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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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?  
☑ 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

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☑ No

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☑ No
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Section 6. Disclosure Statement

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Dr. Polly has nothing to disclose.

Evaluation and Feedback

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

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

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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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Section 6. Disclosure Statement

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Dr. Binkley has nothing to disclose.

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Section 1. Identifying Information

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?  
Yes ☑ 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.

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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 Cellectar, outside the submitted work.

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