

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.

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4. Intellectual Property.

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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) Atsuo	2. Surname (Last Name) Shigi	3. Date 16-April-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Kosuke Ebina
5. Manuscript Title Utility of Distal Forearm DXA as a Screening Tool for Primary Osteoporotic Fragility Fractures of the Distal Radius: A Case-Control Study		
6. Manuscript Identifying Number (if you know it)		

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Dr. Shigi 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)
Hiroyuki

2. Surname (Last Name)
Tanaka

3. Date
09-April-2019

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Kosuke Ebina

5. Manuscript Title
Utility of Distal Forearm DXA as a Screening Tool for Primary Osteoporotic Fragility Fractures of the Distal Radius: A Case-Control Study

6. Manuscript Identifying Number (if you know it)

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Dr. Tanaka has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Hideki

2. Surname (Last Name)
Yoshikawa

3. Date
09-April-2019

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Kosuke Ebina

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

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Section 1. Identifying Information

1. Given Name (First Name)
Kosuke

2. Surname (Last Name)
Ebina

3. Date
01-July-2019

4. Are you the corresponding author? Yes No

5. Manuscript Title
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If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Taisho	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	KE is affiliated with a department that is financially supported by Taisho.
Abbvie	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Asahi-Kasei	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Astellas	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Bristol-Myers Squibb	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Chugai	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Daiichi Sankyo	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Eisai	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Eli Lilly	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Mitsubishi-Tanabe	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ono Pharmaceutical	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pfizer	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
UCB Japan	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Dr. Ebina is affiliated with a department that is financially supported by Taisho, and received a research grant and/or speaker fee from Abbvie, Asahi-Kasei, Astellas, Bristol-Myers Squibb, Chugai, Daiichi Sankyo, Eisai, Eli Lilly, Mitsubishi-Tanabe, Ono Pharmaceutical, Pfizer, and UCB Japan. All of them are outside the submitted work.

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1. Given Name (First Name)

Kohji

2. Surname (Last Name)

Kuriyama

3. Date

10-April-2019

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Kosuke Ebina

5. Manuscript Title

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4. Intellectual Property.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Kunihiro

2. Surname (Last Name)
Oka

3. Date
09-April-2019

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Kosuke Ebina

5. Manuscript Title
Utility of Distal Forearm DXA as a Screening Tool for Primary Osteoporotic Fragility Fractures of the Distal Radius: A Case-Control Study

6. Manuscript Identifying Number (if you know it)

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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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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. Oka 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)
Makoto

2. Surname (Last Name)
Hirao

3. Date
09-April-2019

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Kosuke Ebina

5. Manuscript Title
Utility of Distal Forearm DXA as a Screening Tool for Primary Osteoporotic Fragility Fractures of the Distal Radius: A Case-Control Study

6. Manuscript Identifying Number (if you know it)

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Dr. Hirao 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) Masafumi	2. Surname (Last Name) Kashii	3. Date 15-April-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Kosuke Ebina
5. Manuscript Title Utility of Distal Forearm DXA as a Screening Tool for Primary Osteoporotic Fragility Fractures of the Distal Radius: A Case-Control Study		
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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Kashii 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)
Satoshi

2. Surname (Last Name)
Miyamura

3. Date
09-April-2019

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Kosuke Ebina

5. Manuscript Title
Utility of Distal Forearm DXA as a Screening Tool for Primary Osteoporotic Fragility Fractures of the Distal Radius: A Case-Control Study

6. Manuscript Identifying Number (if you know it)

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Dr. Miyamura 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)
Tsuyoshi

2. Surname (Last Name)
Murase

3. Date
09-April-2019

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Corresponding Author's Name
Kosuke Ebina

5. Manuscript Title
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