ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Gausden 1
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  21-April-2017
4. Are you the corresponding author?  Yes  No

5. Manuscript Title
Opportunistic Use of CT Imaging for Osteoporosis Screening and Bone Density Assessment
A Qualitative Systematic Review
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?  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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Are there any relevant conflicts of interest?  Yes  No

Section 4. Intellectual Property -- Patents & Copyrights

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Section 6. Disclosure Statement
Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Gausden reports grants from Samuel and May Rudin Foundation, from null, during the conduct of the study;

Evaluation and Feedback
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Joseph

2. Surname (Last Name)  
   Lane

3. Date  
   08-June-2016

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

Corresponding Author’s Name  
Elizabeth Gausden

5. Manuscript Title
   Opportunistic Use of Computed Tomography Imaging for Osteoporosis Screening and Bone Quality Assessment: A Qualitative Systematic Review

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Dr. Lane has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Dean
2. Surname (Last Name)  Lorich
3. Date  08-June-2016
4. Are you the corresponding author?  Yes  No
   Corresponding Author's Name  Elizabeth Gausden
5. Manuscript Title
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Dr. Lorich has nothing to disclose.

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<td>3. Date</td>
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<td>4. Are you the corresponding author?</td>
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<td>Elizabeth Gausden</td>
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5. Manuscript Title

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Dr. Nwachukwu has nothing to disclose.

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1. Given Name (First Name)  
Joseph

2. Surname (Last Name)  
Schreiber

3. Date  
08-June-2016

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☐ Yes  ✔ No

Corresponding Author's Name  
Elizabeth Gausden

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Schreiber
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Dr. Schreiber has nothing to disclose.

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