ICMJE INTERNATIONAL COMMITTEE of MEDICAL JOURNAL EDITORS

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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1. Identifying information.

Enter your full name. If you are NOT the corresponding author please check the box "no" and a space to enter the name of the corresponding author in the space that appears. Provide the requested manuscript information. Double-check the manuscript number and enter it.

2. The work under consideration for publication.

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3. Relevant financial activities outside the submitted work.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name): Michela
2. Surname (Last Name): Pierini
3. Effective Date (07-August-2008): 13-August-2012

4. Are you the corresponding author? ☑ Yes ☐ No

5. Manuscript Title: Posterior iliac crest outperforms anterior when obtaining mesenchymal stem cells from bone marrow.

6. Manuscript Identifying Number (if you know it): JBJS-D-12-00429

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1. Grant	☐	☐	☑	Regione Emilia-Romagna –University of Bologna Research Programme (2007-2009; #2242) for the project entitled "Regenerative Medicine in Osteoarticular Diseases"		×
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2. Consulting fee or honorarium	☑	☐	☐			×
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						ADD
5. Payment for writing or reviewing the manuscript	☑	☐	☐			×
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						ADD
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1. Board membership	☑	☐	☐			×
						ADD
2. Consultancy	☑	☐	☐			×
						ADD
3. Employment	☑	☐	☐			×
						ADD

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4. Expert testimony	☑	☐	☐			×
						ADD
5. Grants/grants pending	☑	☐	☐			×
						ADD
6. Payment for lectures including service on speakers bureaus	☑	☐	☐			×
						ADD
7. Payment for manuscript preparation	☑	☐	☐			×
						ADD
8. Patents (planned, pending or issued)	☑	☐	☐			×
						ADD
9. Royalties	☑	☐	☐			×
						ADD
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						ADD
11. Stock/stock options	☑	☐	☐			×
						ADD
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	☑	☐	☐			×
						ADD
13. Other (err on the side of full disclosure)	☑	☐	☐			×
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Section 1. Identifying Information

1. Given Name (First Name): Daniel
2. Surname (Last Name): Remondini
3. Effective Date (07-August-2008): 21-August-2012

4. Are you the corresponding author? ☐ Yes ☑ No

Corresponding Author's Name: Michela Pierini

5. Manuscript Title: Posterior iliac crest outperforms anterior when obtaining mesenchymal stem cells from bone marrow.

6. Manuscript Identifying Number (if you know it): JBJS-D-12-00429

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Type	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	☑	☐	☐			×
						ADD
2. Consulting fee or honorarium	☑	☐	☐			×
						ADD
3. Support for travel to meetings for the study or other purposes	☑	☐	☐			×
						ADD
4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like	☑	☐	☐			×
						ADD
5. Payment for writing or reviewing the manuscript	☑	☐	☐			×
						ADD
6. Provision of writing assistance, medicines, equipment, or administrative support	☑	☐	☐			×

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Type	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
						ADD
7. Other	☑	☐	☐			×
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2. Consultancy	☑	☐	☐			×
						ADD
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						ADD
8. Patents (planned, pending or issued)	☑	☐	☐			×
						ADD
9. Royalties	☑	☐	☐			×
						ADD
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Section 1. Identifying Information

1. Given Name (First Name): Elisa
2. Surname (Last Name): Martella
3. Effective Date (07-August-2008): 21-August-2012

4. Are you the corresponding author? ☐ Yes ☑ No
Corresponding Author's Name: Michela Pierini

5. Manuscript Title: Posterior iliac crest outperforms anterior when obtaining mesenchymal stem cells from bone marrow.

6. Manuscript Identifying Number (if you know it): JBJS-D-12-00429

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2. Consulting fee or honorarium	☑	☐	☐			×
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1. Board membership	☑	☐	☐			×
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2. Consultancy	☑	☐	☐			×
						ADD
3. Employment	☑	☐	☐			×
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						ADD
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Section 1. Identifying Information

1. Given Name (First Name): Enrico
2. Surname (Last Name): Lucarelli
3. Effective Date (07-August-2008): 21-August-2012

4. Are you the corresponding author? ☐ Yes ☑ No

Corresponding Author's Name: Michela Pierini

5. Manuscript Title: Posterior iliac crest outperforms anterior when obtaining mesenchymal stem cells from bone marrow.

6. Manuscript Identifying Number (if you know it): JBJS-D-12-00429

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						ADD
2. Consulting fee or honorarium	☑	☐	☐			×
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1. Board membership	☑	☐	☐			×
						ADD
2. Consultancy	☑	☐	☐			×
						ADD
3. Employment	☑	☐	☐			×
						ADD

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Relevant financial activities outside the submitted work

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4. Expert testimony	☑	☐	☐			×
						ADD
5. Grants/grants pending	☑	☐	☐			×
						ADD
6. Payment for lectures including service on speakers bureaus	☑	☐	☐			×
						ADD
7. Payment for manuscript preparation	☑	☐	☐			×
						ADD
8. Patents (planned, pending or issued)	☑	☐	☐			×
						ADD
9. Royalties	☑	☐	☐			×
						ADD
10. Payment for development of educational presentations	☑	☐	☐			×
						ADD
11. Stock/stock options	☑	☐	☐			×
						ADD
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	☑	☐	☐			×
						ADD
13. Other (err on the side of full disclosure)	☑	☐	☐			×
						ADD

