

#### **Instructions**

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

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**Royalties:** Funds are coming in to you or your institution due to your patent

1

GERLING



Section 1. Identifying Inform	nation			
Given Name (First Name)  MICHAEL	2. Surname (Last N GERLING	lame)	3. Date 09-June-20	014
4. Are you the corresponding author?	Yes ✓ No	Correspond  Dante Leve	ling Author's Name en	
5. Manuscript Title Risk Factors For Reoperation in Patients data from the SPORT trial.	s Treated Surgically	for Intervertebral D	isc Herniations. A subanal	ysis of the 8 year
6. Manuscript Identifying Number (if you kr	now it)			
Section 2. The Work Under C		Dublinetien		
The work onder C				insta formulation at a \form
Did you or your institution <b>at any time</b> rece any aspect of the submitted work (including statistical analysis, etc.)?			•	
Are there any relevant conflicts of interest		No		
If yes, please fill out the appropriate info Excess rows can be removed by pressin		ou have more than	one entity press the "ADD	" button to add a row.
Name of Institution/Company	Grant? Person	al Non-Financial Support?	Other? Comments	
The National Institute of Arthritis and Musculoskeletal and Skin Diseases (U01- AR45444)	<b>✓</b>		Grant	
The Multidisciplinary Clinical Research Center n Musculoskeletal Diseases is funded by NIAMS (P60-AR048094 and P60-AR062799)	<b>✓</b>		Grant	
Section 3. Polygont financial				
Relevant financial	activities outsid	e the submitted v	work.	
Place a check in the appropriate boxes of compensation) with entities as descr clicking the "Add +" box. You should re	ibed in the instruct	ions. Use one line fo	r each entity; add as many	lines as you need by
Are there any relevant conflicts of interest		No	g the 50 months prio	. to publication.
If yes, please fill out the appropriate info	ormation below. $\Box$	<b>_</b>		

GERLING 2



Name of Entity	Grant? Personal Fees?	Non-Financial Support?	Other?	Comments	
NIH/NIAMS	<b>✓</b>				
Section 4. Intellectual Propert	y Patents & Co <sub>l</sub>	pyrights			
Do you have any patents, whether plann	ed, pending or issue	ed, broadly relevar	nt to the wo	ork? ☐ Yes 🗸 No	
Section 5. Relationships not c	overed above				
Are there other relationships or activities potentially influencing, what you wrote i			nfluenced, o	or that give the appearance of	
Yes, the following relationships/cond	itions/circumstance	es are present (exp	olain below)	:	
✓ No other relationships/conditions/cir	cumstances that pre	esent a potential c	conflict of in	terest	
At the time of manuscript acceptance, jo On occasion, journals may ask authors to				•	ements.
Section 6. Disclosure Stateme	nt				
Based on the above disclosures, this forn below.	n will automatically (	generate a disclos	sure stateme	ent, which will appear in the bo	ЭХ
Dr. GERLING reports grants from The Naggrants from The Multidisciplinary Clinica and P60-AR062799), during the conduc	l Research Center in	Musculoskeletal I	Diseases is f	funded by NIAMS (P60-AR0480	

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**Royalties:** Funds are coming in to you or your institution due to your patent

