

ASN Kidney Week Abstract Submission Change Form

(ASN will allow only one change form per submission.)

Abstract # (Control ID): _____

Today's Date: _____

Contact Author Name: _____

Email: _____

Title/Body: Enter specific change(s) requested. Do not enter/attach the full abstract.

Example: Second sentence = change "urine protein" to "proteinuria"

(If a case report, enter all changes in the Background field.)

Title	
Background	
Methods	
Results	
Conclusion	

Table: ASN will make only minor text changes (not table reconfiguration).

Image/Figure:

☐ Replacement needed (attach new image to your email)

Author Additions:

All information below is required. All authors must have ASN accounts with current disclosures.
No more than 5 additions allowed.

First Name	Last Name	Email	Affiliation (limit 2 per author)	Order #

Other Changes:

Including author affiliation reorder, category change, etc.

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