



ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Elaine

2. Surname (Last Name)
Yu

3. Date
20-January-2021

4. Are you the corresponding author? Yes No

5. Manuscript Title
Zoledronic acid for prevention of bone loss in patients receiving bariatric surgery

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

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
NIH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Doris Duke Charitable Fund	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Massachusetts General Hospital	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Amgen, Inc	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Investigator-initiated research grant



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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Seres Therapeutics	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Investigator-initiated research grant

Section 4. Intellectual Property -- Patents & Copyrights

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

Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

- Yes, the following relationships/conditions/circumstances are present (explain below):
- No other relationships/conditions/circumstances that present a potential conflict of interest

At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Yu reports grants from NIH, grants from Doris Duke Charitable Fund, grants from Massachusetts General Hospital, during the conduct of the study; grants from Amgen, Inc, grants from Seres Therapeutics, outside the submitted work; .

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Matthew

2. Surname (Last Name)
Hutter

3. Date
24-January-2021

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Elaine Yu

5. Manuscript Title
Zoledronic acid for prevention of bone loss in patients receiving bariatric surgery

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest? Yes No

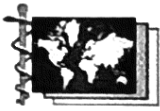
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Dr. Hutter has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Claire

2. Surname (Last Name)
Rushin

3. Date
24-January-2021

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Elaine Yu

5. Manuscript Title

Zoledronic acid for prevention of bone loss in patients receiving bariatric surgery

6. Manuscript Identifying Number (if you know it)

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Ms. Rushin has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Katherine	2. Surname (Last Name) Lindeman	3. Date 24-January-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Elaine Yu
5. Manuscript Title Zoledronic acid for prevention of bone loss in patients receiving bariatric surgery		
6. Manuscript Identifying Number (if you know it)		

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Are there any relevant conflicts of interest? Yes No

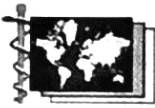
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Ms. Lindeman has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Yi

2. Surname (Last Name)

Liu

3. Date

25-January-2021

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Elaine Yu

5. Manuscript Title

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Dr. Liu has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Michael

2. Surname (Last Name)

Cheney

3. Date

25-January-2021

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Elaine Yu

5. Manuscript Title

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Mr. Cheney has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) _____ 2. Surname (Last Name) _____ 3. Date _____
 Maya Cote 25-January-2021

4. Are you the corresponding author? Yes No Corresponding Author's Name
 Elaine Yu

5. Manuscript Title
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Ms. Cote has nothing to disclose.

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