

1. Given Name (First Name)	2. Surname (Last Name	e) 3. Effective Date (07-August-2008)
Linda	Baumann	15-January-2013
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name
	National National	Virginia Moyer
5. Manuscript Title		
Vitamin D and Calcium Supplementa	tion to Prevent Cancer as	nd Osteoporotic Fractures in Adults

Section 2.

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The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc...)?

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

The Work Under Consideration for Publication							
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**		
1. Grant	1					X ADD	
2. Consulting fee or honorarium	1					X ADD	
Support for travel to meetings for the study or other purposes	/					× ADD	
 Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like 	/					×	
5. Payment for writing or reviewing the manuscript	✓					X ADO	
 Provision of writing assistance, medicines, equipment, or administrative support 	7					10 X	

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The Work	Under Consideration	n for Pub	lication	. 85			1.0000000
	Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
7. Other		- V					ADD × ADD

Section 3.

Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to submission.

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

Relevant financial activities outside the submitted work								
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments			
1. Board membership	V		- 🗆	·		X 400		
2. Consultancy	V					A D In		
3. Employment	√				*	AOD		
4. Expert testimony	V							
5. Grants/grants pending	V							
Payment for lectures including service on speakers bureaus	V					ADD X		
7. Payment for manuscript preparation	V					*		

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^{*} This means money that your institution received for your efforts on this study.

^{**} Use this section to provide any needed explanation.



Type of Relationship (in		Money	Money to		
alphabetical order)	No	Paid to You	Your Institution*	Entity	Comments
	and Military				A
Patents (planned, pending or issued)	V				
9. Royalties	V		. —		
3. noyalues	V		Ш		
Payment for development of educational presentations	✓				×
Control projections					
1. Stock/stock options	1				
2. Travel/accommodations/					
meeting expenses unrelated to activities listed**	1				*
Other (err on the side of full disclosure)	1				
			•		Ale
*This means money that your institution **For example, if you report a consultant				el related to that consu	Itancy on this line.
Section 4. Other relations	nips				
Are there other relationships or activity potentially influencing, what you wro				have influenced, or th	nat give the appearance of
✓ No other relationships/conditions	s/circum	stances th	at present a pote	ential conflict of intere	est
Yes, the following relationships/c	ondition	s/circums	tances are preser	nt (explain below):	

At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

Hide All Table Rows Charles No



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 four parts.

Identifying information.

Enter your full name. If you are NOT the corresponding author please check the box "no" and a space to enter the name of the corresponding author in the space that appears. Provide the requested manuscript information. Double-check the manuscript number and enter it.

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". Then complete the appropriate boxes to indicate the type of support and whether the payment went to you, or to your institution, or both.

Relevant financial activities outside the submitted work.

This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

Other relationships.

Use this section to report other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work.



Section 1. Identifying Infor	mation	
Given Name (First Name) Albert	2. Surname (Last Name) Siu	3. Effective Date (07-August-2008) 15-January-2013
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Name Virginia Moyer
5. Manuscript Title Vitamin D and Calcium Supplementat	tion to Prevent Cancer and	Osteoporotic Fractures in Adults
6. Manuscript Identifying Number (if you I N/A	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 for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc...)?

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

The Work Under Consideration for Publication						
Туре	Money Money to No Paid Your to You Institution*	Name of Entity	Comments**			

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Section 3.

Relevant financial activities outside the submitted work.

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Relevant financial activities outside the submitted work

^{**} Use this section to provide any needed explanation.



Relevant financial activities outside the submitted work						
Type of Relationship (in alphabetical order)	No	Money Money to Paid to Your You Institution*	Entity	Comments		
Type of Relationship (in alphabetical order)	No	Money Money to Paid to Your You Institution*	Entity	Comments		

^{*} This means money that your institution received for your efforts.

