

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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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4. Intellectual Property.

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

5. Relationships not covered above.

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Other: Anything not covered under the previous three boxes

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
MICHAEL

2. Surname (Last Name)
GERLING

3. Date
09-June-2014

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Dante Leven

5. Manuscript Title
Risk Factors For Reoperation in Patients Treated Surgically for Intervertebral Disc Herniations. A subanalysis of the 8 year data from the SPORT trial.

6. Manuscript Identifying Number (if you know it)

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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 |
|---|-------------------------------------|--------------------------|--------------------------|--------------------------|----------|
| The National Institute of Arthritis and Musculoskeletal and Skin Diseases (U01-AR45444) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Grant |
| The Multidisciplinary Clinical Research Center in Musculoskeletal Diseases is funded by NIAMS (P60-AR048094 and P60-AR062799) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Grant |

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|----------------|-------------------------------------|--------------------------|--------------------------|--------------------------|----------|
| NIH/NIAMS | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

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

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Dr. GERLING reports grants from The National Institute of Arthritis and Musculoskeletal and Skin Diseases (U01-AR45444) , grants from The Multidisciplinary Clinical Research Center in Musculoskeletal Diseases is funded by NIAMS (P60-AR048094 and P60-AR062799), during the conduct of the study; grants from NIH/NIAMS, outside the submitted work; .

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Section 1. Identifying Information

| | | |
|--|-----------------------------------|--|
| 1. Given Name (First Name) Peter | 2. Surname (Last Name) Passias | 3. Date 17-November-2014 |
| 4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Corresponding Author's Name Dante Leven |
| 5. Manuscript Title Risk Factors For Reoperation in Patients Treated Surgically for Intervertebral Disc Herniations. A sub-analysis of the 8-year data from the SPORT trial | | |
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| NIH/NIAMS U01-AR45444 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| NIH/NIAMS P60-AR062799 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

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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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Section 1. Identifying Information

| | | |
|--|-------------------------------|--|
| 1. Given Name (First Name) Alexandra | 2. Surname (Last Name) Lee | 3. Date 12-June-2014 |
| 4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Corresponding Author's Name Dante Leven |
| 5. Manuscript Title Risk Factors For Reoperation in Patients Treated Surgically for Intervertebral Disc Herniations. A sub-analysis of the 8-year data from the SPORT trial | | |
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Research coordinator for the NIH SPORT study - NIH/NIAMS U01-AR45444. I participated in subject enrollment, follow up and data collection.

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Section 1. Identifying Information

| | | |
|--|-------------------------------------|--|
| 1. Given Name (First Name) Thomas | 2. Surname (Last Name) Errico MD | 3. Date 12-June-2014 |
| 4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Corresponding Author's Name Dante Leven |
| 5. Manuscript Title Risk Factors For Reoperation in Patients Treated Surgically for Intervertebral Disc Herniations. A sub-analysis of the 8-year data from the SPORT trial | | |
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| | | |
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| 1. Given Name (First Name) Kristina | 2. Surname (Last Name) Bianco | 3. Date 17-November-2014 |
| 4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Corresponding Author's Name Dante Leven |
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| Name of Institution/Company | Grant? | Personal Fees? | Non-Financial Support? | Other? | Comments |
|-----------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|----------|
| NIH/NIAMS U01-AR45444 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| NIH/NIAMS P60-AR062799 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

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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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 5. Relationships not covered above

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Dr. Bianco reports grants from NIH/NIAMS U01-AR45444, grants from NIH/NIAMS P60-AR062799, during the conduct of the study.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

| | | |
|--|----------------------------------|--|
| 1. Given Name (First Name) Kevin | 2. Surname (Last Name) Spratt | 3. Date 12-February-2015 |
| 4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Corresponding Author's Name Dante Leven |
| 5. Manuscript Title Risk Factors For Reoperation in Patients Treated Surgically for Intervertebral Disc Herniations. A sub-analysis of the 8-year data from the SPORT trial | | |
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ICMJE Form for Disclosure of Potential Conflicts of Interest

