

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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4. Intellectual Property.

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

Relationships not covered above.

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Licensed: The patent has been licensed to an entity, whether earning royalties or not

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

patent

Perreault 1



Section 1. Identifying Inform	nation		
1. Given Name (First Name) Sylvie	2. Surname (Last Name) Perreault		3. Date 21-October-2019
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Autho Julio C Fernandès	r's Name
5. Manuscript Title Performance of a Fracture Liaison Servi longitudinal outcomes	ce in an orthopaedic settir	g: report of key indica	itors and improvement of
6. Manuscript Identifying Number (if you kr	now it)	_	
Section 2. The Work Under Co	onsideration for Public	ation	
Did you or your institution at any time rece any aspect of the submitted work (including statistical analysis, etc.)?			
Are there any relevant conflicts of interest			
If yes, please fill out the appropriate info Excess rows can be removed by pressin		e more than one entit	y press the "ADD" button to add a row.
Name of Institution/Company	Grant'	n-Financial Other?	Comments
Sanofi Canada Chair of drug usage	✓		Internal funding
Réseau Québécois de Recherche sur les Médicaments (RQRM)			External funding
Section 3. Relevant financial	activities outside the s	ubmitted work.	
Place a check in the appropriate boxes in the appropriate boxes of compensation) with entities as describing the "Add +" box. You should re	ibed in the instructions. Us	e one line for each en	tity; add as many lines as you need by
Are there any relevant conflicts of interest	est?		
Section 4. Intellectual Proper	rty Patents & Copyric	jhts	
Do you have any patents, whether plan	ned, pending or issued, br	oadly relevant to the v	work? Yes Vo

Perreault 2



Section 5. Polationships 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):
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Section 6. Disclosure Statement
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Dr. Perreault reports grants from Sanofi Canada Chair of drug usage, grants from Réseau Québécois de Recherche sur les Médicaments (RQRM), during the conduct of the study; .

Evaluation and Feedback

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Senay 1



Section 1. Identifying Inform	nation		
1. Given Name (First Name) Andréa	2. Surname (Last Name) Senay		3. Date 21-October-2019
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Auth Julio C Fernandes	or's Name
5. Manuscript Title Performance of a Fracture Liaison Servi longitudinal outcomes	ce in an orthopaedic settir	ng: report of key indic	cators and improvement of
6. Manuscript Identifying Number (if you kr	now it)		
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Did you or your institution at any time rece any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of intere	but not limited to grants, da		ent, commercial, private foundation, etc.) for tudy design, manuscript preparation,
•	ormation below. If you hav	ve more than one ent	ity press the "ADD" button to add a row.
Name of Institution/Company	Grant? Personal No	n-Financial other	Comments
Fonds de Recherche du Québec - Santé (FRQS)			doctoral training award
Section 3. Relevant financial	activities outside the s	submitted work.	
Place a check in the appropriate boxes in of compensation) with entities as described the "Add +" box. You should replace there any relevant conflicts of interest.	in the table to indicate wh ibed in the instructions. Us port relationships that we	ether you have finan se one line for each e	ntity; add as many lines as you need by
Section 4. Intellectual Proper	rty Patents & Copyri	ghts	
Do you have any patents, whether plan	ned, pending or issued, bi	oadly relevant to the	work?

Senay 2



Section 5.					
Section 5.	Relationships not covered above				
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Yes, the follow	wing 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.				
Section 6.					
Section 6.	Disclosure Statement				
Based on the abo	ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box				
Andréa Senay re	ports personal fees from Fonds de Recherche du Québec - Santé (FRQS), during the conduct of the study; .				