*** For example, if you report a consultancy above there is no need to report travel related to that consultancy on this line.
Section 4. Other relationships
Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?
✓ No other relationships/conditions/circumstances that present a potential conflict of interest Yes, the following relationships/conditions/circumstances are present (explain below):
At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.
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Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.



Section 1. Identifying Inform	mation	
1. Given Name (First Name) Warda	2. Surname (Last Name) NICHOLSON	3. Effective Date (07-August-2008)
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Virginia Moyer
5. Manuscript Title Vitamin D and Calcium Supplementat	ion to Prevent Cancer and (Osteoporotic Fractures in Adults
6. Manuscript Identifying Number (if you k N/A	cnow 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 for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc...)?

The Work Under Consideration for Publication								
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**			
1. Grant	R					X ADD		
2. Consulting fee or honorarium	(A)					X ADD		
3. Support for travel to meetings for the study or other purposes	早					X		
4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like	A					×		
5. Payment for writing or reviewing the manuscript						X		
Provision of writing assistance, medicines, equipment, or administrative support						×		

The Work Under Consideration for Publication								
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**			
7. Other						ADD		
	Ch Ch					×		
	/ V					ADD		

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Relevant financial activities outside the submitted work									
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments				
1. Board membership	R				X ADD				
2. Consultancy	R				X ADD				
3. Employment	4				X ADD				
4. Expert testimony	P				X				
5. Grants/grants pending	中				×				
Payment for lectures including service on speakers bureaus	4				ADD X				
7. Payment for manuscript preparation	b				×				

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Relevant financial activities outside the submitted work								
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments			
Patents (planned, pending or issued)	果					ADD X ADD		
9. Royalties	J.					X ADD		
10. Payment for development of educational presentations	贝					×		
11. Stock/stock options	7					ADD X ADD		
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	F					×		
13. Other (err on the side of full disclosure)	中					ADD X ADD		

Section 4. Other relationships

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

No other relationships/conditions/circumstances that present a potential conflict of interest

Yes, the following relationships/conditions/circumstances are present (explain below):

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^{**} For example, if you report a consultancy above there is no need to report travel related to that consultancy on this line.



Section 1. Identifying Infor	mation		
 Given Name (First Name) Michael Are you the corresponding author? 	2. Surname (Last Name) Lefe Vre Yes No	3. E Corresponding Author's Name Virginia Moyer	ffective Date (07-August-2008)
5. Manuscript TitleVitamin D and Calcium Supplementa6. Manuscript Identifying Number (if you N/A		Osteoporotic Fractures in Adults	

Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc...)?

The Work Under Consideration for Publication								
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**			
1. Grant	P					X ADD		
2. Consulting fee or honorarium						×		
Support for travel to meetings for the study or other purposes						ADD X		
4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like						ADD X		
5. Payment for writing or reviewing the manuscript						ADD X		
Provision of writing assistance, medicines, equipment, or administrative support						ADD ×		



The Work Under Consideration for Publication								
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**			
	_/	/				ADD		
7. Other		Ш				X ADD		
						Table 1		

Section 3. Relevant financial activities outside the submitted work.

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Relevant financial activities outside the submitted work								
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments			
1. Board membership	P							
2. Consultancy	þ				>	OD		
3. Employment	ф							
4. Expert testimony	ф							
5. Grants/grants pending					A	(
Payment for lectures including service on speakers bureaus	4							
7. Payment for manuscript preparation					A)D (

^{*} This means money that your institution received for your efforts on this study.

^{**} Use this section to provide any needed explanation.



