Date:2023-01	-07		
Your Name:	Tengbin		
Manuscript Title:_	Cervical \	ertebrae for Early Bone Loss Evaluation in Oste	oporosis Mouse Models
Manuscript numb	er (if known):	OIMS-22-717	

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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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	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	X_None	
3	Royalties or licenses	X _None	
4	Consulting fees	X_None	

5	Payment or honoraria for	_ X _None			
	lectures, presentations,				
	speakers bureaus,				
	manuscript writing or				
	educational events	v			
6	Payment for expert testimony	_ X _None			
	testimony				
7	Compant for attanding	V N			
/	Support for attending meetings and/or travel	_ X _None			
	meetings and, or travel				
8	Patents planned, issued or	_ X _None			
	pending				
9	Participation on a Data	X _None			
	Safety Monitoring Board or				
_	Advisory Board				
10	Leadership or fiduciary role	X None			
	in other board, society, committee or advocacy				
	group, paid or unpaid				
11	Stock or stock options	X None			
	Stock of Stock options	XNone			
12	Receipt of equipment,	X None			
	materials, drugs, medical				
	writing, gifts or other services				
13	Other financial or non-	X None			
13	financial interests				
Ple	ease summarize the above o	onflict of interest in the	following hox:		

I have no conflicts of interest to declar	re.	

Date:2023-01-	7
Your Name: Xi	ng-Fang Yu
Manuscript Title:	Cervical Vertebrae for Early Bone Loss Evaluation in Osteoporosis Mouse Models
Manuscript numbe	(if known): OIMS-22-717

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3	Royalties or licenses	_ X _None	
4	Consulting fees	_ X _None	

5	Payment or honoraria for	_ X _None			
	lectures, presentations,				
	speakers bureaus,				
	manuscript writing or				
	educational events	v			
6	Payment for expert testimony	_ X _None			
	testimony				
7	Compant for attanding	V N			
/	Support for attending meetings and/or travel	_ X _None			
	meetings and, or travel				
8	Patents planned, issued or	_ X _None			
	pending				
9	Participation on a Data	X _None			
	Safety Monitoring Board or				
_	Advisory Board				
10	Leadership or fiduciary role	X None			
	in other board, society, committee or advocacy				
	group, paid or unpaid				
11	Stock or stock options	X None			
	Stock of Stock options	XNone			
12	Receipt of equipment,	X None			
	materials, drugs, medical				
	writing, gifts or other services				
13	Other financial or non-	X None			
13	financial interests				
Ple	ease summarize the above o	onflict of interest in the	following hox:		

I have no conflicts of interest to declar	re.	

Date: 2023-01-)7
Your Name:	an Li
Manuscript Title:	Cervical Vertebrae for Early Bone Loss Evaluation in Osteoporosis Mouse Models
Manuscript numbe	(if known): OIMS-22-717

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3	Royalties or licenses	X _None	
4	Consulting fees	X_None	

5	Payment or honoraria for	_X_None	
	lectures, presentations, speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	_ X _None	
	testimony		
7	Support for attending meetings and/or travel	_ X _None	
8	Patents planned, issued or	_ X _None	
	pending		
9	Participation on a Data	_ X _None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	X None	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	X None	
	Stock of Stock options	XNone	
12	Receipt of equipment,	X None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
	financial interests		
<u>.</u> .			

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

I	have no conflicts of interest to declare.

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

Date: <u>2023-01-0</u>	-	
Your Name: Ar	aneyulu Udduttula	
Manuscript Title:	Cervical Vertebrae for Early Bone Loss Evaluation in Osteoporosis Mouse Models	
Manuscript number	f known): OIMS-22-717	

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3	Royalties or licenses	_ X _None	
4	Consulting fees	X _None	

5	Payment or honoraria for	_ X _None		
	lectures, presentations,			
	speakers bureaus,			
	manuscript writing or			
	educational events	v		
6	Payment for expert testimony	_ X _None		
	testimony			
7	Compant for attanding	V N		
/	Support for attending meetings and/or travel	_ X _None		
	meetings and, or travel			
8	Patents planned, issued or	_ X _None		
	pending			
9	Participation on a Data	X _None		
	Safety Monitoring Board or			
_	Advisory Board			
10	Leadership or fiduciary role	X None		
	in other board, society, committee or advocacy			
	group, paid or unpaid			
11	Stock or stock options	X None		
	Stock of Stock options	XNone		
12	Receipt of equipment,	X None		
	materials, drugs, medical			
	writing, gifts or other services			
13	Other financial or non-	X None		
13	financial interests			
Ple	ease summarize the above o	onflict of interest in the	following hox:	

I have no conflicts of interest to declar	re.	

Date:2023-01)7
Your Name:	lynur Ismayil
Manuscript Title:_	Cervical Vertebrae for Early Bone Loss Evaluation in Osteoporosis Mouse Models
Manuscript numb	r (if known): OIMS-22-717

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3	Royalties or licenses	X _None	
4	Consulting fees	X _None	

5	Payment or honoraria for	_X_None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	_ X _None	
	testimony		
7	Support for attending meetings and/or travel	_ X _None	
8	Patents planned, issued or	_ X _None	
	pending		
9	Participation on a Data	_ X _None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	X None	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	X None	
12	Receipt of equipment,	X None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	X None	
	financial interests		
DI-		(1) ()	University of the second

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

I	have no conflicts of interest to declare.