Passias 1



Section 1.	Identifying Inform	ation			
1. Given Name (Fir Peter	, ,	2. Surname (La Passias	st Name)		3. Date 17-November-2014
4. Are you the corr	responding author?	Yes ✓	,	rresponding Auth	or's Name
5. Manuscript Title Risk Factors For F data from the SP	Reoperation in Patients	Treated Surgic	ally for Interve	tebral Disc Hern	iations. A sub-analysis of the 8-year
6. Manuscript Ider	itifying Number (if you kn	ow it)			
Section 2.	The Work Under Co	nsideration t	for Publication	on	
	ubmitted work (including				ent, commercial, private foundation, etc.) for tudy design, manuscript preparation,
Are there any rele	evant conflicts of intere		No		
	out the appropriate info se removed by pressing			ore than one ent	ity press the "ADD" button to add a row.
Name of Institut	ion/Company	Grant? Pers	onal Non-Fir	Other•	Comments
NIH/NIAMS U01-AR45	5444	<b>✓</b>			
NIH/NIAMS P60-AR06	2799	<b>✓</b>			
Section 3.	Relevant financial	activities out	side the subr	nitted work.	
of compensation	) with entities as descri	bed in the instr	uctions. Use or	e line for each e	cial relationships (regardless of amount ntity; add as many lines as you need by e 36 months prior to publication.
Are there any rele	evant conflicts of intere	st? Yes	<b>√</b> No		
Coation 4					
Section 4.	Intellectual Proper	ty Patents &	& Copyrights		
Do you have any	patents, whether planr	ned, pending o	r issued, broad	y relevant to the	work? ☐ Yes ✓ No

Passias 2



Section 5. Relationships not severed above					
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. Passias reports grants from NIH/NIAMS U01-AR45444, grants from NIH/NIAMS P60-AR062799, during the conduct of the study.					

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Lee 1



Section 1. Identifying Inform	mation	
1. Given Name (First Name) Alexandra	2. Surname (Last Name) Lee	3. Date 12-June-2014
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Dante Leven
<ol><li>Manuscript Title Risk Factors For Reoperation in Patien data from the SPORT trial</li></ol>	ts Treated Surgically for Inte	ervertebral Disc Herniations. A sub-analysis of the 8-year
6. Manuscript Identifying Number (if you l	know it)	
Section 2. The Work Under 0	Consideration for Public	cation
		a third party (government, commercial, private foundation, etc.) for ata monitoring board, study design, manuscript preparation,
Are there any relevant conflicts of inte		
If yes, please fill out the appropriate in Excess rows can be removed by pressi		ve more than one entity press the "ADD" button to add a row.
Name of Institution/Company	Grant	on-Financial Other? Comments
NIH/NIAMS U01-AR45444	<b>✓</b>	
NIH/NIAMS P60-AR062799	<b>✓</b>	
Section 3. Relevant financia	l activities outside the s	submitted work.
of compensation) with entities as desc	ribed in the instructions. Us	ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by re present during the 36 months prior to publication.
Are there any relevant conflicts of inte	rest?	
Section 4. Intellectual Prope	erty Patents & Copyrig	ghts
Do you have any patents, whether pla	nned, pending or issued, br	roadly relevant to the work? Yes V No

Lee 2



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patent

Errico MD 1



Section 1.	Identifying Inform	ation						
1. Given Name (Fii Thomas		2. Surname Errico MD	(Last Name)			3. Date 12-June-20	014	
4. Are you the cor	responding author?	Yes	<b>√</b> No	Correspond	ding Author's ven	Name		
5. Manuscript Title Risk Factors For I data from the SP	Reoperation in Patients	Treated Surç	gically for Int	ervertebral [	Disc Herniatio	ons. A sub-anal	ysis of the 8-year	_
6. Manuscript Ider	ntifying Number (if you kn	ow it)						
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Section 2.	The Work Under Co	onsideratio	n for Publi	cation				
	titution <b>at any time</b> recei ubmitted work (including etc.)?							for
Are there any rel	evant conflicts of intere							
	out the appropriate info be removed by pressing			ve more thar	ո one entity բ	press the "ADD	" button to add a ro	W.
Name of Institut	ion/Company	Grant	-	n-Financial Support	Other?	Comments		
NIH/NIAMS U01-AR45	5444	<b>✓</b>						
NIH/NIAMS P60-AR06	52799	<b>✓</b>						
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Section 3.	Relevant financial	activities o	utside the	submitted	work.			
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Are there any rel	evant conflicts of intere	st? Yes	s ✓ No					
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Section 4.	Intellectual Proper	ty Patent	ts & Copyri	ghts				
Do you have any	patents, whether plans	ned, pending	g or issued, b	roadly releva	ant to the wo	ork? Yes	<b>√</b> No	

Errico MD 2



Section 5. Polationships not severed above
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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?
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Investigator for the NIH SPORT study - NIH/NIAMS U01-AR45444. I participated in subject enrollment, treatment and data collection.

