>). It also adheres completely to the “Principles of Transparency and Best Practice in Scholarly Publishing” from Committee on Publication Ethics (COPE), the Directory of Open Access Journals (DOAJ), the World Association of Medical Editors (WAME), and the Open Access Scholarly Publishers Association (OASPA) (<http://doaj.org/bestpractice>) if not otherwise described below.

## RESEARCH AND PUBLICATION ETHICS

The journal adheres to the ethical guidelines for research and publication described in the Guidelines on Good Publication (<http://publicationethics.org/resources/guidelines>) and the ICMJE Guidelines (<http://www.icmje.org>).

### 1. Authorship

An author is considered as an individual who has made substantive intellectual contributions to a published study and whose authorship continues to have important academic, social, and financial implications. The ICMJE has recommended the following criteria for authorship: (1) substantial contributions to conception and design, acquisition, analysis, and

interpretation of data; (2) drafting the article or revising it critically for important intellectual content; (3) final approval of the version to be published; and (4) agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved. If any persons do not meet the above four criteria, they may be listed as contributors in the Acknowledgments section. After the initial submission of a manuscript, any changes whatsoever in authorship (adding author(s), deleting author(s), or re-arranging the order of authors) must be explained by a letter to the editorial office (or editor-in-chief) from the authors concerned. This letter must be signed by all authors of the paper. Copyright assignment must also be completed by every author.

### 2. Originality, plagiarism, and duplicate publication

Submitted manuscripts should be original and should not be under consideration by other scientific journals for publication. No part of an accepted manuscript should be duplicated in any other scientific journal without the permission of the Editorial Board, although the figures and tables can be used freely if the original source is acknowledged according to the Creative Commons Attribution License. It is mandatory for all authors to resolve any copyright issues when citing a figure or table from another journal that is not open-access. The cover letter must include the corresponding author's name, address, telephone number, and e-mail address, and state that the manuscript is not under consideration for publication and has not been published elsewhere. Similarity Check is used to screen submitted manuscripts for possible plagiarism or duplicate publication upon arrival. If plagiarism or duplicate publication is detected, the manuscript will be rejected, the authors will be announced in the journal, and their institutions will be informed. There will also be penalties for the authors. If the author(s) wishes to obtain a duplicate or secondary publication for various other reasons, such as for readers of a different language, he/she should obtain approval from the editors-in-chief of both the first and second journals.

### 3. Conflict of interest statement

A conflict of interest exists when an author (or the author's institution), reviewer, or editor has financial or personal rela-

tionships that inappropriately influence his/her actions (such relationships are also known as dual commitments, competing interests, or competing loyalties). All authors should disclose their conflicts of interest, such as (1) financial relationships (such as employment, consultancies, stock ownership, honoraria, paid expert testimony), (2) personal relationships, (3) academic competition, and (4) intellectual beliefs. We define “people with personal connections” as minors (age under 18) or researchers’ family members (spouse, offspring, relatives, and so on). These conflicts of interest must be included after the discussion section. Each author should certify the disclosure of any conflict of interest with his/her signature. If no conflict exists, please state that “The author(s) declare(s) that there is no conflict of interest.”

#### **4. Statement of privacy, confidentiality, and written informed consent**

The ICMJE has recommended the following statement for the protection of privacy, confidentiality, and written informed consent: The rights of patients should not be infringed without written informed consent. Identifying details should not be published in written descriptions, photographs, and pedigrees unless it is essential for scientific purposes and the patient (or his/her parents or guardian) provides written informed consent for publication. However, complete patient anonymity is difficult to achieve; therefore, informed consent should be obtained in the event that anonymity of the patient is not assured. For example, masking the eye region of patients in photographs is not adequate to ensure anonymity. If identifying characteristics are changed to protect anonymity, authors should provide assurance that alterations do not distort scientific meaning and editors should take note of this. When informed consent has been obtained, it should be indicated in the published article.