Relevant financial activities ou	tside the	submit	ted work			
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
Patents (planned, pending or issued)	P					ADD X
9. Royalties	4					ADD X
Payment for development of educational presentations	+					ADD ×
11. Stock/stock options	þ					ADD X ADD
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	-					×
13. Other (err on the side of full disclosure)						ADD X
* This means money that your institutio ** For example, if you report a consultar				vel related to that consul	tancy on this line.	Basical
Section 4. Other relations	ships					NIC.
Are there other relationships or active potentially influencing, what you will be a second or active potentially influencing.				have influenced, or th	at give the appearance	of

No other relationships/conditions/circumstances that present a potential conflict of interest

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Yes, the following relationships/conditions/circumstances are present (explain below):

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Section 1. Identifying Infor	mation	
1. Given Name (First Name) (A V S L C V 4. Are you the corresponding author?	2. Surname (Last Name) BIBLINS Yes No	3. Effective Date (07-August-2008) Corresponding Author's Name Virginia Moyer
5. Manuscript TitleVitamin D and Calcium Supplementar6. Manuscript Identifying Number (if you N/A		Osteoporotic Fractures in Adults

Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc...)?

The Work Under Consideration for Publication									
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**				
1. Grant	Ø					×			
2. Consulting fee or honorarium	P					ADD X			
Support for travel to meetings for the study or other purposes	M					ADD ×			
4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like	Ø					ADD ×			
5. Payment for writing or reviewing the manuscript	Ø					ADD X			
Provision of writing assistance, medicines, equipment, or administrative support	D					ADD ×			

The Work Under Consideration for Publication									
	Туре	No	Paid	Money to Your Institution*	Name of Entity	Comments**			
7. Other		Ø					ADD ×		
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Section 3. Relevant financial activities outside the submitted work.

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Relevant financial activities outside the submitted work								
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments			
1. Board membership					X ADD			
2. Consultancy					×			
3. Employment	19				×			
4. Expert testimony	K				ADD ×			
5. Grants/grants pending	P				×			
6. Payment for lectures including service on speakers bureaus	P				ADD ×			
7. Payment for manuscript preparation	B				ADD ×			

^{*} This means money that your institution received for your efforts on this study.

^{**} Use this section to provide any needed explanation.



Re	Relevant financial activities outside the submitted work								
	Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments			
8.	Patents (planned, pending or issued)	P				ADD ×			
9.	Royalties	Ø				ADD ×			
10.	Payment for development of educational presentations					ADD ×			
11.	Stock/stock options	P				ADD X ADD			
12.	Travel/accommodations/ meeting expenses unrelated to activities listed**	Ø				×			
13.	Other (err on the side of full disclosure)	Ø				ADD X ADD			

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Section 4. Other relationships

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^{**} For example, if you report a consultancy above there is no need to report travel related to that consultancy on this line.



Section 1. Identifying Inform	nation	View Control (Control	
1. Given Name (First Name) 4. Are you the corresponding author?	2. Surname (Last Name) Authority Yes No	Corresponding Author's Nam Virginia Moyer	3. Effective Date (07-August-2008) - Nov - 2012 ne
Manuscript Title Vitamin D and Calcium Supplementation Manuscript Identifying Number (if you know the supplement)		Osteoporotic Fractures in Ad	lults
N/A	iow 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 for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc...)?

The Work Under Consideration for Publication										
Type	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**					
1. Grant	4					×				
2. Consulting fee or honorarium	4					ADD X				
Support for travel to meetings for the study or other purposes						X				
4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like	d					ADD ×				
5. Payment for writing or reviewing the manuscript	4					ADD X				
Provision of writing assistance, medicines, equipment, or administrative support	9					×				



The Work Under Consideration for Publication									
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**				
						ADD			
7. Other						×			
						ADD			

Section 3. Relevant financial activities outside the submitted work.

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Relevant financial activities outside the submitted work									
Type of Relationship (in alphabetical order)		Money Paid to You	Money to Your Institution*	Entity	Comments				
1. Board membership									
2. Consultancy	9				AD AD				
3. Employment									
4. Expert testimony					AD X				
5. Grants/grants pending									
Payment for lectures including service on speakers bureaus					AD				
7. Payment for manuscript preparation	d				AD X				

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Relevant financial activities outside the submitted work										
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments					
8. Patents (planned, pending or issued)						ADD ×				
9. Royalties	4					ADD X ADD				
Payment for development of educational presentations						×				
11. Stock/stock options						ADD X				
12. Travel/accommodations/ meeting expenses unrelated to activities listed**						×				
13. Other (err on the side of full disclosure)	6					ADD X				

