

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 1. Identifying information.

#### 2. The work under consideration for publication.

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#### 4. Intellectual Property.

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

#### 5. Relationships not covered above.

Use this section to report 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.

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**Other:** Anything not covered under the previous three boxes

**Pending:** The patent has been filed but not issued

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

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Elizabeth

2. Surname (Last Name)  
Gausden

3. Date  
21-April-2017

4. Are you the corresponding author? ☒ Yes ☐ No

5. Manuscript Title  
Opportunistic Use of CT Imaging for Osteoporosis Screening and Bone Density Assessment  
A Qualitative Systematic Review

6. Manuscript Identifying Number (if you know it)

### Section 2. 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? ☒ Yes ☐ No

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
Samuel and May Rudin Foundation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Dr. Gausden reports grants from Samuel and May Rudin Foundation, from null, during the conduct of the study; .

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Joseph

2. Surname (Last Name)

Lane

3. Date

08-June-2016

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Elizabeth Gausden

5. Manuscript Title

Opportunistic Use of Computed Tomography Imaging for Osteoporosis Screening and Bone Quality Assessment: A Qualitative Systematic Review

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest?

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☒ No

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Dr. Lane has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)  
Dean

2. Surname (Last Name)  
Lorich

3. Date  
08-June-2016

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name  
Elizabeth Gausden

5. Manuscript Title  
Opportunistic Use of Computed Tomography Imaging for Osteoporosis Screening and Bone Quality Assessment: A Qualitative Systematic Review

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Dr. Lorich has nothing to disclose.

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1. Given Name (First Name)  
Benedict

2. Surname (Last Name)  
Nwachukwu

3. Date  
08-June-2016

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name  
Elizabeth Gausden

5. Manuscript Title  
Opportunistic Use of Computed Tomography Imaging for Osteoporosis Screening and Bone Quality Assessment: A Qualitative Systematic Review

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Dr. Nwachukwu has nothing to disclose.

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Joseph

2. Surname (Last Name)

Schreiber

3. Date

08-June-2016

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Elizabeth Gausden

5. Manuscript Title

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Dr. Schreiber has nothing to disclose.

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