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

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. Given Name (First Name)  
   Andrew

2. Surname (Last Name)  
   Weiland

3. Date  
   05-November-2014

4. Are you the corresponding author?  
   [ ] Yes  
   ✔ No  
   Corresponding Author’s Name  
   Joseph J. Schreiber MD

5. Manuscript Title  
   Opportunistic Osteoporosis Screening: Gleaning Additional Information from Diagnostic Wrist CT Scans

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

## Section 3. Relevant financial activities outside the submitted work.

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[ ] No  
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## 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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Editorial board for Journal of Bone and Joint Surgery - American Volume

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Dr. Weiland reports other from Acumed, LLC, outside the submitted work; and Editorial board for Journal of Bone and Joint Surgery - American Volume.

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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  
   05-November-2014

4. Are you the corresponding author?  
   Yes ✗ No

   Corresponding Author’s Name  
   Joseph J. Schreiber MD

5. Manuscript Title  
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Dr. Gausden has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Joseph

2. Surname (Last Name)  
   Schreiber

3. Date  
   05-November-2014

4. Are you the corresponding author?  
   ✔ Yes  ❏ No

5. Manuscript Title  
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<td>05-November-2014</td>
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4. Are you the corresponding author? [ ] Yes [x] No

Corresponding Author's Name

Joseph J. Schreiber MD

5. Manuscript Title

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I am the Treasurer of ASSH

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Dr. Carlson reports and I am the Treasurer of ASSH.

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Section 1. Identifying Information

1. Given Name (First Name)  Paul
2. Surname (Last Name)  Anderson
3. Date  05-November-2014
4. Are you the corresponding author?  Yes  No
   Corresponding Author’s Name  Joseph J. Schreiber MD
5. Manuscript Title
   Opportunistic Osteoporosis Screening: Gleaning Additional Information from Diagnostic Wrist CT Scans
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Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☑ Yes ☐ No

Section 5. Relationships not covered above

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