#### **5. Statement of human and animal rights**

While reporting experiments that involve human subjects, it should be stated that the study was performed according to the Declaration of Helsinki (<https://www.wma.net/policies-post/wma-declaration-of-helsinki-ethical-principles-for-medical-research-involving-human-subjects/>) and approved by the Research Ethics Committee (REC) or the Institutional Review Board (IRB) of the institution where the experiment was performed. Written informed consent should

be obtained from all subjects. In animal studies, a statement should be provided indicating that the experimental process, such as the breeding and the use of laboratory animals, was approved by the REC of the institution where the experiment was performed or that it did not violate the rules of the REC of the institution or the National Institutes of Health (NIH) Guide for the Care and Use of Laboratory Animals (<https://grants.nih.gov/grants/olaw/guide-for-the-care-and-use-of-laboratory-animals.pdf>). The authors should preserve raw experimental study data for at least 1 year after the publication of the paper and should present this data if required by the Editorial Board.

#### **6. Registration of clinical research**

Any research that deals with a clinical trial should be registered with the primary national clinical trial registration site, such as <http://cris.nih.go.kr/cris/index.jsp>, <https://clinicaltrials.gov/> or other sites accredited by World Health Organization (<https://www.who.int/clinical-trials-registry-platform>).

#### **7. Process for managing research and publication misconduct**

When the journal faces suspected cases of research and publication misconduct such as redundant (duplicate) publication, plagiarism, fraudulent or fabricated data, changes in authorship, an undisclosed conflict of interest, ethical problems with a submitted manuscript, a reviewer who has appropriated an author’s idea or data, complaints against editors, and so on, the resolution process will follow the flowchart provided by the COPE (<http://publicationethics.org/resources/flowcharts>). The REC of *ChiKD* will carry out the discussion and decision for suspected cases. We will not hesitate to publish errata, corrigenda, clarifications, retractions, and apologies when needed.

#### **8. Complaints and appeals policy**

The policies of *ChiKD* are principally intended to protect the authors, reviewers, editors, and the publisher of the journal. The process of handling complaints and appeals follows the guidelines of the COPE (<https://publicationethics.org/guidance/Guidelines>).

#### **9. Editorial responsibilities**

The Editorial Board will continuously work to monitor and

safeguard publication ethics, including guidelines for retracting articles; maintenance of the integrity of the academic record; preclusion of business needs from compromising intellectual and ethical standards; publishing corrections, clarifications, retractions, and apologies when needed; and excluding plagiarism and fraudulent data. The editors maintain the following responsibilities: responsibility and authority to reject and accept articles; avoiding any conflict of interest with respect to articles they reject or accept; promoting publication of corrections or retractions when errors are found; and preservation of the anonymity of reviewers.

## COPYRIGHT, OPEN ACCESS POLICY, AND CLINICAL DATA SHARING POLICY

### 1. Copyright

All published papers become the permanent property of *ChiKD*. The copyrights of all published materials are owned by *ChiKD*. Every author should sign the authorship responsibility and copyright transfer agreement form, attesting that he or she fulfills the authorship criteria.

### 2. Open access

*ChiKD* is an open-access journal that is free of charge. Articles are distributed under the terms of the Creative Commons Attribution Non-Commercial License (available from: <http://creativecommons.org/licenses/by-nc/4.0/>). For any commercial use of material from this open-access journal, permission must be obtained from *ChiKD*.

### 3. Archiving

The full-text of *ChiKD* is archived in the Korea Citation Index (KCI; <https://www.kci.go.kr/kciportal/main.kci>), and the National Library of Korea (NLK; <https://seoji.nl.go.kr/archive>). *ChiKD* provides an electronic backup and preservation of access to the journal content in the event the journal is no longer published by archiving in KCI and NLK.

### 4. Data sharing policy

Open data policy: *ChiKD* does not mandate data sharing. In the interest of transparency and in support of FAIR data principles (<https://www.go-fair.org/fair-principles/>), however, authors are

requested to provide the data and other artefacts supporting the results in the paper by archiving them in an appropriate public repository. Authors may provide a data availability statement, including a link to the repository they have used, in order that this statement can be published in their paper. Shared data should be cited.

