ICMJE INTERNATIONAL COMMITTEE of MEDICAL JOURNAL EDITORS

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.

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.

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Section 1. Identifying Information

1. Given Name (First Name): Brett
2. Surname (Last Name): Freedman
3. Date: 05-June-2020
4. Are you the corresponding author? ☐ Yes ☑ No

Corresponding Author's Name: Paul Anderson

5. Manuscript Title
Osteoporosis: American Society for Bone and Mineral Research (ASBMR) and International Society Clinical Densitometry (ISCD)
6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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

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Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

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

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☑ No

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Dr. Freedman has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name): Paul
2. Surname (Last Name): Anderson
3. Date: 05-June-2020
4. Are you the corresponding author? ☑ Yes ☐ No
5. Manuscript Title: Osteoporosis: American Society for Bone and Mineral Research (ASBMR) and International Society Clinical Densitometry (ISCD)
6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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

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

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Amgen	☐	☑	☐	☐	Consultant
Radius Medical	☑	☑	☐	☐	Consultant
Titan Spine	☐	☑	☐	☐	Stock
Medtronic	☐	☑	☐	☐	Consultant
Regeneration technologies Inc	☐	☐	☐	☑	royalties

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Dr. Anderson reports personal fees from Amgen, grants and personal fees from Radius Medical, personal fees from Titan Spine, personal fees from Medtronic, other from Regeneration technologies Inc, outside the submitted work; .

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Section 1. Identifying Information

1. Given Name (First Name) William
2. Surname (Last Name) Shaffer
3. Date 01-June-2020

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

5. Manuscript Title
Osteoporosis: American Society for Bone and Mineral Research (ASBMR) and International Society Clinical Densitometry (ISCD)

6. Manuscript Identifying Number (if you know it)
Osteoporosis: American Society for Bone and Mineral Research (AS

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No conflicts reported

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Section 1. Identifying Information

1. Given Name (First Name): William Timothy
2. Surname (Last Name): Brox
3. Date: 31-May-2020
4. Are you the corresponding author? ☐ Yes ☑ No

Corresponding Author's Name: Paul A. Anderson MD

5. Manuscript Title: Osteoporosis: American Society for Bone and Mineral Research (ASBMR) and International Society Clinical Densitometry (ISCD) Recent Recommendations
6. Manuscript Identifying Number (if you know it):

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