

## 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.**