

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 1. Identifying information.

#### 2. The work under consideration for publication.

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This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Chen

2. Surname (Last Name)  
Wang

3. Date  
29-April-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Jianzhong Di

5. Manuscript Title  
Bone metabolism in Chinese patients after laparoscopic Roux-en-Y gastric bypass

6. Manuscript Identifying Number (if you know it)

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Dr. Wang has nothing to disclose.

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1. Given Name (First Name) Hongwei	2. Surname (Last Name) Zhang	3. Date 29-April-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Jianzhong Di
5. Manuscript Title Bone metabolism in Chinese patients after laparoscopic Roux-en-Y gastric bypass		
6. Manuscript Identifying Number (if you know it)		

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1. Given Name (First Name) Ting	2. Surname (Last Name) Xu	3. Date 29-April-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Jianzhong Di
5. Manuscript Title Bone metabolism in Chinese patients after laparoscopic Roux-en-Y gastric bypass		
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### Section 1. Identifying Information

1. Given Name (First Name)

Jian

2. Surname (Last Name)

Zou

3. Date

29-April-2020

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Jianzhong Di

5. Manuscript Title

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6. Manuscript Identifying Number (if you know it)

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Dr. Zou has nothing to disclose.

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**Other:** Anything not covered under the previous three boxes

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Pin

2. Surname (Last Name)  
Zhang

3. Date  
29-April-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Jianzhong Di

5. Manuscript Title  
Bone metabolism in Chinese patients after laparoscopic Roux-en-Y gastric bypass

6. Manuscript Identifying Number (if you know it)

### Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest?  Yes  No

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Are there any relevant conflicts of interest?  Yes  No

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

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#### 1. Identifying information.

#### 2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

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1. Given Name (First Name)

Zhongmin

2. Surname (Last Name)

Shi

3. Date

29-April-2020

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Jianzhong Di

5. Manuscript Title

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Jianzhong

2. Surname (Last Name)  
Di

3. Date  
29-April-2020

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
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