

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 1. Identifying information.

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#### 4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

#### 5. Relationships not covered above.

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**Pending:** The patent has been filed but not issued

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

|   |   |   |
|---|---|---|
| 1. Given Name (First Name)<br>Susan   | 2. Surname (Last Name)<br>Charles                                   | 3. Date<br>01-April-2019                  |
| 4. Are you the corresponding author?  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name<br>Albert Siu |
| 5. Manuscript Title<br>National Institutes of Health Pathways to Prevention Workshop: Research Gaps for Long-Term Drug Therapies for Osteoporotic Fracture Prevention October 30–31, 2018 |   |   |
| 6. Manuscript Identifying Number (if you know it)<br>M19-0961   |   |   |

### 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

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

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I have read and agree to the statement on authorship and dual commitment, but this work is derived from an evidence report commissioned by AHRQ and AHRQ holds copyright on the original works.

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Dr. Charles reports and I have read and agree to the statement on authorship and dual commitment, but this work is derived from an evidence report commissioned by AHRQ and AHRQ holds copyright on the original works. .

### 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)  
Albert

2. Surname (Last Name)  
Siu

3. Date

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
National Institutes of Health Pathways to Prevention Workshop: Research Gaps for Long-Term Drug Therapies for Osteoporotic Fracture Prevention October 30–31, 2018

6. Manuscript Identifying Number (if you know it)  
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|   |   |                                      |
|---|---|--------------------------------------|
| 1. Given Name (First Name)<br>Matthew   | 2. Surname (Last Name)<br>Lohman                                    | 3. Date<br>26-March-2019             |
| 4. Are you the corresponding author?  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name<br>_____ |
| 5. Manuscript Title<br>National Institutes of Health Pathways to Prevention Workshop: Research Gaps for Long-Term Drug Therapies for Osteoporotic Fracture Prevention |   |                                      |
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### Section 1. Identifying Information

1. Given Name (First Name)  
Heather

2. Surname (Last Name)  
Allore

3. Date  
26-March-2019

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Keisha Shropshire

5. Manuscript Title  
National Institutes of Health Pathways to Prevention Workshop: Research Gaps for Long-Term Drug Therapies for Osteoporotic Fracture Prevention October 30–31, 2018.

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Dr. Allore has nothing to disclose.

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|   |   |  |
|---|---|--|
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| 4. Are you the corresponding author?  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name<br>Keisha Shropshire |
| 5. Manuscript Title<br>National Institutes of Health Pathways to Prevention Workshop: Research Gaps for Long-Term Drug Therapies for Osteoporotic Fracture Prevention October 30-31, 2018 |   |  |
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