

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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4. Intellectual Property.

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

5. Relationships not covered above.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Bailey

2. Surname (Last Name)
Ross

3. Date
17-November-2020

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
William Sherman, MD

5. Manuscript Title
Rates of Osteoporosis Management and Secondary Preventative Treatment Following Fragility Fractures

6. Manuscript Identifying Number (if you know it)
JBJSOA-D-20-00142

Section 2. The Work Under Consideration for Publication

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Bailey Ross has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Felix	2. Surname (Last Name) Savoie	3. Date 17-November-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name William Sherman
5. Manuscript Title Rates of Osteoporosis Management and Secondary Preventative Treatment Following Fragility Fractures		
6. Manuscript Identifying Number (if you know it) JBJSOA-D-20-00142		

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Dr. Savoie has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Olivia

2. Surname (Last Name)
Lee

3. Date
20-November-2020

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
William F. Sherman

5. Manuscript Title
Rates of Osteoporosis Management and Secondary Preventative Treatment Following Fragility Fractures

6. Manuscript Identifying Number (if you know it)
JBJSOA-D-20-00142

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Dr. Lee has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Mitchel	2. Surname (Last Name) Harris	3. Date 10-December-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name William Sherman, MD
5. Manuscript Title Rates of Osteoporosis Management and Secondary Preventative Treatment Following Fragility Fractures		
6. Manuscript Identifying Number (if you know it) JBJSOA-D-20-00142		

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Dr. Harris has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Thomas	2. Surname (Last Name) Dowd	3. Date 17-November-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name William Sherman
5. Manuscript Title Rates of Osteoporosis Management and Secondary Preventative Treatment Following Fragility Fractures		
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Dr. Dowd has nothing to disclose.

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Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

Issued: The patent has been issued by the agency

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

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Section 1. Identifying Information

1. Given Name (First Name)
William

2. Surname (Last Name)
Sherman

3. Date
17-November-2020

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

5. Manuscript Title
Rates of Osteoporosis Management and Secondary Preventative Treatment Following Fragility Fractures

6. Manuscript Identifying Number (if you know it)
JBJSOA-D-20-00142

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

Dr. Sherman has nothing to disclose.

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