

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Qinnan

2. Surname (Last Name)
Wang

3. Date
18-April-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Shaohui Lin

5. Manuscript Title

Association between vitamin D deficiency and fragility fractures in Chinese elderly patients: a cross-sectional study

6. Manuscript Identifying Number (if you know it)

APM-19-610

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Dr. Wang has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)
Dongjuan

2. Surname (Last Name)
Yu

3. Date
18-April-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Shaohui Lin

5. Manuscript Title

Association between vitamin D deficiency and fragility fractures in Chinese elderly patients: a cross-sectional study

6. Manuscript Identifying Number (if you know it)

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1. Given Name (First Name) Jiajun	2. Surname (Last Name) Wang	3. Date 18-April-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Shaohui Lin
5. Manuscript Title Association between vitamin D deficiency and fragility fractures in Chinese elderly patients: a cross-sectional study		
6. Manuscript Identifying Number (if you know it) APM-19-610		

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Shaohui
2. Surname (Last Name)
Lin
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