Clinical data sharing policy: *ChiKD* accepts the ICMJE Recommendations for a data sharing statement policy (<http://icmje.org/icmjerecommendations.pdf>). Authors may refer to the editorial, "Data Sharing Statements for Clinical Trials: A Requirement of the International Committee of Medical Journal Editors," in *JKMS* vol. 32, no. 7:1051-1053 (<https://doi.org/10.3346/jkms.2017.32.7.1051>).

## MANUSCRIPT SUBMISSION AND PEER REVIEW PROCESS

### 1. Online submission

All manuscripts should be submitted via the e-submission system available at <http://submit.chikd.org/>. Manuscripts should be submitted by the corresponding author, who should indicate the address, phone number, and e-mail address for correspondence on the title page of the manuscript. The revised manuscript is to be submitted through the same web system under the same identification numbers. Once an author has registered and logged into your account, the online system will lead the user through the steps of the submission process in order. All articles submitted to the journal must comply with these instructions. Failure to do so will result in the return of the manuscript and possible delay in publication. For assistance, please contact us via e-mail ([chikd@chikd.org](mailto:chikd@chikd.org)) or telephone (+82-10-4391-0788).

### 2. Peer review process

*ChiKD* reviews all received materials. All papers are evaluated by a double-blind, peer-review process. Manuscripts are sent to the two (or more) most relevant investigators, who review the content. The acceptance criteria for all papers are based on the quality and originality of the research and its clinical and scientific significance. An initial decision will normally be made within 2 weeks after the reviewers agree to review a manuscript, and the reviewers' comments will then be sent to the corresponding authors. Revised manuscripts must be submitted online by the corresponding author. Failure to resubmit

the revised manuscript within 4 weeks of the editorial decision is regarded as a withdrawal. The editorial office should be notified if additional time is needed or if an author chooses not to submit a revision. The editorial committee makes decisions concerning editing, revision, and acceptance or rejection, and editing may include shortening an article, reducing the number of illustrations or tables, or changing the paper's format or the order of the manuscript. The editor selects referees, and the results of reviews will be classified as follows:

- Accepted: The manuscript will be forwarded to the publisher without further corrections.
- Minor revision: The author should address the comments from the reviewers, which will be confirmed by the reviewers.
- Major revision: The author should address the comments from the reviewers and make the appropriate corrections for review by the reviewers.
- Rejection: When one out of the two (or more) reviewers rejects the manuscript, the final decision is made by the editorial committee.

### 3. Peer review process for handling submissions from editors, employees, or members of the editorial board

All manuscripts from editors, employees, or members of the editorial board are processed in the same way as other unsolicited manuscripts. During the review process, submitters will not engage in the selection of reviewers or the decision process. Editors will not handle their own manuscripts even if the manuscripts are commissioned. The conflict of interest declaration should be added as follows:

Conflicts of interest: Eujin Park has been an editorial board member of Childhood Kidney Diseases since 2021 but has no role in the decision to publish this article. No other potential conflicts of interest relevant to this article were reported.

### 4. Conditions of publication

All authors are required to affirm the following statements prior to their manuscript being considered:

- (1) If the manuscript does not have a new result or conclusion, then it should not have the same title as a previously published article.
- (2) Once a case has been published in an original paper, it may not be reproduced as a case report. However, the Editorial Board may consider making an exception and accepting a report in circumstances in which a novel di-

agnostic method, a novel therapeutic trial, or a previously unknown accompanying condition is found.

- (3) Clinical trials on drugs with commercial implications will be evaluated by the proper subcommittee before being reviewed for publication.
- (4) Case reports of previously published cases will not be accepted. The editorial board will make an exception only if the case is very rare. The index of *ChiKD* should be reviewed before submitting a case report.
- (5) Rejected manuscripts may not be resubmitted.
- (6) If the author does not address the comments made by the reviewer or if the manuscript does not follow the guidelines provided, it will be rejected.

