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For all articles that include information or clinical photographs relating to individual patients, where those patients could be identified by readers in any way (including external photographs of the face or eye), a signed consent to publish **must** be obtained from each patient. Histological slides or internal photos where the patient cannot be identified do not require a consent form. **Do not use patient's names, initials or hospital numbers, especially on any illustrative material.** A patient consent form should be provided as additional manuscript material and uploaded with the manuscript or sent directly to the editorial office.

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As defined by the International Committee of Medical Journal Editors (ICMJE), a clinical trial is any research project that prospectively assigns human subjects to intervention and comparison groups to study the cause-and-effect relationship between a medical intervention

and a health outcome. A medical intervention is any intervention used to modify a health outcome and includes but is not limited to drugs, surgical procedures, devices, behavioural treatments, and process-of-care changes. A trial must have at least one prospectively assigned concurrent control or comparison group in order to trigger the requirement for registration.

Nonrandomized trials are not exempt from the registration requirement if they meet the above criteria. When reporting experiments on human subjects, please indicate whether the procedures were in accordance with the ethical standards of the responsible committee on human experimentation (institutional or regional) or with the Helsinki Declaration of 1975 (as revised in 1983). Include Institutional Review Board or Animal Care and Use Committee approvals.

All clinical trials must be registered in a public registry prior to submission. The journal follows the trials registration policy of the ICMJE (www.icmje.org) and considers only trials that have been appropriately registered before submission, regardless of when the trial closed to enrolment. Acceptable registries must meet the following ICMJE requirements:

- be publicly available, searchable, and open to all prospective registrants
- have a validation mechanism for registration data
- be managed by a not-for-profit organization

Examples of registries that meet these criteria include:

- 1) the registry sponsored by the United States National Library of Medicine (www.clinicaltrials.gov);
- 2) the International Standard Randomized Controlled Trial Number Registry (www.controlled-trials.com);
- 3) the Cochrane Renal Group Registry (www.cochrane-renal.org);
- 4) and the European Clinical Trials Database (<https://eudract.ema.europa.eu/>).

The trial registry number for eligible papers will be collected during the submission process.

Randomised Controlled Trials (RCTs) must adhere to the CONSORT statement, (CONsolidated Standards Of Reporting Trials). Authors must upload a completed statement and flow diagram as 'Related Material' when submitting the manuscript files. Full documentation and further information can be found at www.consort-statement.org.

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Conflict of Interest

In the interests of transparency and to help readers form their own judgments of potential bias, authors must declare whether or not there are any competing financial interests in relation to the work described. This information must be included in their cover letter and on

the title page of their manuscript. In cases where the authors declare a competing financial interest, a statement to that effect is published as part of the article. If no such conflict exists, the statement will simply read that the authors have nothing to disclose.

For the purposes of this statement, competing interests are defined as those of a financial nature that, through their potential influence on behaviour or content, or from perception of such potential influences, could undermine the objectivity, integrity or perceived value of a publication. They can include any of the following:

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It is difficult to specify a threshold at which a financial interest becomes significant, but note that many US universities require faculty members to disclose interests exceeding \$10,000 or 5% equity in a company. Any such figure is arbitrary, so we offer as one possible practical alternative guideline: "Declare all interests that could embarrass you were they to become publicly known after your work was published." We do not consider diversified mutual funds or investment trusts to constitute a competing financial interest.

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Following the Conflict of Interest heading, there must be a listing for each author, detailing the professional services relevant to the submission. Neither the precise amount received from each entity nor the aggregate income from these sources needs to be provided. Professional services include any activities for which the individual is, has been, or will be compensated with cash, royalties, fees, stock or

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Examples of declarations are:

- **Conflict of interest.**
The authors declare no conflict of interest.
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Dr Caron's work has been funded by the NIH. He has received compensation as a member of the scientific advisory board of Acadia Pharmaceutical and owns stock in the company. He also has consulted for Lundbeck and received compensation. Dr Rothman and Dr Jensen declare no potential conflict of interest.

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- 1) Conceived and/or designed the work that led to the submission, acquired data, and/or played an important role in interpreting the results.
- 2) Drafted or revised the manuscript.
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Contributions by individuals who made direct contributions to the work but do not meet all of the above criteria should be noted in the Acknowledgments section of the manuscript. Medical writers and industry employees can be contributors. Their roles, affiliations, and potential conflicts of interest should be included in the author list or noted in the Acknowledgments and/or Contributors section concurrent with their contribution to the work submitted. Signed statements from any medical writers or editors declaring that they have given permission to be named as an author, as a contributor, or in the Acknowledgments section is also required. Failure to acknowledge these contributors can be considered inappropriate, which conflicts with the journal’s editorial policy.

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Images submitted with a manuscript for review should be minimally processed (for instance, to add arrows to a micrograph). Authors should retain their unprocessed data and metadata files, as editors may request them to aid in manuscript evaluation. If unprocessed data is unavailable, manuscript evaluation may be stalled until the issue is resolved.

A certain degree of image processing is acceptable for publication, but the final image must correctly represent the original data and conform to community standards. The guidelines below will aid in accurate data presentation at the image processing level:

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For **gels and blots**, positive and negative controls, as well as molecular size markers, should be included on each gel and blot – either in the main figure or an expanded data supplementary figure. The display of cropped gels and blots in the main paper is encouraged if it improves the clarity and conciseness of the presentation. In such cases, the cropping must be mentioned in the figure legend.

- Vertically sliced gels that juxtapose lanes that were not contiguous in the experiment must have a clear separation or a black line delineating the boundary between the gels.
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Microscopy adjustments should be applied to the entire image. Threshold manipulation, expansion or contraction of signal ranges and the altering of high signals should be avoided. If ‘pseudo-colouring’ and nonlinear adjustment (for example ‘gamma changes’) are used, this must be disclosed. Adjustments of individual colour channels are sometimes necessary on ‘merged’ images, but this should be noted in the figure legend. We encourage inclusion of the following with the final revised version of the manuscript for publication:

- In the Methods section, specify the type of equipment (microscopes/objective lenses, cameras, detectors, filter model and batch number) and acquisition software used. Although we appreciate that there is some variation between instruments,

equipment settings for critical measurements should also be listed.

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- Authors should state the measured resolution at which an image was acquired and any downstream processing or averaging that enhances the resolution of the image.

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We strongly encourage that all datasets on which the conclusions of the paper rely should be available to readers. We encourage authors to ensure that their datasets are either deposited in publicly available repositories (where available and appropriate) or presented in the main manuscript or additional supporting files whenever possible. Where one does not exist, the information must be made available to referees at submission and to readers promptly upon request. Any restrictions on material availability or other relevant information must be disclosed in the manuscript’s Methods section and should include details of how materials and information may be obtained.

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