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.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking “No” means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check “Yes”.

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

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Royalties: Funds are coming in to you or your institution due to your patent
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Douglas
2. Surname (Last Name)  Adams
3. Date  11-February-2015
4. Are you the corresponding author?  Yes ☐  No  ✔

Corresponding Author’s Name  Jay Lieberman

5. Manuscript Title  Systemic administration of sclerostin antibody enhances BMP induced bone repair
6. Manuscript Identifying Number (if you know it)

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.)?  Yes ☐  No  ✔

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

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

Dr. Adams has nothing to disclose.

**Evaluation and Feedback**

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Section 1. Identifying Information

1. Given Name (First Name)  
Hua Zhu

2. Surname (Last Name)  
Ke

3. Date  
11-May-2015

4. Are you the corresponding author?  
☑ No

Corresponding Author’s Name  
Brian Tinsley

5. Manuscript Title  
Systemic administration of sclerostin antibody enhances BMP induced bone repair in a rat femoral defect model

6. Manuscript Identifying Number (if you know it)

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?  
☑ No

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If yes, please fill out the appropriate information below.

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<td>stockholder</td>
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<td>Employee and stockholder</td>
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<td>Pfizer</td>
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☑ Yes  
☐ No
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If yes, please fill out the appropriate information below. If you have more than one entity press the “ADD” button to add a row. Excess rows can be removed by pressing the “X” button.

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PATENT RELATED TO SCLEROSTIN ANTIBODY FOR BONE REPAIR

Section 5. Relationships not covered above

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Dr. Ke reports other from Amgen Inc, other from UCB Pharma, other from Pfizer, outside the submitted work; In addition, Dr. Ke has a patent Amgen issued.

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Section 1. Identifying Information

1. Given Name (First Name)  Michael
2. Surname (Last Name) Ominsky
3. Date 10-May-2015
4. Are you the corresponding author? Yes No
   Corresponding Author’s Name Brian Tinsley
5. Manuscript Title
   Systemic administration of sclerostin antibody enhances BMP induced bone repair in a rat femoral defect model
6. Manuscript Identifying Number (if you know it)

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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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Dr. Ominsky reports personal fees and other from Amgen Inc, outside the submitted work; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Hezhen
2. Surname (Last Name)  Tang

4. Are you the corresponding author?  Yes  ✔  No

3. Date  30-January-2015

5. Manuscript Title
Systemic administration of sclerostin antibody enhances BMP induced bone repair in rat femoral defect

6. Manuscript Identifying Number (if you know it)

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Mrs. Tang reports other from Amgen, Inc, during the conduct of the study.

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Section 1. Identifying Information

1. Given Name (First Name) Alex
2. Surname (Last Name) Dukas
3. Date 28-January-2015
4. Are you the corresponding author? Yes ☑ No
   Corresponding Author’s Name Jay Lieberman
5. Manuscript Title Systemic administration of sclerostin antibody enhances BMP induced bone repair
6. Manuscript Identifying Number (if you know it)

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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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Dr. Dukas reports other from Amgen, Inc., during the conduct of the study.

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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.

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Section 1. Identifying Information

1. Given Name (First Name) Michael
2. Surname (Last Name) Pensak
3. Date 12-February-2015
4. Are you the corresponding author? Yes No ✔
   Corresponding Author’s Name Jay Lieberman
5. Manuscript Title
   Systemic administration of sclerostin antibody enhances BMP induced bone repair
6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest? Yes No ✔
If yes, please fill out the appropriate information below. If you have more than one entity press the “ADD” button to add a row. Excess rows can be removed by pressing the “X” button.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Brian

2. Surname (Last Name)  
   Tinsley

3. Date  
   25-January-2015

4. Are you the corresponding author?  
   Yes ✔ No

   Corresponding Author’s Name  
   Jay Lieberman

5. Manuscript Title  
   Systemic administration of sclerostin antibody enhances BMP induced bone repair

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest?  
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### Section 1. Identifying Information

1. **Given Name (First Name)**
   Jay R.

2. **Surname (Last Name)**
   Lieberman

3. **Date**
   29-January-2015

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

5. **Manuscript Title**
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6. **Manuscript Identifying Number (if you know it)**

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