ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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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.

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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?  
   No

   Corresponding Author’s Name  
   Shaohui Lin

5. Manuscript Title  
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6. Manuscript Identifying Number (if you know it)  
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Dr. Yu has nothing to disclose.

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## Section 1. Identifying Information

1. **Given Name (First Name)**
   - Jiajun

2. **Surname (Last Name)**
   - Wang

3. **Date**
   - 18-April-2020

4. **Are you the corresponding author?**
   - ✔ 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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1. Given Name (First Name)  Shaohui
2. Surname (Last Name)  Lin
3. Date  18-April-2020
4. Are you the corresponding author?  ✔ Yes  ☐ No

5. Manuscript Title
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