

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

Identifying information.

2. The work under consideration for publication.

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3. Relevant financial activities outside the submitted work.

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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Royalties: Funds are coming in to you or your institution due to your patent

Beaton 1



Section 1.	dentifying Informa	ation						
Given Name (First N Dorcas	ven Name (First Name) 2. Surname as Beaton			3. Date 03-August-2016				
4. Are you the corresponding author?		Yes ✓ No	Corresponding Author's Nar Dr. Earl Bogoch	me				
5. Manuscript Title Fracture Prevention in the Orthopaedic Environment: Outcomes of a Coordinator Based Fracture Liaison Service								
6. Manuscript Identify	ving Number (if you kno	ow it)						
Section 2. The Work Under Consideration for Publication								
any aspect of the subn statistical analysis, etc.	nitted work (including	but not limited to grants, d	n a third party (government, cor lata monitoring board, study de	mmercial, private foundation, etc.) for sign, manuscript preparation,				
Section 3. Re	elevant financial a	activities outside the	submitted work.					
of compensation) w clicking the "Add +"	ith entities as descrik	oed in the instructions. U ort relationships that we	Jse one line for each entity; a	ationships (regardless of amount dd as many lines as you need by conths prior to publication.				
Section 4. In	tellectual Propert	ty Patents & Copyri	ights					
Do you have any pa	tents, whether plann	ned, pending or issued, b	proadly relevant to the work?	☐ Yes 🗸 No				

Beaton 2



Section 5. Relationships not severed above
Relationships not covered above
Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?
Yes, the following relationships/conditions/circumstances are present (explain below):
✓ No other relationships/conditions/circumstances that present a potential conflict of interest
At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements On occasion, journals may ask authors to disclose further information about reported relationships.
Section 6. Disclosure Statement
Disclosure Statement
Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.
Dr. Beaton has nothing to disclose.

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Beaton 3



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Royalties: Funds are coming in to you or your institution due to your patent



Section 1. Identifying Inform	nation							
1. Given Name (First Name) Earl	,		3. Date 09-August-2016					
4. Are you the corresponding author?	✓ Yes	No						
5. Manuscript Title Fracture Prevention in the Orthopaedic Environment: Outcomes of a Coordinator Based Fracture Liaison Service								
6. Manuscript Identifying Number (if you k	now it)							
Section 2. The Weak Under Co			1.0					
The Work Under Consideration for Publication								
Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?								
Are there any relevant conflicts of interest?								
If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.								
Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments			
Amgen Canada	√				unrestricted research grant			
Novartis Canada	✓				unrestricted research grant			
Varner Chilcott	\checkmark				unrestricted research grant			
Alliance for Better Bone Health	\checkmark				unrestricted research grant			
Proctor and Gamble Pharmaceuticals	\checkmark				unrestricted research grant			
Лr. Clifford Martin	✓				unrestricted research grant			
Helen McCrea Peacock Foundation	✓				unrestricted research grant			
Ar. and Mrs. W Saunderson	√				unrestricted research grant			
Martin Family Foundation	√				unrestricted research grant			
Леrck Frosst Canada Inc.	✓				unrestricted research grant			



Section 3. Relevant financial a	ctivities	s outside 1	the submitted	work.	
Place a check in the appropriate boxes in of compensation) with entities as described clicking the "Add +" box. You should report there any relevant conflicts of interest lf yes, please fill out the appropriate information.	n the table oed in the ort relationst?	e to indicate instruction onships tha Yes	e whether you hans. Use one line fo	ive finand or each ei	ntity; add as many lines as you need by
Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Amgen Canada		✓			speaker honorarium; consulting fees
Merck Canada			/		Received the 2013 Merck Canada - Patient First Award (non-monetary) for leadership in developing and implementing the Exemplary Care Program
Do you have any patents, whether plann	ed, pend	ing or issue		nt to the	work? ☐ Yes 📝 No
Section 5. Relationships not o	overed	above			
Are there other relationships or activities potentially influencing, what you wrote i				nfluence	d, or that give the appearance of
Yes, the following relationships/cond No other relationships/conditions/cir					
Member of the Journal of Rheumatology International Task Force on Models of Po of the International Osteoporosis Found Steering Committee for the FAITH-2 (Fixe Member of multiple committees (includi Ministry of Health and Long-Term Care C	ost-Fractu ation Con ation Usir ing Scient	re Osteopo nmittee of S ng Alternati tific Advison	rosis Care; Memb Scientific Advisor Ive Implants for thry Committee) of	er of the s Fractur ne Treatn Osteopo	Fragility Fracture Network; Member e Working Group; Member of the nent of Hip Fracture) Clinical Trial; rosis Canada; Member of the Ontario

At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.



