ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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# 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?**  
   Yes  
   ✔  
   No

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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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

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Are there any relevant conflicts of interest?  
Yes  
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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Dr. Shigi has nothing to disclose.

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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)

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  
   Yes  ✔  No

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Section 6. Disclosure Statement

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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?  
   ☑ No

Corresponding Author’s Name  
Kosuke Ebina

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

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Ebina
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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.

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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 Lily, Mitsubishi-Tanabe, Ono Pharmaceutical, Pfizer, and UCB Japan. All of them are outside the submitted work.
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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 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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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 5. Relationships not covered above

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Dr. Kuriyama has nothing to disclose.

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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

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## 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  
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Dr. Hirao has nothing to disclose.

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<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>Masafumi</th>
</tr>
</thead>
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<tr>
<td>2. Surname (Last Name)</td>
<td>Kashii</td>
</tr>
<tr>
<td>3. Date</td>
<td>15-April-2019</td>
</tr>
<tr>
<td>4. Are you the corresponding author?</td>
<td>☑ No</td>
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<tr>
<td>5. Manuscript Title</td>
<td>Utility of Distal Forearm DXA as a Screening Tool for Primary Osteoporotic Fragility Fractures of the Distal Radius: A Case-Control Study</td>
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<tr>
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<td></td>
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</tbody>
</table>

Corresponding Author’s Name
Kosuke Ebina

### 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.)?

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Dr. Kashii has nothing to disclose.

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Miyamura
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? ☑ No
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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Dr. Miyamura has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Tsu Yoshi
2. Surname (Last Name)  Murase
3. Date  09-April-2019
4. Are you the corresponding author?  Yes ✔ No

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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Corresponding Author’s Name
Kosuke Ebina

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Are there any relevant conflicts of interest?  Yes ✔ No

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Dr. Murase has nothing to disclose.

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