

## ICMJE DISCLOSURE FORM

Date: Jan. 7<sup>th</sup>, 2023

Your Name: HuanHua Wu

Manuscript Title: Establishment of Age-adjusted Trabecular Bone Score Curves Using Dual-Energy X-Ray Absorptiometry in Chinese Women and Men: A Cross-sectional Study

Manuscript number (if known): \_QIMS-22-550\_\_\_\_\_

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.

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		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)
<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	__ X __None	
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated)	__ None	

	in item #1 above).		
3	Royalties or licenses	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	

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

None.

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

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: Jan. 7<sup>th</sup>, 2023

Your Name: Biao Wu

Manuscript Title: Establishment of Age-adjusted Trabecular Bone Score Curves Using Dual-Energy X-Ray Absorptiometry in Chinese Women and Men: A Cross-sectional Study

Manuscript number (if known): QIMS-22-550

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	funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.		
<b>Time frame: past 36 months</b>			
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### ICMJE DISCLOSURE FORM

Date: Jan. 7<sup>th</sup>, 2023

Your Name: ShaoJuan Zhang

Manuscript Title: Establishment of Age-adjusted Trabecular Bone Score Curves Using Dual-Energy X-Ray Absorptiometry in Chinese Women and Men: A Cross-sectional Study

Manuscript number (if known): \_QIMS-22-

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### ICMJE DISCLOSURE FORM

Date: Jan. 7<sup>th</sup>, 2023

Your Name: ZiQing Zhou

Manuscript Title: Establishment of Age-adjusted Trabecular Bone Score Curves Using Dual-Energy X-Ray Absorptiometry in Chinese Women and Men: A Cross-sectional Study

Manuscript number (if known): \_QIMS-22-550\_\_\_\_\_

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### ICMJE DISCLOSURE FORM

Date: Jan. 7<sup>th</sup>, 2023

Your Name JingJie Shang

Manuscript Title: Establishment of Age-adjusted Trabecular Bone Score Curves Using Dual-Energy X-Ray Absorptiometry in Chinese Women and Men: A Cross-sectional Study

Manuscript number (if known): \_QIMS-22-550\_\_\_\_\_

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ICMJE DISCLOSURE FORM

Date: Jan. 7<sup>th</sup>, 2023

Your Name: Yong Cheng

Manuscript Title: Establishment of Age-adjusted Trabecular Bone Score Curves Using Dual-Energy X-Ray Absorptiometry in Chinese Women and Men: A Cross-sectional Study

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### ICMJE DISCLOSURE FORM

Date: Jan. 7<sup>th</sup>, 2023

Your Name: Jian Gong

Manuscript Title: Establishment of Age-adjusted Trabecular Bone Score Curves Using Dual-Energy X-Ray Absorptiometry in Chinese Women and Men: A Cross-sectional Study

Manuscript number (if known): \_QIMS-22-550

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### ICMJE DISCLOSURE FORM

Date: Jan. 7<sup>th</sup>, 2023

Your Name: Hao Xu

Manuscript Title: Establishment of Age-adjusted Trabecular Bone Score Curves Using Dual-Energy X-Ray Absorptiometry in Chinese Women and Men: A Cross-sectional Study

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10	Leadership or fiduciary role in other board,	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	

	society, committee or advocacy group, paid or unpaid		
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