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Bianco 1



Section 1. Ident	tifying Informa	tion						
1. Given Name (First Name Kristina	•	2. Surname (La Bianco	st Name)			3. Date 17-Novemb	ber-2014	
4. Are you the correspond	ing author?	Yes ✓	No	Correspond	ling Author's N en	lame		
5. Manuscript Title Risk Factors For Reopera data from the SPORT tria		reated Surgica	ally for Inter	vertebral D	isc Herniatio	ns. A sub-analy	ysis of the 8-year	
6. Manuscript Identifying l	Number (if you knov	w it)						
Section 2. The V	Vork Under Cor	nsideration f	for Publica	ation				
Did you or your institution any aspect of the submitte statistical analysis, etc.)?								.) for
Are there any relevant c			No					
If yes, please fill out the Excess rows can be remo				more than	one entity p	ress the "ADD'	" button to add a r	row.
Name of Institution/Co	mpany	Grant? Pers	-	Financial	Other? Co	omments		
NIH/NIAMS U01-AR45444		<b>√</b>						
NIH/NIAMS P60-AR062799		<b>√</b>						
Section 3. Relev	ant financial ac	ctivities out	side the su	ıbmitted v	work.			
Place a check in the app of compensation) with e clicking the "Add +" box	entities as describe	ed in the instru	uctions. Use	one line fo	r each entity	; add as many	lines as you need	
Are there any relevant of	onflicts of interest	t? Yes	✓ No					
Section 4. Intell	ectual Property	/ Patents &	& Copyrigl	nts				
Do you have any patent	s, whether planne	ed, pending or	issued, bro	adly relevai	nt to the wor	k? Yes	✓ No	

Bianco 2



Section 5.	
	Relationships not covered above
	elationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?
Yes, the follow	wing relationships/conditions/circumstances are present (explain below):
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	anuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements rnals may ask authors to disclose further information about reported relationships.
Soction 6	
Section 6.	Disclosure Statement
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Dr. Bianco report study.	ts grants from NIH/NIAMS U01-AR45444, grants from NIH/NIAMS P60-AR062799, during the conduct of the

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Bianco 3



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Spratt 1



Section 1. Identifying Inform	ation		
1. Given Name (First Name) Kevin	2. Surname (Last Name) Spratt		3. Date 12-February-2015
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Autho	r's Name
<ol><li>Manuscript Title Risk Factors For Reoperation in Patients data from the SPORT trial</li></ol>	Treated Surgically for Inte	ervertebral Disc Hernia	ations. A sub-analysis of the 8-year
6. Manuscript Identifying Number (if you kn	ow it)	_	
Continu 2			
The Work Under Co	onsideration for Public		nt commercial private foundation etc.) for
any aspect of the submitted work (including statistical analysis, etc.)?	but not limited to grants, da		
Are there any relevant conflicts of intered If yes, please fill out the appropriate info	ormation below. If you hav	e more than one entit	ry press the "ADD" button to add a row.
Excess rows can be removed by pressing  Name of Institution/Company		n-Financial Other	Comments
NIH/NIAMS U01-AR45444		upport?	
NIH/NIAMS P60-AR062799			
Section 3. Relevant financial	activities outside the s	ubmitted work	
Place a check in the appropriate boxes in			ial relationships (regardless of amount
of compensation) with entities as descri clicking the "Add +" box. You should rep	bed in the instructions. Us	se one line for each en	tity; add as many lines as you need by
Are there any relevant conflicts of intere	est? Yes ✓ No		
Section 4. Intellectual Proper	ty Patents & Copyric	jhts	
Do you have any patents, whether plant	ned, pending or issued, br	oadly relevant to the v	work? Yes V