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Section 1. Identifying Information

1. Given Name (First Name): Sandro
2. Surname (Last Name): Giannini
3. Effective Date (07-August-2008): 21-August-2012

4. Are you the corresponding author? ☐ Yes ☑ No
Corresponding Author's Name: Michela Pierini

5. Manuscript Title
Posterior iliac crest outperforms anterior when obtaining mesenchymal stem cells from bone marrow.

6. Manuscript Identifying Number (if you know it)
JBJS-D-12-00429

Section 2. The Work Under Consideration for Publication

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Section 1. Identifying Information

1. Given Name (First Name): Tommaso
2. Surname (Last Name): Frisoni
3. Effective Date (07-August-2008): 21-August-2012

4. Are you the corresponding author? ☐ Yes ☑ No

Corresponding Author's Name: Michela Pierini

5. Manuscript Title: Posterior iliac crest outperforms anterior when obtaining mesenchymal stem cells from bone marrow.

6. Manuscript Identifying Number (if you know it): JBJS-D-12-00429

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3. Support for travel to meetings for the study or other purposes	☑	☐	☐			×
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Type	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like	☑	☐	☐			×
						ADD
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						ADD
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						ADD
3. Employment	☑	☐	☐			×
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						ADD
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						ADD
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	☑	☐	☐			×
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Section 1. Identifying Information

1. Given Name (First Name): Barbara
2. Surname (Last Name): Dozza
3. Effective Date (07-August-2008): 21-August-2012

4. Are you the corresponding author? ☐ Yes ☑ No

Corresponding Author's Name: Michela Pierini

5. Manuscript Title: Posterior iliac crest outperforms anterior when obtaining mesenchymal stem cells from bone marrow.

6. Manuscript Identifying Number (if you know it): JBJS-D-12-00429

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name): Davide
2. Surname (Last Name): Donati
3. Effective Date (07-August-2008): 21-August-2012

4. Are you the corresponding author? ☐ Yes ☑ No

Corresponding Author's Name: Michela Pierini

5. Manuscript Title: Posterior iliac crest outperforms anterior when obtaining mesenchymal stem cells from bone marrow.

6. Manuscript Identifying Number (if you know it): JBJS-D-12-00429

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						ADD
2. Consulting fee or honorarium	☑	☐	☐			×
						ADD
3. Support for travel to meetings for the study or other purposes	☑	☐	☐			×
						ADD

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The Work Under Consideration for Publication

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						ADD
5. Payment for writing or reviewing the manuscript	☑	☐	☐			×
						ADD
6. Provision of writing assistance, medicines, equipment, or administrative support	☑	☐	☐			×
						ADD
7. Other	☑	☐	☐			×
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						ADD
2. Consultancy	☑	☐	☐			×
						ADD
3. Employment	☑	☐	☐			×
						ADD

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						ADD
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7. Payment for manuscript preparation	☑	☐	☐			×
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						ADD
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	☑	☐	☐			×
						ADD
13. Other (err on the side of full disclosure)	☑	☐	☐			×
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Enter your full name. If you are NOT the corresponding author please check the box "no" and a space to enter the name of the corresponding author in the space that appears. Provide the requested manuscript information. Double-check the manuscript number and enter it.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name): Claudia
2. Surname (Last Name): Di Bella
3. Effective Date (07-August-2008): 21-August-2012

4. Are you the corresponding author? ☐ Yes ☑ No
Corresponding Author's Name: Michela Pierini

5. Manuscript Title: Posterior iliac crest outperforms anterior when obtaining mesenchymal stem cells from bone marrow.

6. Manuscript Identifying Number (if you know it): JBJS-D-12-00429

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The Work Under Consideration for Publication

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1. Grant	☐	☐	☑	Regione Emilia-Romagna –University of Bologna Research Programme (2007-2009; # 2242) for the project entitled "Regenerative Medicine in Osteoarticular Diseases"		×
						ADD
2. Consulting fee or honorarium	☑	☐	☐			×
						ADD
3. Support for travel to meetings for the study or other purposes	☑	☐	☐			×
						ADD

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Type	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like	✓	☐	☐			×
						ADD
5. Payment for writing or reviewing the manuscript	✓	☐	☐			×
						ADD
6. Provision of writing assistance, medicines, equipment, or administrative support	✓	☐	☐			×
						ADD
7. Other	✓	☐	☐			×
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1. Board membership	✓	☐	☐			×
						ADD
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						ADD
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						ADD

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						ADD
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	☑	☐	☐			×
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13. Other (err on the side of full disclosure)	☑	☐	☐			×
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name): Chiara
2. Surname (Last Name): Bellotti
3. Effective Date (07-August-2008): 21-August-2012

4. Are you the corresponding author? ☐ Yes ☑ No
Corresponding Author's Name: Michela Pierini

5. Manuscript Title: Posterior iliac crest outperforms anterior when obtaining mesenchymal stem cells from bone marrow.

6. Manuscript Identifying Number (if you know it): JBJS-D-12-00429

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						ADD
2. Consultancy	☑	☐	☐			×
						ADD
3. Employment	☑	☐	☐			×
						ADD

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