

ICMJE Form for Disclosure of Potential Conflicts of Interest

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.

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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) David	2. Surname (Last Name) Polly	3. Date 06-February-2018
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Paul Anderson
5. Manuscript Title CLINICAL USE OF OPPORTUNISTIC CT SCREENING FOR OSTEOPOROSIS		
6. Manuscript Identifying Number (if you know it) JBJS-D-17-01376R1		

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

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

Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Polly has nothing to disclose.

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)
Neil

2. Surname (Last Name)
Binkley

3. Date
05-April-2018

4. Are you the corresponding author?

☐ Yes☒ No

Corresponding Author's Name
Paul Anderson, MD

5. Manuscript Title
Clinical Use of Opportunistic CT Screening for Osteoporosis

6. Manuscript Identifying Number (if you know it)
JBJS-D-17-01376

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

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Dr. Binkley has nothing to disclose.

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1. Given Name (First Name)
Paul

2. Surname (Last Name)
Anderson

3. Date
17-January-2018

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

5. Manuscript Title
CLINICAL USE OF OPPORTUNISTIC CT SCREENING
FOR OSTEOPOROSIS

6. Manuscript Identifying Number (if you know it)
(JBJS-D-17-01376) - [EMID:631d73dd76a10deb]

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Section 1. Identifying Information

1. Given Name (First Name) Perry	2. Surname (Last Name) Pickhardt	3. Date 14-February-2018
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Anderson
5. Manuscript Title CLINICAL USE OF OPPORTUNISTIC CT SCREENING FOR OSTEOPOROSIS		
6. Manuscript Identifying Number (if you know it) D-17-01376R1		

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If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Bracco	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	consultant
Check-Cap	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	consultant
VirtuoCTC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	co-founder
Elucent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	shareholder
SHINE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	shareholder
Collectar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	shareholder

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Dr. Pickhardt reports other from Bracco, other from Check-Cap, other from VirtuoCTC, other from Elucent, other from SHINE, other from Collectar, outside the submitted work; .

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