Spratt 2



Section 5.	Deletional in a set account above
	Relationships not covered above
	elationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?
Yes, the follow	wing relationships/conditions/circumstances are present (explain below):
✓ No other rela	tionships/conditions/circumstances that present a potential conflict of interest
	anuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements rnals may ask authors to disclose further information about reported relationships.
Section 6.	
Section 6.	Disclosure Statement
Based on the abo	ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box
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Leven 1



Section 1. Identifying Info	ormation	
1. Given Name (First Name) Dante	2. Surname (Last Name) Leven	3. Date 10-June-2014
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Dante Leven
5. Manuscript Title Risk Factors For Reoperation in Pati data from the SPORT trial	ents Treated Surgically for Inte	ervertebral Disc Herniations. A sub-analysis of the 8-year
6. Manuscript Identifying Number (if yo	ou know it)	
		-
Section 2. The Work Under	r Consideration for Public	zation
		a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation,
Are there any relevant conflicts of ir		
If yes, please fill out the appropriate Excess rows can be removed by pre		e more than one entity press the "ADD" button to add a row.
Name of Institution/Company	Grant	n-Financial Other? Comments
NIH/NIAMS U01-AR45444	<b>✓</b>	
NIH/NIAMS P60-AR062799		
Section 3. Relevant finance	ial activities outside the s	ubmitted work.
of compensation) with entities as de	escribed in the instructions. Us	ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by e <b>present during the 36 months prior to publication</b> .
Are there any relevant conflicts of ir	terest?	
Section 4. Intellectual Pro	perty Patents & Copyrig	jhts
Do you have any patents, whether p	planned, pending or issued, br	oadly relevant to the work? Yes V No

Leven 2



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	elationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?
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Morgan 1



Section 1. Ide	entifying Informa	ation				
1. Given Name (First Na Tamara		2. Surname (Last Morgan	Name)		3. Date 11-November-20	014
4. Are you the correspo	onding author?	Yes ✓ N	Correspoi Dante Le	nding Author's Na	ame	
5. Manuscript Title Risk Factors For Reop data from the SPORT		Treated Surgicall	for Intervertebral	Disc Herniation	s. A sub-analysis of	the 8-year
6. Manuscript Identifyii	ng Number (if you kno	ow it)				
Section 2. The	e Work Under Co	nsideration fo	· Publication			
Did you or your institutions any aspect of the submestatistical analysis, etc.)	itted work (including					
Are there any relevan	t conflicts of interes	ا ك	No			
If yes, please fill out the Excess rows can be re			you have more tha	an one entity pro	ess the "ADD" butto	on to add a row.
Name of Institution/	Company	Grant? Person		Other? Co	mments	
NIH/NIAMS U01-AR45444		<b>✓</b>				
NIH/NIAMS P60-AR062799	)	<b>✓</b>				
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Section 4. Int	ellectual Propert	y Patents & (	Copyrights			
Do you have any pate	ents, whether plann	ed, pending or is	sued, broadly relev	ant to the work	? ☐ Yes ✓ N	lo

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Relationships not covered above								
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Tosteson 1



Section 1.	entifying Inform	ation						
1. Given Name (First N Tor	, ,	2. Surname ( Tosteson	Last Name)			3. Date 10-July-201	14	
4. Are you the corresp	onding author?	Yes						
5. Manuscript Title Risk Factors For Reo data from the SPORT		Treated Surg	ically for Inte	rvertebral D	isc Herniatio	ons. A sub-anal	ysis of the 8-year	
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Section 2. Th	e Work Under Co	nsideration	n for Public	ation				
Did you or your instituany aspect of the subm	nitted work (including						vate foundation, etc.) for ript preparation,	r
Are there any relevan	nt conflicts of intere		No					
If yes, please fill out t Excess rows can be r				e more than	one entity p	oress the "ADD'	" button to add a row	
Name of Institution	/Company	Grant•	•	-Financial ipport	Other? C	Comments		
NIH/NIAMS U01-AR45444		<b>✓</b>						_
NIH/NIAMS P60-AR06279	9	<b>✓</b>						
Section 3. Re	levant financial a	activities ou	ıtside the s	ubmitted v	work.			
	th entities as descril	oed in the ins	tructions. Us	e one line fo	r each entity	y; add as many	regardless of amount lines as you need by r to publication.	
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Section 4.	tellectual Proper	ty Patents	s & Copyrig	hts				
Do you have any pat	ents, whether planr	ned, pending	or issued, bro	oadly releva	nt to the wo	rk? Yes	<b>✓</b> No	_