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Fernandes 1



Section 1.	Identifying Information				
1. Given Name (F Julio C	,		2. Surname (Last Name) Fernandes		3. Date 21-October-2019
4. Are you the co	4. Are you the corresponding author? Yes No				
Performance of	5. Manuscript Title Performance of a Fracture Liaison Service in an orthopaedic setting: report of key indicators and improvement of longitudinal outcomes				
6. Manuscript Ide	ntifying Number (if you kr	now it)			
Continu 2					
Section 2.	The Work Under C	onsideration for	Publication		
	submitted work (including				nt, commercial, private foundation, etc.) for idy design, manuscript preparation,
•	levant conflicts of intere	est? ✓ Yes	No		
	out the appropriate info be removed by pressin		ou have more tha	n one entit	ry press the "ADD" button to add a row.
Name of Institu		Grant? Person	Non-Financial	Other?	Comments
Eli Lilly		✓			External funding
Orthopedic funds fro Coeur de Montréal re	om the Hôpital du Sacré- esearch center	V			Internal funding
Section 3.					
Section 5.	Relevant financial	activities outsid	e the submitted	work.	
of compensation	n) with entities as descr	ibed in the instruct	ons. Use one line f	or each en	ial relationships (regardless of amount tity; add as many lines as you need by 36 months prior to publication .
_	levant conflicts of interes		No	g	
If yes, please fill	out the appropriate info	ormation below.			
Name of Entity		Grant? Person	al Non-Financial	Othou?	Comments
Name of Entity		Fees?	Support?	Other •	Comments
Baxter		✓			

Fernandes 2



Soutien A
Section 4. Intellectual Property Patents & Copyrights
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes V
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Dr. Fernandes reports grants from Eli Lilly, grants from Orthopedic funds from the Hôpital du Sacré-Coeur de Montréal research center, during the conduct of the study; grants from Baxter, outside the submitted work; .

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

1

Delisle



Section 1. Ident	ifying Information		
Given Name (First Name) Josee		e (Last Name)	3. Date 18-January-2019
4. Are you the correspondi	ng author? Yes	✓ No Correspond	ding Author's Name rnandes
5. Manuscript Title Key performance indicat	ors of a Fracture Liaison Sei	rvice in an outpatient orth	nopaedic setting
6. Manuscript Identifying N	lumber (if you know it)		
Section 2. The W	ork Under Consideration	on for Publication	
	l work (including but not limite	ed to grants, data monitoring	(government, commercial, private foundation, etc.) for g board, study design, manuscript preparation,
Section 3. Releva	ant financial activities o	outside the submitted	work.
of compensation) with enclicking the "Add +" box.	ntities as described in the ir You should report relation	nstructions. Use one line for ships that were present d	ave financial relationships (regardless of amount or each entity; add as many lines as you need by during the 36 months prior to publication.
Are there any relevant co	onflicts of interest?		
Name of Entity	Grant? P	Personal Non-Financial Fees Support	Other? Comments
illy			
Amgen		✓	
Section 4. Intelle	ectual Property Paten	ts & Copyrights	
Do you have any patents	, whether planned, pending	g or issued, broadly releva	ant to the work?

Delisle 2



Costion F						
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	ntionships or activities that readers could perceive to have influenced, or that give the appearance of ing, what you wrote in the submitted work?					
Yes, the following	Yes, the following relationships/conditions/circumstances are present (explain below):					
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Mrs. Delisle reports	s non-financial support from Lilly, non-financial support from Amgen, outside the submitted work; .					

Evaluation and Feedback

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Delisle 3



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Morin 1



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1. Given Name (Fii Suzanne N.		2. Surname (Last Name) Morin	3. Dat 01-Fel	e bruary-2019
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name Julio C Fernandes	
5. Manuscript Title Key performance		e Liaison Service in an ou	patient orthopaedic setting	
6. Manuscript Ider	ntifying Number (if you kr	now it)		
			-	
Section 2.	The Work Under Co	onsideration for Publi	ation	
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If yes, please fill o	out the appropriate info	ormation below.		
Name of Entity		Grant? Personal No	n-Financial Other? Comments	S
Amgen		✓	Research Gran	nt paid to Institution
Merck		✓	Research Gran	nt paid to Institution
Section 4.	Intellectual Duana	ota Datanta 8 Comuni	.losa	
	•	ty Patents & Copyri		
Do you have any	patents, whether plan	ned, pending or issued, b	oadly relevant to the work?	es 🗸 No

Morin 2



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