## MANUSCRIPT PREPARATION

The details of manuscript preparation differ according to the publication type, including special articles, reviews, mini-reviews, original articles, case reports, editorials, and correspondence. Other types can be discussed with the Editorial Board.

### 1. Publication type

*ChiKD* publishes special articles, reviews, mini-reviews, original articles, case reports, editorial, and correspondence.

- 1) **Special articles:** Special articles provide the scientific insight for any important topic in medicine, research, ethics, or healthcare. They may also address guidelines and consensus statements, recommendations or statements from task forces. Original articles, reviews, and mini-reviews are possible formats for special articles, but the details of manuscript format can be flexible depending on the contents. Most special articles are invited by the editors; however, unsolicited submissions may also be considered for publication.
- 2) **Reviews:** These type of articles offer insightful reviews of important topics in pediatric nephrology. Most review articles are invited by the editors; however, unsolicited submissions may also be considered for publication. Review articles are accepted after peer review. They should have the following structure: title page, unstructured abstract of no more than 200 words and keywords, main text (introduction, body text, conclusion), references, tables, figures, and figure legends. The length of the text excluding references, tables, and figures should not exceed 5,000

words. The number of references is limited to 100.

- 3) **Mini-reviews:** Mini-reviews provide a concise review or critical summary for a specific topic related to pediatric nephrology. Most mini-review articles are invited by the editors; however, unsolicited submissions may also be considered for publication. Mini-review articles are accepted after peer review. They should have the following format: title page, unstructured abstract of no more than 200 words and keywords, main text (introduction, body text, conclusion), references, tables, figures, and figure legends. The length of the text excluding references, tables, and figures should not exceed 3,000 words. A maximum of 2 tables or 2 figures is allowed. The number of references is limited to 50.
- 4) **Original articles:** These are papers containing the results of clinical or laboratory investigations, which are sufficiently well documented to be acceptable to critical readers. The original articles should be organized in the following order: title page, structured abstract of no more than 250 words and keywords, main text (introduction, methods, results, discussion), references, tables, figures, and figure legends. Maximum length: 4,000 words of text (not including the abstract, tables, figures, and references). A maximum of 6 tables or 6 figures is allowed. The number of references should not exceed 40.
- 5) **Case reports:** Case reports should be organized in the following order: title page, unstructured abstract of no more than 200 words) and keywords, main text (introduction, case report, discussion), references, tables, figures, and figure legends. The length of the text, excluding references, tables, and figures, should not exceed 2,500 words. A maximum total of 6 tables and figures may be included. The number of references is limited to 15.
- 6) **Editorials:** Editorials should be commentaries on articles published recently in the journal. Editorial topics could include active areas of research, fresh insights, and debates. The order of the submitted manuscript should include a title page, discussion, conflict of interest, acknowledgments (if applicable) and references. The text should be limited to 1,500 words and 10 references. A maximum total of 2 tables and figures may be included.
- 7) **Correspondence:** Correspondence (letters to the editor) may be in response to a published article, or a short, free-standing piece expressing an opinion. A brief case report can be published as a letter to the editor. Correspondence should be no longer than 1,000 words of text

and 10 references. Letters can be edited by the Editorial Board. Responses by the author of the subject paper may be provided in the same issue or next issue of the journal. Replies by authors should not exceed 500 words of text and 5 references. A maximum total of 2 tables and figures may be included.

Table shows the recommended maximums of manuscripts according to publication type.