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work? No other relationships/conditions/circumstances that present a potential conflict of interest Yes, the following relationships/conditions/circumstances are present (explain below): At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

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Section 1. Identifying Infor	mation	
1. Given Name (First Name) MARK	2. Surname (Last Name)	3. Effective Date (07-August-2008)
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Name Virginia Moyer
5. Manuscript Title Vitamin D and Calcium Supplementat	ion to Prevent Cancer and	Osteoporotic Fractures in Adults
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The Work Under Consideration for Publication											
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**						
1. Grant	Z					×					
2. Consulting fee or honorarium						X ADD					
Support for travel to meetings for the study or other purposes	Ø					×					
4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like						ADD X					
Payment for writing or reviewing the manuscript						×					
Provision of writing assistance, medicines, equipment, or administrative support	Ø					ADD ×					



The Work Under Consideration for Publication										
Туре	No	Paid	Money to Your Institution*	Name of Entity	Comments**					
7. Other						ADD X ADD				

Section 3. Relevant financial a

Relevant financial activities outside the submitted work.

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Relevant financial activities outside the submitted work										
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments					
1. Board membership					×					
2. Consultancy					ADD X					
3. Employment					×					
4. Expert testimony					ADD ×					
5. Grants/grants pending					ADD X					
Payment for lectures including service on speakers bureaus					ADD X					
Payment for manuscript preparation					ADD					

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	Type of Relationship (in alphabetical order)	No	Money Paid to	Money to Your	Entity	Comments	
	alphabetical order)		You	Institution*			
8.	Patents (planned, pending or issued)						ADD ×
9.	Royalties						ADD X
10.	Payment for development of educational presentations						ADD X
11.	Stock/stock options						ADD X
12.	Travel/accommodations/ meeting expenses unrelated to activities listed**	Ø					ADD
13.	Other (err on the side of full disclosure)	Ø					ADD X
*T	his means money that your institution	received	for your eff	orts.			ADD

Section 4. Other relationships Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of

potentially influencing, what you wrote in the submitted work?

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there is no need to report travel related to that consultancy on this line.



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Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.



Section 1. Identifying Info	rmation	
1. Given Name (First Name) SUSAN	2. Surname (Last Name)	3. Effective Date (07-August-2008) 1\(\big 16 \big 12
4. Are you the corresponding author?	Yes No	Corresponding Author's Name Virginia Moyer
5. Manuscript Title Vitamin D and Calcium Supplementa	ition to Prevent Cancer and	Osteoporotic Fractures in Adults
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The Work Under Consideration for Publication										
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**					
1. Grant	7					X ADD				
2. Consulting fee or honorarium	\(\text{'} \)					×				
Support for travel to meetings for the study or other purposes	y					×				
4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like	V					×				
5. Payment for writing or reviewing the manuscript	V					× ADD				
Provision of writing assistance, medicines, equipment, or administrative support	V					×				



The Work Under Consider	ation for Pub	lication		新生生态 代基格		
Туре	No	Paid	Money to Your Institution*	Name of Entity	Comments**	
	,					ADD
7. Other						×
						ADD

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Relevant financial activities out	levant financial activities outside the submitted work					
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
1. Board membership	V					×
2. Consultancy	d					ADD X
3. Employment	V					×
4. Expert testimony	d					ADD X
5. Grants/grants pending	V					X
Payment for lectures including service on speakers bureaus	Ø					ADD ×
7. Payment for manuscript preparation	d					X

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^{**} Use this section to provide any needed explanation.