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

Date:2023-01	-07
Your Name:	Xinyue Huang
Manuscript Title:_	Cervical Vertebrae for Early Bone Loss Evaluation in Osteoporosis Mouse Models
Manuscript number	er (if known): OIMS-22-717

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3	Royalties or licenses	_ X _None	
4	Consulting fees	_ X _None	

5	Payment or honoraria for	_ X _None		
	lectures, presentations,			
	speakers bureaus,			
	manuscript writing or			
	educational events			
6	Payment for expert	_ X _None		
	testimony			
_				
7	Support for attending meetings and/or travel	_ X _None		
8	Patents planned, issued or	_ X _None		
	pending			
9	Participation on a Data	_ X _None		
	Safety Monitoring Board or			
	Advisory Board			
10	Leadership or fiduciary role	X None		
	in other board, society,			
	committee or advocacy			
11	group, paid or unpaid Stock or stock options	V Name		
11	Stock of Stock options	X None		
12	Receipt of equipment,	X None		
12	materials, drugs, medical	AINUITE		
	writing, gifts or other			
	services			
13	Other financial or non-	XNone		
	financial interests			
			•	
Ple	ease summarize the above o	onflict of interest in the f	ollowing hox.	

I	have no conflicts of interest to declare.

Date: <u>2023-01</u>	-07
Your Name:	Junfeng Li
Manuscript Title:_	Cervical Vertebrae for Early Bone Loss Evaluation in Osteoporosis Mouse Models
Manuscript number	er (if known): OIMS-22-717

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3	Royalties or licenses	X _None	
4	Consulting fees	X_None	

5	Payment or honoraria for	_ X _None		
	lectures, presentations,			
	speakers bureaus,			
	manuscript writing or			
	educational events			
6	Payment for expert	_ X _None		
	testimony			
_				
7	Support for attending meetings and/or travel	_ X _None		
8	Patents planned, issued or	_ X _None		
	pending			
9	Participation on a Data	_ X _None		
	Safety Monitoring Board or			
	Advisory Board			
10	Leadership or fiduciary role	X None		
	in other board, society,			
	committee or advocacy			
11	group, paid or unpaid Stock or stock options	V Name		
11	Stock of Stock options	X None		
12	Receipt of equipment,	X None		
12	materials, drugs, medical	AINUITE		
	writing, gifts or other			
	services			
13	Other financial or non-	XNone		
	financial interests			
			•	
Ple	ease summarize the above o	onflict of interest in the f	ollowing hox.	

I	have no conflicts of interest to declare.

Date:2023-02	L-07
Your Name:	Pei-Yi Zhao
Manuscript Title:	Cervical Vertebrae for Early Bone Loss Evaluation in Osteoporosis Mouse Models
Manuscript numb	er (if known): OIMS-22-717

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3	Royalties or licenses	X _None	
4	Consulting fees	_ X _None	

5	Payment or honoraria for	_ X _None		
	lectures, presentations,			
	speakers bureaus,			
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_	educational events			
6	Payment for expert	_ X _None		
	testimony			
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7	Support for attending meetings and/or travel	_ X _None		
8	Patents planned, issued or	_ X _None		
	pending			
9	Participation on a Data	_ X _None		
	Safety Monitoring Board or			
	Advisory Board			
10	Leadership or fiduciary role	X None		
	in other board, society,			
	committee or advocacy			
11	group, paid or unpaid Stock or stock options	V Name		
11	Stock of Stock options	X None		
12	Receipt of equipment,	X None		
	materials, drugs, medical	X_None		
	writing, gifts or other			
	services			
13	Other financial or non-	X None		
	financial interests			
Ple	ease summarize the above o	onflict of interest in the f	following hox:	

I	have no conflicts of interest to declare.

Date:2023-01-	7	
Your Name:	Goher Kerem	
Manuscript Title:	Cervical Vertebrae for Early Bone Loss Evaluation in Osteoporosis Mouse Models	
Manuscript numbe	(if known): QIMS-22-717	

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3	Royalties or licenses	X _None	
4	Consulting fees	X _None	

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7	Support for attending meetings and/or travel	_ X _None	
8	Patents planned, issued or	_ X _None	
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9	Participation on a Data	_ X _None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	X None	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	X None	
12	Receipt of equipment,	X None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	X None	
	financial interests		
DI-		(1) ()	University of the second

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

I	have no conflicts of interest to declare.

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

Date:2023-0	1-07
Your Name:	Jing Long
Manuscript Title	Cervical Vertebrae for Early Bone Loss Evaluation in Osteoporosis Mouse Models
Manuscript num	per (if known): OIMS-22-717

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7	Support for attending meetings and/or travel	_ X _None	
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	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	X None	
	in other board, society,		
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11	Stock or stock options	X None	
12	Receipt of equipment,	X None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	X None	
	financial interests		
DI-		(1) ()	University of the second

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

I	have no conflicts of interest to declare.

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

Date:2023-01-	07
Your Name:	Chang Liu
Manuscript Title:	Cervical Vertebrae for Early Bone Loss Evaluation in Osteoporosis Mouse Models
Manuscript numbe	r (if known): QIMS-22-717

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3	Royalties or licenses	X _None	
4	Consulting fees	X_None	

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	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	_ X _None	
	testimony		
_			
7	Support for attending meetings and/or travel	_ X _None	
8	Patents planned, issued or	_ X _None	
	pending		
9	Participation on a Data	_ X _None	
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10	Leadership or fiduciary role	X None	
	in other board, society,		
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	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
			•
Ple	ease summarize the above o	onflict of interest in the f	ollowing hox.

I	have no conflicts of interest to declare.

Date:2023-01	-07
Your Name:	Pei-Gen Ren
Manuscript Title:_	Cervical Vertebrae for Early Bone Loss Evaluation in Osteoporosis Mouse Models
Manuscript number	er (if known): OIMS-22-717

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