**Table 1.** Recommended maximums for articles submitted to ChiKD

Type of article	Abstract (words)	Text (words)	References	Tables & figures
Review	200	5,000	100	No limits
Mini-review	200	3,000	50	2 tables, 2 figures
Original article	250	4,000	40	6 tables, 6 figures
Case report	200	2,500	15	Total 6
Editorials	No	1,500	10	Total 2
Correspondence	No	1,000	10	Total 2
In reply	-	500	5	Total 2

## 2. General guidelines

- Manuscripts must be written in English. Authors (particularly non-native English speakers) who submit a manuscript should have it checked by a professional editing service prior to submission and must submit proof of English editing.
- The manuscript must be submitted in MS Word format (doc or docx).
- The text of the manuscript, including tables and their footnotes and figure legends, must be double-spaced and in standard 12-point font on an A4 size page. All pages should be numbered consecutively starting with the title page.
- Drug and chemical names should be stated in standard chemical or generic nomenclature. For medicine, use generic names. If a brand name should be used, insert it in parentheses after the generic name.
- Units of measure should be presented according to the International System (SI) of units. All units must be preceded by one space except percentage (%) and temperature (°C).
- Descriptions of genes or related structures in a manuscript should include the names and official symbols provided by the US National Center for Biotechnology Information (NCBI) or the HUGO Gene Nomenclature Committee.
- The terms sex (when reporting biological factors) and gender (identity, psychosocial or cultural factors) should be correctly used. The sex and/or gender of study participants

and the sex of animals or cells should be reported, and the methods used to determine sex and gender should be described. If the study was done involving an exclusive population, for example in only one sex, authors should justify why, except in obvious cases (e.g., ovarian cancer).

- Statistical expression: mean and standard deviation should be described as mean±SD, and mean and standard error as mean±SE. *P*-values should be described as *P*<0.05 or *P*=0.003.

### 3. Reporting guidelines for specific study designs

For specific study designs, such as randomized controlled studies, studies of diagnostic accuracy, meta-analyses, observational studies, and nonrandomized studies, authors are encouraged to also consult the reporting guidelines relevant to their specific research design. A good source of reporting guidelines is the EQUATOR Network (<https://www.equator-network.org/>) and the National Library of Medicine ([https://www.nlm.nih.gov/services/research\\_report\\_guide.html](https://www.nlm.nih.gov/services/research_report_guide.html)).

## FORMAT OF MANUSCRIPTS

We recommend using the template provided at <http://www.chikd.org/authors/authors.php> to format the manuscript.

### 1. Title page

The title page should include: (1) the concise and informative title of the article; (2) the full name(s) of the author(s); (3) the institutional affiliation(s) of the author(s); (4) the running title, of 10 words or less; (5) the e-mail address, telephone number of the corresponding author; and (6) notes. If several authors and institutions are listed, it should be made clear with which department and institution each author is affiliated. For a multicenter study, each individual's affiliation should be indicated using a superscript Arabic number 1,2,3... The corresponding author or first author should be clearly designated. In a separate paragraph, an address for correspondence including the name of the corresponding author and his/her degree, address (institutional affiliation, city, zip code, and country), telephone numbers, and e-mail address should be given. The running title should not be a declarative or interrogative sentence. Notes (disclaimers) include ethics approval and consent to participate, conflict of interest, funding, authors' contributions, additional contributions, and ORCID of all authors. All contributors

who do not meet the criteria for authorship as defined above should be listed in an additional contribution section. Examples of those who might be acknowledged include a person who provided purely technical help, writing assistance, or a department chair who provided only general support. Authors should disclose whether they had any writing assistance and identify the entity that paid for this assistance.

### 2. Abstract and keywords

1) **Abstract:** Original articles provide a structured abstract of less than 250 words, which should be divided into the following sections:

- **Purpose:** A single sentence describing why the study was done and the type of study carried out. Clinical studies should include the setting (e.g., practice or hospital).
- **Methods:** The total number of species of animals or subjects, with (where relevant) the method of selection. For in vitro studies, specify the cell and tissue used, the assays or assessments carried out, and the statistical tests applied.
- **Results:** The main results obtained, providing means (±SD or SE) or medians (with ranges) and significance levels, where necessary. Clinical data should include any withdrawals.
- **Conclusions:** Implications based on the methods and results presented.

