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.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Peter
2. Surname (Last Name)  Endler
3. Date  23-May-2016
4. Are you the corresponding author?  √ Yes  ☐ No
5. Manuscript Title
A prospective study on the outcome of non-instrumented posterolateral fusion, instrumented posterolateral fusion and interbody fusion in isthmic spondylolisthesis.

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

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Dr. Endler has nothing to disclose.

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<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>2. Surname (Last Name)</th>
<th>3. Date</th>
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<tbody>
<tr>
<td>Hans</td>
<td>Möller</td>
<td>25-May-2016</td>
</tr>
</tbody>
</table>

4. Are you the corresponding author? □ Yes   ✔ No  

5. Manuscript Title  
A prospective study on the outcome of posterolateral fusion and interbody fusion for isthmic spondylolisthesis in the Swespine register.

6. Manuscript Identifying Number (if you know it)

## Section 2. The Work Under Consideration for Publication

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Dr. Möller has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Paul

2. Surname (Last Name)  
   Gerdhem

3. Date  
   23-May-2016

4. Are you the corresponding author?  
   ☑ No  
   Corresponding Author’s Name  
   Peter Endler

5. Manuscript Title  
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Dr. Gerdhem has nothing to disclose.

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   Ekman

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   Peter Endler

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