

ICMJE DISCLOSURE FORM

Date: 2022/9/24

Your Name: Li Ming Jiang

Manuscript Title: **Vertebral Hounsfield units: quantitatively predict the risk of adjacent vertebral fractures after PKP**

Manuscript number (if known): _____

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the **current manuscript only**.

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In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

Please summarize the above conflict of interest in the following box:

<p>Li Ming Jiang has nothing to disclose.</p>

Please place an "X" next to the following statement to indicate your agreement:

X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 2022/9/24

Your Name: Yue Xin Tong

Manuscript Title: **Vertebral Hounsfield units: quantitatively predict the risk of adjacent vertebral fractures after PKP**

Manuscript number (if known): _____

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Yue Xin Tong has nothing to disclose.

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ICMJE DISCLOSURE FORM

Date: 2022/9/24

Your Name: Jia Jia Jiang

Manuscript Title: **Vertebral Hounsfield units: quantitatively predict the risk of adjacent vertebral fractures after PKP**

Manuscript number (if known): _____

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Jia Jia Jiang has nothing to disclose.

Please place an "X" next to the following statement to indicate your agreement:

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ICMJE DISCLOSURE FORM

Date: 2022/9/24

Your Name: Yang Wei Pi

Manuscript Title: **Vertebral Hounsfield units: quantitatively predict the risk of adjacent vertebral fractures after PKP**

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 2022/9/24

Your Name: Yan Gong

Manuscript Title: **Vertebral Hounsfield units: quantitatively predict the risk of adjacent vertebral fractures after PKP**

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 2022/9/24

Your Name: Zhe Tan

Manuscript Title: **Vertebral Hounsfield units: quantitatively predict the risk of adjacent vertebral fractures after PKP**

Manuscript number (if known): _____

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Date: 2022/9/24

Your Name: Dong Xu Zhao

Manuscript Title: **Vertebral Hounsfield units: quantitatively predict the risk of adjacent vertebral fractures after PKP**

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