Re	elevant financial activities outs	ide the	submitt	ed work			
	Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
8	Patents (planned, pending or issued)	1				ADD ×	
9.	Royalties	V				ADD	
10.	Payment for development of educational presentations	V				ADE	
11.	Stock/stock options	V				ADE ×	
12.	Travel/accommodations/ meeting expenses unrelated to activities listed**	Ø				×	
13.	Other (err on the side of full disclosure)	1				ADI ×	THE REAL PROPERTY.
						#101	A

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work? No other relationships/conditions/circumstances that present a potential conflict of interest Yes, the following relationships/conditions/circumstances are present (explain below): At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

Hide All Table Rows Checked 'No'

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^{*} This means money that your institution received for your efforts.

^{**} For example, if you report a consultancy above there is no need to report travel related to that consultancy on this line.



Section 1. Identifying Infor	mation	
1. Given Name (First Name) GLENN	2. Surname (Last Name) 3. Effective Date (07 11/15/10	-August-2008)
4. Are you the corresponding author?	Yes No Corresponding Author's Name Virginia Moyer	
5. Manuscript Title Vitamin D and Calcium Supplementa	tion to Prevent Cancer and Osteoporotic Fractures in Adults	
6. Manuscript Identifying Number (if you N/A	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 for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc...)?

The Work Under Consideration f	or Publ	ication				
Type	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	4					X ADD
2. Consulting fee or honorarium		- 🔲				X ADD
Support for travel to meetings for the study or other purposes	6					×
4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like						X
5. Payment for writing or reviewing the manuscript						X
Provision of writing assistance, medicines, equipment, or administrative support	9					X

The Work L	Work Under Consideration for Publication						
	Type	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
			/				ADD
7. Other		9					×
							ADD

Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to submission.

R	elevant financial activities out	financial activities outside the submitted work							
	Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments			
1	. Board membership	9					×		
2	. Consultancy	8					ADD X		
3	. Employment	9					×		
4	. Expert testimony						ADD X		
5	. Grants/grants pending						×		
6	. Payment for lectures including service on speakers bureaus	9					ADD ×		
7.	Payment for manuscript preparation	9					ADD X		

^{*} This means money that your institution received for your efforts on this study.

^{**} Use this section to provide any needed explanation.



Re	elevant financial activities outs	ide the	submit	ted work			
	Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
8	Patents (planned, pending or issued)	9					ADD
9.	Royalties	9					ADD X
10.	Payment for development of educational presentations						×
11.	Stock/stock options						ADD X
12.	Travel/accommodations/ meeting expenses unrelated to activities listed**	9					×
13.	Other (err on the side of full disclosure)	9					ADD X ADD

Hide All Table Rows Checked 'No'

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work? No other relationships/conditions/circumstances that present a potential conflict of interest Yes, the following relationships/conditions/circumstances are present (explain below): At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

^{*} This means money that your institution received for your efforts.

^{**} For example, if you report a consultancy above there is no need to report travel related to that consultancy on this line.



. Given Name (First Name)	5	2. Surnar	ne (Last Name)		3. Effective Date (07-August-2008)
Are you the corresponding		Yes	√ No	Corresponding Auth Virginia Moyer	nor's Name
6. Manuscript Title Vitamin D and Calcium Su	upplementation	n to Prev	ent Cancer and (Osteoporotic Fractu	res in Adults
5. Manuscript Identifying Nu	ımber (if you kno	w it)			
N/A					

Did you or your institution at any time receive payment or services from a third party for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc...)?

	D. Hi	cation				
The Work Under Consideration f	No	Money Paid	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	Q'					Apti
2. Consulting fee or honorarium						× Auto
Support for travel to meetings for the study or other purposes		d		US Prevent	For U	i AUT
 Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like 						X Abt
Payment for writing or reviewing the manuscript						A.31.
Provision of writing assistance, medicines, equipment, or administrative support	4					*



The Work Under Consid	leration for Publication				海风景
Туре	Money No Paid to You	Money to Your Institution*	Name of Entity	Comments**	
7. Other	80				1,000
* This means money that your	inetitution engalished for the or offer	rte on this stud	ž.		BOMB SHIP

Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to submission.