Abbreviations, if needed, should be kept to an absolute minimum, and given with proper identifications.

2) **Keywords:** Authors should provide, and identify as such, up to 5 keywords or short phrases that will assist indexers in cross-indexing the article and can be published with the abstract. Use terms from the Medical Subject Headings (MeSH) list of Index Medicus; if suitable MeSH terms are not yet available for recently introduced terms, present terms may be used. The first letter of a keyword should be capitalized (e.g., Nephrotic syndrome; Hematuria).

### 3. Main text

1) **Introduction:** The introduction should contain enough references to the most pertinent papers to inform readers and describe others' relevant findings. It also includes the specific question driving the authors' particular investigation.

- 2) **Methods:** We endorse the principles articulated in the Declaration of Helsinki and expect that all investigations involving human materials have been performed in accordance with these principles. Animal experiments must be reviewed and approved by an appropriate committee (Institutional Animal Care and Use Committee) for the care and use of animals. Studies involving pathogens requiring a high degree of biosafety should pass the review of a relevant Institutional Biosafety Committee. The approval of the experimental protocol should be described in the Methods section. An explanation of the experimental methods should be concise and sufficient for repetition by other qualified investigators. Procedures that have been published previously should not be described in detail; however, new or significant modifications of previously published procedures need full descriptions. The sources of special chemicals or preparations should be given (i.e., name of company, city and state, and country). The methods of statistical analyses and the criteria used to determine statistical significance (i.e., the significance level) should be described. Case reports, case histories, or case descriptions do not contain separate Methods or Results sections.
- 3) **Results:** This part should be presented logically using text, tables, and illustrations. Excessive textual repetition of table or figure content should be avoided.
- 4) **Discussion:** The data should be interpreted concisely without repeating materials already presented in the Results section. Speculation is permitted, but it must be supported by the authors' presented data and be well-founded.

#### 4. References

In the text, references should be cited with Arabic numerals in brackets, numbered in the order cited. In the references section, the references should be numbered and listed in order of appearance in the text. Authors are responsible for the accuracy and completeness of their references and correct text citations.

- List all authors up to six in number. If there are more than six authors, list the first six and add "et al." to the last author's name.
- Papers in press may be listed among the references with the journal name and tentative year of publication.
- Unpublished data or personal communications can be list-

ed only with the author's written permission.

- Other types of references not described below should follow the Recommendations of ICMJE ([https://www.nlm.nih.gov/bsd/uniform\\_requirements.html](https://www.nlm.nih.gov/bsd/uniform_requirements.html)).

#### Journal article:

1. Choe JY, Jang KM, Hwang YJ, Choi BS, Park JK, Yoon YR, et al. Effects of age and sex on the pharmacokinetics of tacrolimus during pediatric kidney transplantation: a single center study. *Child Kidney Dis* 2014;18:18-23.
2. Aier A, Pais P, Raman V. Psychosocial aspects of children with chronic kidney disease and their families. *Clin Exp Pediatr* 2021 Nov 10 [Epub]. <https://doi.org/10.3345/cep.2021.01004>.

#### Book or book chapter:

3. Volpe JJ. *Neurology of the newborn*. 5th ed. Philadelphia: Saunders/Elsevier; 2008.
4. Hong CE. *Textbook of pediatrics*. 9th ed. Seoul: Korea Textbook Publishing Co.; 2008.
5. Pan ES, Cole FS, Weinttrub PS. Viral infections of the fetus and newborn. In: Taeusch HW, Ballard RA, Gleason CA, editors. *Avery's diseases of the newborn*. 8th ed. Philadelphia: Elsevier Saunders; 2005. p. 495-529.

#### Website

6. International Committee of Medical Journal Editors. *Read the Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly work in Medical Journals*[Internet]. Philadelphia: International Committee of Medical Journal Editors; 2021 [cited 2022 Jan 10]. Available from: <http://www.icmje.org/recommendations/>.