Tosteson 2



Section 5. Relationships not severed above
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Zhao 1



Section 1.	Identifying Inform	ation						
1. Given Name (Fi Wenyan		2. Surname ( Zhao	Last Name)			3. Date 10-June-20	014	
4. Are you the cor	responding author?	Yes No Corresponding Author's Name  Dante Leven						
5. Manuscript Title Risk Factors For data from the SP	Reoperation in Patients	Treated Surgi	ically for Inte	rvertebral D	Disc Herniation	ons. A sub-anal	ysis of the 8-year	
6. Manuscript Idei	ntifying Number (if you kn	ow it)		_				
Section 2.	The Work Under Co	onsideration	n for Public	ation				
	stitution <b>at any time</b> recei ubmitted work (including etc.)?				-	•		
	evant conflicts of intere		No					
	out the appropriate info be removed by pressing			e more thar	one entity	press the "ADD	" button to add a row.	
Name of Institut	ion/Company	Grant•	•	-Financial upport	Other?	Comments		
NIH/NIAMS U01-AR4:	5444	<b>✓</b>						
NIH/NIAMS P60-AR06	52799	<b>✓</b>						
Section 3.	Relevant financial	activities ou	ıtside the s	ubmitted	work.			
of compensation	the appropriate boxes in	bed in the ins	tructions. Us	e one line fo	or each entit	y; add as many	lines as you need by	
Are there any rel	evant conflicts of intere	st? Yes	<b>√</b> No					
Section 4.	Intellectual Proper	ty Datonte	s & Copyrie	ıhts				
Do you have any	patents, whether plans				nt to the wo	ork? Yes	<b>√</b> No	

Zhao 2



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#### 3. Relevant financial activities outside the submitted work.

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

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Section 1. Identifying Inform	ation							
1. Given Name (First Name) Virginie	2. Surna Lafage	me (Last Nar	me)		3. Date 27-May-2014			
4. Are you the corresponding author?	Yes	✓ No	Corresponding Author's Name  Dante Leven					
5. Manuscript Title Risk Factors For Reoperation in Patients data from the SPORT trial.	Treated S	Surgically fo	or Intervertebral D	)isc Herni	ations. A subanalysis of the 8 ye	ear		
6. Manuscript Identifying Number (if you kn	ow it)							
Did you or your institution at any time receivany aspect of the submitted work (including statistical analysis, etc.)?	ve paymer but not lin	nt or services nited to grar	from a third party					
Are there any relevant conflicts of intere			No	_				
If yes, please fill out the appropriate info Excess rows can be removed by pressing			u have more than	one enti	ty press the "ADD" button to ad	d a row.		
Name of Institution/Company	Grant?		Non-Financial Support?	Other?	Comments			
The National Institute of Arthritis and Musculoskeletal and Skin Diseases (U01- AR45444)	<b>✓</b>				Grant			
The Office of Research on Women's Health	<b>✓</b>				Grant			
The National Institutes of Health	<b>✓</b>				Grant			
The National Institute of Occupational Safety and Health	<b>✓</b>				Grant			
The Centers for Disease Control and Prevention	<b>√</b>				Grant			
The Multidisciplinary Clinical Research Center in Musculoskeletal Diseases is funded by NIAMS (P60-AR048094)	<b>✓</b>				Grant			