Relevant financial activities ou	Relevant financial activities outside the submitted work							
Type of Relationship (in alphabetical order)	No	Paid to	Money to Your Institution*	Entity	Comments			
1. Board membership					parties of the latest control of the			
2. Consultancy					AB *			
3. Employment					X			
4. Expert testimony								
5. Grants/grants pending	1							
Payment for lectures including service on speakers bureaus	1				AD			
7. Payment for manuscript preparation	5				×			

ins money that your institution received for your efforts on this study

^{**} Use this section to provide any needed explanation.



Relevant financial activities outside the submitted work							
Type of Relationship (in alphabetical order)	No	Paid to	Money to Your Institution*	Entity	Comments		
Patents (planned, pending or issued)	9					ADD X	
9. Royalties						A Dy	
Payment for development of educational presentations	1					×	
11. Stock/stock options	1						
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	D					X	
13. Other (err on the side of full disclosure)						X ADID	
* This means money that your institution ** For example, if you report a consultant	received cy above	for your eff there is no r	orts. need to report t	ravel related to that con	sultancy on this line.		

Other relationships

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

other relationships/conditions/circumstances that present a potential conflict of interest

Yes, the following relationships/conditions/circumstances are present (explain below):

At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

Douglas Owens



Given Name (First Name) Jessica	2. Surnar Herzstei	ne (Last Name) n		3. Effective Date (07-August-2008 13-November-2012
4. Are you the corresponding author?	Yes	✓ No	Corresponding Author's N Virginia Moyer	Name
5. Manuscript Title Vitamin D and Calcium Supplementa	ition to Preve	ent Cancer and	l Osteoporotic Fractures in	Adults

Section 2.

The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc...)?

The Work Under Consideration for Publication							
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**		
1. Grant	V					×	
						ADD	
2. Consulting fee or honorarium	1					×	
						ADD	
Support for travel to meetings for the study or other purposes	V					×	
• • • • • • • • • • • • • • • • • • • •						ADD	
 Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like 	V					×	
						ADD	
5. Payment for writing or reviewing the manuscript	V					×	
						ADD	
 Provision of writing assistance, medicines, equipment, or administrative support 	V					×	
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he Work Under Conside	ration for Pub		Money to			
Туре	No	Paid	Your Institution*	Name of Entity	Comments**	
ESTAL SILOSING POOR SEASON WAS SEA						AC
Other	V					>
						AD

Section 3.

Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to submission.

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments
. Board membership	V				
2. Consultancy	V				
3. Employment	V				
1. Expert testimony	V				
5. Grants/grants pending	V				
5. Payment for lectures including service on speakers bureaus	V				
7. Payment for manuscript preparation	V				

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^{*} This means money that your institution received for your efforts on this study.

^{**} Use this section to provide any needed explanation.



Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
. Patents (planned, pending or	V					
issued)						
). Royalties	1					
						W.
Payment for development of educational presentations	V					
						17
1. Stock/stock options	1					
2. Travel/accommodations/ meeting expenses unrelated to activities listed**	✓					
delivities inseed						W.
Other (err on the side of full disclosure)	V					
						E

Section

Other relationships

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

No other relationships/conditions/circumstances that present a potential conflict of interest

Yes, the following relationships/conditions/circumstances are present (explain below):

At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

Hide All Table Rows Checked 'No'

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Section 1. Identifying Infor	mation	
Given Name (First Name) David	2. Surname (Last Name) Grossman	3. Effective Date (07-August-2008) 08-November-2012
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Name Virginia Moyer
5. Manuscript Title		
Vitamin D and Calcium Supplementa	tion to Prevent Cancer and	Osteoporotic Fractures in Adults
6. Manuscript Identifying Number (if you N/A	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 for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc...)?

