

ICMJE DISCLOSURE FORM

Date: 2021/12/08

Your Name: Zongshan Hu

Manuscript Title: An analysis on the determinants of head to pelvic balance in a Chinese adult population

Manuscript number (if known): QIMS-21-718-R2

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)
Time frame: Since the initial planning of the work			
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.	BiomecAM chair program	Research support through institution
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u> X </u> None	
3	Royalties or licenses	<u> X </u> None	
4	Consulting fees	<u> X </u> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
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:

ZH receives research support through institution.

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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: 2021/12/08

Your Name: Claudio Vergari

Manuscript Title: An analysis on the determinants of head to pelvic balance in a Chinese adult population

Manuscript number (if known): QIMS-21-718-R2

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ICMJE DISCLOSURE FORM

Date: 2021/12/08

Your Name: Laurent Gajny

Manuscript Title: An analysis on the determinants of head to pelvic balance in a Chinese adult population

Manuscript number (if known): QIMS-21-718

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ICMJE DISCLOSURE FORM

Date: 2021/12/08

Your Name: Gene Chi-Wai Man

Manuscript Title: An analysis on the determinants of head to pelvic balance in a Chinese adult population

Manuscript number (if known): QIMS-21-718

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Time frame: past 36 months			
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3	Royalties or licenses	<input checked="" type="checkbox"/> None	

4	Consulting fees	<input type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
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6	Payment for expert testimony	<input type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
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11	Stock or stock options	<input type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
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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: 2021/12/08

Your Name: Kwong-Hang Yeung

Manuscript Title: An analysis on the determinants of head to pelvic balance in a Chinese adult population

Manuscript number (if known): QIMS-21-718

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3	Royalties or licenses	__X__None	
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ICMJE DISCLOSURE FORM

Date: 2021/12/08

Your Name: Zhen Liu

Manuscript Title: An analysis on the determinants of head to pelvic balance in a Chinese adult population

Manuscript number (if known): QIMS-21-718

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Date: 2021/12/08

Your Name: Tsz-Ping Lam

Manuscript Title: An analysis on the determinants of head to pelvic balance in a Chinese adult population

Manuscript number (if known): QIMS-21-718

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3	Royalties or licenses	__X__None	
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Date: 2021/12/08

Your Name: Ze Zhang Zhu

Manuscript Title: An analysis on the determinants of head to pelvic balance in a Chinese adult population

Manuscript number (if known): QIMS-21-718

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ICMJJE DISCLOSURE FORM

Date: 2021/12/08

Your Name: Yong Qiu

Manuscript Title: An analysis on the determinants of head to pelvic balance in a Chinese adult population Manuscript number (if known): QIMS-21-718

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ICMJE DISCLOSURE FORM

Date: 2021/12/08

Your Name: Winnie Chiu-Wing Chu

Manuscript Title: An analysis on the determinants of head to pelvic balance in a Chinese adult population

Manuscript number (if known): QIMS-21-718

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ICMJE DISCLOSURE FORM

Date: 2021/12/08

Your Name: Jack Chun-Yiu Cheng

Manuscript Title: An analysis on the determinants of head to pelvic balance in a Chinese adult population

Manuscript number (if known): QIMS-21-718

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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
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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: 2021/12/08

Your Name: Wafa Skalli

Manuscript Title: An analysis on the determinants of head to pelvic balance in a Chinese adult population

Manuscript number (if known): QIMS-21-718

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