

Instructions

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Section 5.	Relationships not covered above
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Mark Ebell 16-October-2014 4. Are you the corresponding author?				
Michael LeFevre 5. Manuscript Title 5. Manuscript Identifying Number (if you know it) 6. Manuscript Identifying Number (if you know it) 7. No 7. No 8. Relevant financial activities outside the submitted work. 8. Value 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 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 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 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 to indicate whether you have financial relationships (regardless of amount of compensation). 7. No	1. Given Name (First Name) Mark			
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Given Name (First Name) Francisco	2. Surname (Last Name) Garcia	3. Date 16-October-2014
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Name Michael LeFevre
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Herztein



Section 1. Identifying Infor	mation	
Given Name (First Name) Jessica	2. Surname (Last Name) Herztein	3. Date 16-October-2014
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Name Michael LeFevre
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Herztein



Section 5. Relati	onships not covered above
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✓ No other relationship:	s/conditions/circumstances that present a potential conflict of interest
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Dr. Herztein has nothing	to disclose.

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Section 1 Identifying Infor	mation	
Given Name (First Name) Alex	2. Surname (Last Name) Kemper	3. Date 20-October-2014
4. Are you the corresponding author?	☐ Yes 🗸 No	Corresponding Author's Name
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Kurth



1. Given Name (First Name) Ann	2. Surname (Last Name) Kurth	3. Date 16-October-2014
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Name Michael LeFevre
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LeFevre



Section 1 Identifying	Information	
Given Name (First Name) Michael	2. Surname (Last Name) LeFevre	3. Date 30-October-2014
4. Are you the corresponding auth	nor? Yes No	
5. Manuscript Title Screening for Vitamin D Deficie	ency	
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1. Given Name (First Name) Douglas	2. Surname (Last Name) Owens	3. Date 16-October-2014
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Section 5.	Relationships not covered above
	relationships or activities that readers could perceive to have influenced, or that give the appearance of sencing, what you wrote in the submitted work?
Yes, the foll	owing relationships/conditions/circumstances are present (explain below):
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Evaluation and Feedback



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