#### 5. Table(s)

Tables should be typed double-spaced on separate pages within the manuscript, and they should be titled and numbered in Arabic numerals in the order of their first citation in the text. Each column should be given a short heading. Only the first letter of the first word in each row and column should be capital letters. If numerical measurements are given, the unit of measurement should be included in the each heading. The statistical significance of observed differences in the data should be indicated by the appropriate statistical analysis. All abbreviations should be defined in footnotes. For special remarks, superscripts a), b), c)... should be used. No more than 6 tables are needed. Tables should follow the references on separate pages.

## 6. Figure(s)

The author is responsible for submitting prints that are of sufficient quality to permit accurate reproduction, and for approving the final color galley proof. *ChiKD* assumes no responsibility for the quality of the photography as it appears in the journal. Symbols, arrows, or letters used in photographs should contrast with the background. A legend for each light microscopic photograph should include name of the stain and magnification (i.e., H&E,  $\times 400$ ); electron microscopic photograph should have an internal scale marker. All kinds of figures may be reduced, enlarged, or trimmed for publication by the editor. No more than 6 figures are needed. All legends for figures should be double-spaced. Figure legends should follow tables on separate pages. Do not use a separate sheet for each legend. Figure legends should describe briefly the data shown and explain any abbreviations or reference points in the photograph. The figures should be numbered in the form Fig. 1, Fig. 2, and Fig. 3. Related figures should be combined into one figure, with each subfigure denoted by the letters, A, B, C, and so on, following the Arabic number of the main figure (i.e., Fig. 1A; Fig. 1B, C; Fig. 1A–C). Figures should be submitted in the TIFF or EPS file formats. If the only possible file format is JPEG, it must be in the highest quality with minimum compression. It is recommended to size original figure widths to 4 inches wide. The minimum requirements for digital resolution are:

- 900 DPI/PPI for black and white images, such as line drawings or graphs.
- 300 DPI/PPI for picture-only photographs.
- 600 DPI/PPI for photographs containing pictures and line elements, i.e., text labels, thin lines, arrows.

## MANUSCRIPT PROCESSING AFTER ACCEPTANCE

### 1. Final version

After a paper has been accepted for publication, the author(s) should submit the final version of the manuscript. The names and affiliations of authors should be double-checked, and if the originally submitted image files were of poor resolution, higher resolution image files should be submitted at this time. TIFF and PDF formats are preferred for the submission of digital files of photographic images. Files containing figures must be named according to the figure number (ex: Fig. 1. tiff). Sym-

bols (e.g., circles, triangles, squares), letters (e.g., words, abbreviations), and numbers should be large enough to be legible on reduction to the journal's column widths. All symbols must be defined in the figure caption. If references, tables, or figures are moved, added, or deleted during the revision process, they should be renumbered to reflect such changes so that all tables, references, and figures are cited in numeric order.

### 2. Manuscript corrections

Before publication, the manuscript editor will correct the manuscript such that it meets the standard publication format. The author(s) must respond within 2 working days when the manuscript editor contacts the author for revisions. If the response is delayed, the manuscript's publication may be postponed to the next issue.

### 3. Galley proof

After corrections have been made, an accepted manuscript will be sent to the publisher for printing. The proof may be revised more than once by the corresponding author, if needed. The author should double-check for corrections in the content, title, affiliation, capitalization, locations of figures, and references. Corresponding authors are responsible for further corrections made after printing.

### 4. Article processing charges

There are no article processing charges.

### 5. Confirmation of acceptance

Once the manuscript is at the publisher, confirmation of acceptance by *ChiKD* will be issued. Upon registering for the board exams, a receipt of confirmation can be ordered for an accepted manuscript.

### 6. Post-publication discussions

Post-publication discussions can be held through letters to the editor. If any readers have concerns about any articles published, they can submit a letter to the editor related to the articles. If any errors or mistakes are found in an article, they can be corrected through an erratum, corrigendum, or retraction.

## CONTACT INFORMATION

Questions regarding manuscript submission may be sent to:

### **Editorial Office**

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