1. After review and approval of the penultimate draft by writing committee members, the writing committee chair or designee will email the following documents to the SDCC project manager for review by the Pub-Exec Committee:

   a. Penultimate manuscript draft
   b. Cover letter
   c. Completed Manuscript Submission Checklist (attached)
   d. The applicable documents listed in **#4** below

   Cover letter to include:

   a. Statement that penultimate draft is ready for review.
   b. An explicit statement from the Writing Committee chair confirming that the manuscript is consistent with the scope reflected in the originally approved manuscript proposal. If the manuscript is not consistent with this scope an explanation for this must be provided. The Pub Exec SC will then review the scope approved in the original manuscript proposal to ensure that it is consistent with the current submission.
   c. An explicit statement that the penultimate draft being submitted was circulated to all Writing Committee members.
   d. An explicit statement describing the grants and grant numbers that are acknowledged in the body of the draft manuscript.

2. In accordance with the publications policy requirement, please add "**and the CRIC Study Investigators**" to your author list. This should be marked to direct readers to the list of authors provided below. If any of the individuals in this list are specifically listed as authors, only list the names of the individuals who are not.

Amanda H. Anderson PhD, MPH	Alan S. Go, MD
Lawrence J. Appel, MD, MPH	L. Lee Hamm, MD
Jing Chen, MD, MMSc, MSc	James P. Lash, MD
Debbie L Cohen, MD	Mahboob Rahman, MD
Laura M Dember, MD	Panduranga S. Rao, MD

3. Please include the NIDDK grant numbers for the CRIC Study as well as the grant numbers for the clinical centers involved in the collection of your data. Recommended text:

> Funding for the CRIC Study was obtained under a cooperative agreement from National Institute of Diabetes and Digestive and Kidney Diseases (*U01DK060990, U01DK060984, U01DK061022, U01DK061021, U01DK061028, U01DK060980, U01DK060963, U01DK060902 and U24DK060990*). In addition, this work was supported in part by: the Perelman School of Medicine at the University of Pennsylvania Clinical and Translational Science Award NIH/NCATS *UL1TR000003*, Johns Hopkins University *UL1 TR-000424*, University of Maryland *GCRC M01 RR-16500*, Clinical and Translational Science Collaborative of Cleveland, *UL1TR000439* from the National Center for Advancing Translational Sciences (NCATS) component of the National Institutes of Health and NIH roadmap for Medical Research, Michigan Institute for Clinical and Health Research (MICHR) *UL1TR000433*, University of Illinois at Chicago CTSA *UL1RR029879*, Tulane COBRE for Clinical and Translational Research in Cardiometabolic Diseases *P20 GM109036*, Kaiser Permanente NIH/NCRR *UCSF-CTSI UL1 RR-024131*, Department of Internal Medicine, University of New Mexico School of Medicine Albuquerque, *NM R01DK119199*.

4. **If analysis was done locally, submit the documents listed below with the penultimate draft for storage at the SDCC.**

   A. Final dataset(s):
      1. All variables should be labeled
      2. Formats should be provided for all categorical variables

   B. Analytical programs that were used to generate all numbers that appear in the text, figures, and tables or support statistical claims.

   C. The manuscript to be submitted, including all tables, figures, appendices, and supplemental tables.

5. All manuscripts that include ESRD and/or death outcomes include data obtained from USRDS and are subject to USRDS requirements. Per the USRDS checklist, the following requirements must be met prior to submission to a journal:

   The manuscript should include the following USRDS citation and disclaimer:

   > U.S. Renal Data System. 2023 USRDS Annual Data Report: Epidemiology of Kidney Disease in the United States. National Institutes of Health, National Institute of Diabetes and Digestive and Kidney Diseases, Bethesda, MD, 2023.
   >
   > "Some of the ESKD outcomes reported here may have been ascertained by data supplied by the United States Renal Data System (USRDS). If so, this would apply to fewer than 7% of dialysis outcomes and fewer than 1% of transplant outcomes. The interpretation and reporting of these data are the responsibility of the author(s) and in no way should be seen as an official policy or interpretation of the U.S. government."