Section 3.	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 <b>present during the 36 months prior to publication</b> .  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				
Nemaris Inc			<b>✓</b>			Stock Ownership				
MSD			<b>✓</b>			Consultancy				
MSD			<b>✓</b>			Speaking and/or Teaching Arrangements				
DePuy			<b>✓</b>			Speaking and/or Teaching Arrangements				
(2M			<b>✓</b>			Speaking and/or Teaching Arrangements				
Nemaris Inc			$\checkmark$			Board of Directors				
DePuy		✓				Grants				
SSG		<b>✓</b>				Grants				
SRS		<b>✓</b>				Grants				
NIH		<b>✓</b>				Grants				
Section 4										
Section 4.	Intellectual Propert	y Pate	ents & Cop	yrights						
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Volume										



Section 5.	Relationships not covered above
	elationships or activities that readers could perceive to have influenced, or that give the appearance of ncing, what you wrote in the submitted work?
	wing relationships/conditions/circumstances are present (explain below): tionships/conditions/circumstances that present a potential conflict of interest
	nuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. rnals may ask authors to disclose further information about reported relationships.
Section 6.	Disclosure Statement
Rased on the abo	ove disclosures this form will automatically generate a disclosure statement, which will appear in the box

Dr. Lafage reports grants from The National Institute of Arthritis and Musculoskeletal and Skin Diseases (U01-AR45444), grants from The Office of Research on Women's Health, grants from The National Institutes of Health, grants from The National Institute of Occupational Safety and Health, grants from The Centers for Disease Control and Prevention, grants from The Multidisciplinary Clinical Research Center in Musculoskeletal Diseases is funded by NIAMS (P60-AR048094), during the conduct of the study; personal fees from Nemaris Inc, personal fees from MSD, personal fees from MSD, personal fees from SPS, grants from DePuy, personal fees from K2M, personal fees from Nemaris Inc, grants from DePuy, grants from ISSG, grants from SRS,

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grants from NIH, outside the submitted work; .

below.

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Lurie 1



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Section 1.	Identifying Inforn	nation							
1. Given Name (Fi	rst Name)	2. Surnar Lurie	ne (Last Nam	e)		3. Date 11-November-2014			
4. Are you the cor	responding author?	Yes	<b>√</b> No	✓ No Corresponding Author's Name  Dante Leven					
5. Manuscript Title Risk Factors For I data from the SP	Reoperation in Patients	s Treated S	urgically for	Intervertebral D	)isc Hernia	ations. A sub-analysis of the 8-year			
6. Manuscript Ider	ntifying Number (if you kı	now it)							
Section 2.	The Work Under C	onsidera	tion for Pu	blication					
	ubmitted work (including					ent, commercial, private foundation, etc.) for udy design, manuscript preparation,			
=	evant conflicts of inter	est? 🗸	res N	lo					
	out the appropriate info be removed by pressin			have more than	one enti	ty press the "ADD" button to add a row.			
				Non-Financial	7				
Name of Institut	ion/Company	Grant •	Fees?	Support?	Other	Comments			
NIH/NIAMS U01-AR45	5444	<b>✓</b>							
NIH/NIAMS P60-AR06	52799	$\checkmark$							
	l								
Section 3.	Relevant financial	activities	outside tl	he submitted	work.				
of compensation	) with entities as descr	ibed in the	instructions	s. Use one line fo	or each en	ial relationships (regardless of amount atity; add as many lines as you need by a <b>36 months prior to publication</b> .			
Are there any rel	evant conflicts of inter	est? 🗸 `	res N	lo					
If yes, please fill o	out the appropriate inf	ormation b	elow.						
		7	Personal	Non-Financial					
Name of Entity		Grant?	Fees?	Support?	Other •	Comments			
NewVert			<b>✓</b>						
zioMed			<b>✓</b>						

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