The Work Under Consideration for Publication								
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**			
1. Grant	K					X ADD		
2. Consulting fee or honorarium	X					X ADD		
3. Support for travel to meetings for the study or other purposes						X ADD		
 Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like 	X					×		
5. Payment for writing or reviewing the manuscript	×					X ADD		
Provision of writing assistance, medicines, equipment, or administrative support	Ø					×		



The Work Under Consideration for Publication								
Туре		Paid	Money to Your Institution*	Name of Entity	Comments**			
7. Other						ADD X ADD		

Section 3.

Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to submission.

Relevant financial activities outside the submitted work							
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments		
1. Board membership							
2. Consultancy	×				AL		
3. Employment	×				A		
4. Expert testimony	Y				Al		
5. Grants/grants pending	¥				A		
5. Payment for lectures including service on speakers bureaus	×						
7. Payment for manuscript preparation	×				Al		

^{*} This means money that your institution received for your efforts on this study.

^{**} Use this section to provide any needed explanation.



Relevant financial activities outside the submitted work							
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments		
Patents (planned, pending or issued)	\square					ADD X	
9. Royalties	X					ADD X	
Payment for development of educational presentations						X	
11. Stock/stock options	Y					X ADD	
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	T					×	
13. Other (err on the side of full disclosure)	X					×	
* This means money that your institution ** For example, if you report a consultance	received cy above	for your eff there is no r	forts. need to report t	ravel related to that consul	tancy on this line.	ADD	
Section 4. Other relations	nips						
Are there other relationships or activ potentially influencing, what you wro				to have influenced, or th	at give the appearance	of	
No other relationships/conditions					est		
Yes, the following relationships/c	ondition	ns/circums	tances are pre	sent (explain below):			
At the time of manuscript acceptance On occasion, journals may ask author	e, journa rs to disc	als will ask close furthe	authors to con er information	firm and, if necessary, up about reported relation	odate their disclosure sta ships.	atements.	
Hide All Ta	ble Ros	rs Checker	d 'No'	SAVE			



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Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.

Section 1.	Identifying Infor	mation	THE STREET SHEET SHEET SHEET SHEET
1. Given Name (Fi		2. Surname (Last Name)	3. Effective Date (07-August-2008)
4. Are you the cor	responding author?	Yes [7] No	Corresponding Author's Name Virginia Moyer
5. Manuscript Title Vitamin D and C		tion to Prevent Cancer and	Osteoporotic Fractures in Adults
6. Manuscript Ider N/A	ntifying Number (if you k	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 for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc...)?

The Work Under Consideration for Publication							
	Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1.	Grant						×
		_/					ADD
2.	Consulting fee or honorarium	0					×
-			1				ADD
	Support for travel to meetings for the study or other purposes		V		US 8578		×
					0 0 1 3		ADD
	Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like						×
							ADD
	Payment for writing or reviewing the manuscript	V					×
			r-				ADD
	Provision of writing assistance, medicines, equipment, or administrative support	9					×



The Work Under Co	nsideration for Pub	lication				
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
	/	/				ADD
7. Other						×
						ADD

Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to submission.

Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments
. Board membership	U				
2. Consultancy	V				
3. Employment	V				
Expert testimony	0				
5. Grants/grants pending	W/				
. Payment for lectures including service on speakers bureaus					
. Payment for manuscript preparation					

^{*} This means money that your institution received for your efforts on this study.

^{**} Use this section to provide any needed explanation.

Relevant financial activities outside the submitted work							
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments		
8. Patents (planned, pending or						ADD	
issued)	4					×	
						ADD	
9. Royalties						X ADD	
10. Payment for development of							
educational presentations						×	
11. Stock/stock options						ADD ×	
The stock options	W					ADD	
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	9					×	
						ADD	
 Other (err on the side of full disclosure) 						×	
						ADD	
* This means money that your institution ** For example, if you report a consultance				avel related to that consulta	ancy on this line.		
Section 4. Other relationsl	*	in the same					

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

No other relationships/conditions/circumstances that present a potential conflict of interest

Yes, the following relationships/conditions/circumstances are present (explain below):

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