Section 6.

Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Bogoch reports grants from Amgen Canada, grants from Novartis Canada, grants from Warner Chilcott, grants from Alliance for Better Bone Health, grants from Proctor and Gamble Pharmaceuticals, grants from Mr. Clifford Martin, grants from Helen McCrea Peacock Foundation, grants from Mr. and Mrs. W Saunderson, grants from Martin Family Foundation, grants from Merck Frosst Canada Inc., during the conduct of the study; personal fees from Amgen Canada, non-financial support from Merck Canada, outside the submitted work; and Member of the Journal of Rheumatology Editorial Board; Member of the American Society for Bone and Mineral Research International Task Force on Models of Post-Fracture Osteoporosis Care; Member of the Fragility Fracture Network; Member of the International Osteoporosis Foundation Committee of Scientific Advisors Fracture Working Group; Member of the Steering Committee for the FAITH-2 (Fixation Using Alternative Implants for the Treatment of Hip Fracture) Clinical Trial; Member of multiple committees (including Scientific Advisory Committee) of Osteoporosis Canada; Member of the Ontario Ministry of Health and Long-Term Care Osteoporosis Research Monitoring and Evaluation Working Group.

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Royalties: Funds are coming in to you or your institution due to your patent

Sale 1



Section 1. Identifying Inform	nation		
Given Name (First Name) Joanna	2. Surname (Last Name) Sale	3. Date 15-July-2016	
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Dr. Earl Bogoch	
5. Manuscript Title Fracture Prevention in the Orthopaedic	Environment: Outcomes	of a Coordinator Based Fracture Liaison Service	
6. Manuscript Identifying Number (if you k	now it)		
Section 2. The Work Under C	onsideration for Public	cation	
	g but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ata monitoring board, study design, manuscript preparation,	
Section 3. Relevant financial	activities outside the s	submitted work.	
of compensation) with entities as descr	ibed in the instructions. Us port relationships that wer	ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by re present during the 36 months prior to publication .	
Section 4. Intellectual Prope	rty Patents & Copyri	ghts	
Do you have any patents, whether plan	ned, pending or issued, br	roadly relevant to the work? Yes V No	

Sale 2



Section 5.							
	Relationships not covered above						
	relationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?						
Yes, the follo	Yes, the following relationships/conditions/circumstances are present (explain below):						
✓ No other rela	tionships/conditions/circumstances that present a potential conflict of interest						
	anuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements rnals may ask authors to disclose further information about reported relationships.						
Cartinu C							
Section 6.	Disclosure Statement						
Based on the abo	ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box						
Dr. Sale has noth	ning to disclose.						

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Josse 1



Section 1. Ide	ntifying Informa	ation					
1. Given Name (First Nar Robert	me)	2. Surname (Last Na Josse	me)		Date August-2016		
4. Are you the correspor	nding author?	Yes ✓ No Corresponding Author's Name Earl R. Bogoch					
5. Manuscript Title Fracture Prevention in the Orthopaedic Environment: Outcomes of a Coordinator-Based Fracture Liaison Service							
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Section 3. Rele	evant financial a	ctivities outside	the submitted	work.			
of compensation) with	n entities as describ ox. You should repo conflicts of interes	ped in the instruction ort relationships the state of the	ons. Use one line fo at were present d No	or each entity; add a	nships (regardless of ame as many lines as you nee hs prior to publication	d by	
Name of Entity		Grant? Persona Fees?	Non-Financial Support?	Other? Comme	ents		
Amgen Canada Inc				speaker ho	onorarium; consulting fees		
Merck Frosst Canada Inc				speaker ho	onorarium		
Novartis Canada		✓					
Warner Chilcott						1	

Josse 2



Section 4. Intellectual Property Patents & Copyrights						
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo						
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patent

Elliot-Gibson 1



Section 1.	Identifying Inform	nation					
1. Given Name (First Name) Victoria		2. Surname (Last Name) Elliot-Gibson	3. Date 03-August-2016				
4. Are you the corresponding author?		Yes ✓ No	Corresponding Author's Name Dr. Earl Bogoch				
5. Manuscript Title Fracture Prevention in the Orthopaedic Environment: Outcomes o			of a Coordinator Based Fracture Liaison Service				
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Elliot-Gibson 2



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Elliot-Gibson 3