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| | | |
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| 1. Given Name (First Name) Dante | 2. Surname (Last Name) Leven | 3. Date 10-June-2014 |
| 4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Corresponding Author's Name Dante Leven |
| 5. Manuscript Title Risk Factors For Reoperation in Patients Treated Surgically for Intervertebral Disc Herniations. A sub-analysis of the 8-year data from the SPORT trial | | |
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ICMJE Form for Disclosure of Potential Conflicts of Interest

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| | | |
|--|----------------------------------|--|
| 1. Given Name (First Name) Tamara | 2. Surname (Last Name) Morgan | 3. Date 11-November-2014 |
| 4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Corresponding Author's Name Dante Leven |
| 5. Manuscript Title Risk Factors For Reoperation in Patients Treated Surgically for Intervertebral Disc Herniations. A sub-analysis of the 8-year data from the SPORT trial | | |
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| 1. Given Name (First Name) Tor | 2. Surname (Last Name) Tosteson | 3. Date 10-July-2014 |
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Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

| | | |
|--|--------------------------------|--|
| 1. Given Name (First Name) Wenyan | 2. Surname (Last Name) Zhao | 3. Date 10-June-2014 |
| 4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Corresponding Author's Name Dante Leven |
| 5. Manuscript Title Risk Factors For Reoperation in Patients Treated Surgically for Intervertebral Disc Herniations. A sub-analysis of the 8-year data from the SPORT trial | | |
| 6. Manuscript Identifying Number (if you know it) | | |

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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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| Name of Institution/Company | Grant? | Personal Fees? | Non-Financial Support? | Other? | Comments |
|-----------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|----------|
| NIH/NIAMS U01-AR45444 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| NIH/NIAMS P60-AR062799 | <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

Section 4. Intellectual Property -- Patents & Copyrights

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

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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) Virginie | 2. Surname (Last Name) Lafage | 3. Date 27-May-2014 |
| 4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Corresponding Author's Name Dante Leven |
| 5. Manuscript Title Risk Factors For Reoperation in Patients Treated Surgically for Intervertebral Disc Herniations. A subanalysis of the 8 year data from the SPORT trial. | | |
| 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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| Name of Institution/Company | Grant? | Personal Fees? | Non-Financial Support? | Other? | Comments |
|--|-------------------------------------|--------------------------|--------------------------|--------------------------|----------|
| The National Institute of Arthritis and Musculoskeletal and Skin Diseases (U01-AR45444) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Grant |
| The Office of Research on Women's Health | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Grant |
| The National Institutes of Health | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Grant |
| The National Institute of Occupational Safety and Health | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Grant |
| The Centers for Disease Control and Prevention | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Grant |
| The Multidisciplinary Clinical Research Center in Musculoskeletal Diseases is funded by NIAMS (P60-AR048094) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Grant |

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 3. Relevant financial activities outside the submitted work.

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| Name of Entity | Grant? | Personal Fees? | Non-Financial Support? | Other? | Comments |
|----------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|---------------------------------------|
| Nemaris Inc | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Stock Ownership |
| MSD | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Consultancy |
| MSD | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Speaking and/or Teaching Arrangements |
| DePuy | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Speaking and/or Teaching Arrangements |
| K2M | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Speaking and/or Teaching Arrangements |
| Nemaris Inc | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Board of Directors |
| DePuy | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Grants |
| ISSG | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Grants |
| SRS | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Grants |
| NIH | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Grants |

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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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 DePuy, personal fees from K2M, personal fees from Nemaris Inc, grants from DePuy, grants from ISSG, grants from SRS, grants from NIH, 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) Jon | 2. Surname (Last Name) Lurie | 3. Date 11-November-2014 |
| 4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Corresponding Author's Name Dante Leven |
| 5. Manuscript Title Risk Factors For Reoperation in Patients Treated Surgically for Intervertebral Disc Herniations. A sub-analysis of the 8-year data from the SPORT trial | | |
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|----------------|--------------------------|-------------------------------------|--------------------------|--------------------------|----------|
| NewVert | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| FzioMed | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

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