

## ASN Kidney Week Abstract Submission Change Form

Abstract # (Control ID): \_\_\_\_\_

Today's Date: \_\_\_\_\_

Contact Author Name: \_\_\_\_\_

Email: \_\_\_\_\_

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*Enter the specific change(s) required. Do not include full abstract text.*

Title: \_\_\_\_\_

Background: \_\_\_\_\_

Methods: \_\_\_\_\_

Results: \_\_\_\_\_

Conclusion: \_\_\_\_\_

Table: *ASN will make minor text changes only.*

Image/Figure:  Replacement needed (*attach the new image to your email*)

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**Author Additions:** *Provide first name, last name, email, and order in author list. Make sure that all have current disclosures with ASN. No more than 5 additions allowed.*

First Name	Last Name	Email	Order #

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Other Changes:

*ASN will email the Contact Author when the changes have been made or with questions.*