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.

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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)**
   - Diyar

2. **Surname (Last Name)**
   - Delawi

3. **Date**
   - 03-June-2015

4. **Are you the corresponding author?**  
   - Yes [ ]  
   - No [ ]

5. **Manuscript Title**  
   - OP-1 compared to Iliac Crest Autograft in Instrumented Posterolateral Fusion: A randomized multi-center non-inferiority Trial

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.

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<td>Stryker Biotech</td>
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<td>☐</td>
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<td>Clinical trial was performed with a grant from Stryker Biotech where the investigators had the status of 'study sponsor' and were owning the data and responsible for the data analysis.</td>
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- 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 [✔]
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Dr. Delawi reports grants from Stryker Biotech, during the conduct of the study; .

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4. Are you the corresponding author?  

- Yes  
- No  

5. Manuscript Title  
OP-1 compared to Iliac Crest Autograft in Instrumented Posterolateral Fusion: A randomized multi-center non-inferiority Trial

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Section 1. Identifying Information

1. Given Name (First Name)  
   CARLOS

2. Surname (Last Name)  
   GARCIA-FERNANDEZ

3. Date  
   20-July-2015

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

5. Manuscript Title  
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Enrique
2. Surname (Last Name) Guerado
3. Date 21-July-2015
4. Are you the corresponding author? [ ] Yes [x] No
   Corresponding Author’s Name Delawi

5. Manuscript Title
   OP-1 compared to Iliac Crest Autograft in Instrumented Posterolateral Fusion: A randomized multi-center non-inferiority Trial

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Dr. Guerado has nothing to disclose.

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1. Given Name (First Name) Nicola
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3. Date 05-August-2015
4. Are you the corresponding author?  ☑ No
   Corresponding Author’s Name Diyar Delawi
5. Manuscript Title
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**Pending**: The patent has been filed but not issued

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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)  
   Wilco

2. Surname (Last Name)  
   Jacobs

3. Date  
   03-August-2015

4. Are you the corresponding author?  
   Yes ☑ No

   Corresponding Author’s Name  
   Diyar Delawi

5. Manuscript Title  
   OP-1 compared to Iliac Crest Autograft in Instrumented Posterolateral Fusion: A randomized multi-center non-inferiority 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.

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<th>Name of Entity</th>
<th>Grant?</th>
<th>Personal Fees?</th>
<th>Non-Financial Support?</th>
<th>Other?</th>
<th>Comments</th>
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<td>RCT on minimal invasive spinal fusion</td>
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<td>Observational study on odontoid fracture interventions (surgery vs conservative)</td>
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<tr>
<td>Hersenstichting</td>
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<td></td>
<td>Observational study on traumatic brain injury interventions</td>
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Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☑ No

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Dr. Jacobs reports grants from ZonMW and Medtronic, grants from Eurospine, grants from Hersenstichting, 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)  
F. Cumhur

2. Surname (Last Name)  
ONER

3. Date  
20-July-2015

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

Corresponding Author’s Name  
D. Delawi

5. Manuscript Title  
OP-1 compared to Iliac Crest Autograft in Instrumented Posterolateral Fusion: A randomized multi-center non-inferiority Trial

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Dr. ONER has nothing to disclose.

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Ludovic

2. Surname (Last Name)  
   Rillardon

3. Date  
   21-July-2015

4. Are you the corresponding author?  
   [ ] Yes  
   ✔ No

Corresponding Author's Name  
Delawi

5. Manuscript Title  
OP-1 compared to Iliac Crest Autograft in Instrumented Posterolateral Fusion: A randomized multi-center non-inferiority Trial

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[ ] 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.

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<td>Stryker Biotech</td>
<td>✔</td>
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<td></td>
<td></td>
<td>Clinical trial was performed with a grant from Stryker Biotech where the investigators had the status of 'study sponsor' and were owning the data and responsible for the data analysis.</td>
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Dr. Rillardon reports grants from Stryker Biotech, during the conduct of the study; .

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**Section 1. Identifying Information**

1. Given Name (First Name)  
Henriette

2. Surname (Last Name)  
Quarles van Ufford

3. Date  
21-July-2015

4. Are you the corresponding author?  
[ ] Yes  [x] No  
Corresponding Author’s Name:  
Diyar Delawi

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Dr. Quarles van Ufford has nothing to disclose.

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**Section 1. Identifying Information**

1. Given Name (First Name)  
Job
2. Surname (Last Name)  
vvan Susante
3. Date  
10-August-2015
4. Are you the corresponding author?  
   - [ ] Yes  
   - ✔ No
   
   Corresponding Author’s Name  
   D Delawi
5. Manuscript Title  
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Dr. van Susante has nothing to disclose.

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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

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**ICMJE Form for Disclosure of Potential Conflicts of Interest**

### Section 1. Identifying Information

1. Given Name (First Name)  
Nico

2. Surname (Last Name)  
Verschoor

3. Date  
21-July-2015

4. Are you the corresponding author?  

   - Yes
   - No  

   ✔ No

   Corresponding Author’s Name  
D. Delawi

5. Manuscript Title  
OP-1 compared to Iliac Crest Autograft in Instrumented Posterolateral Fusion: A randomized multi-center non-inferiority Trial

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  

   ✔ Yes

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.

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

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Are there any relevant conflicts of interest?  

   - Yes
   - No  

   ✔ No

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  

   - Yes
   - No  

   ✔ No

Verschoor
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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. Verschoor reports grants from Stryker, during the conduct of the study.

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Section 1. Identifying Information

1. Given Name (First Name)  
Moyo

2. Surname (Last Name)  
Kruyt

3. Date  
03-July-2015

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

Corresponding Author’s Name  
Delawi

5. Manuscript Title  
OP-1 compared to Iliac Crest Autograft in Instrumented Posterolateral Fusion: A randomized multi-center non-inferiority Trial

6. Manuscript Identifying Number (if you know it)  
JBJS-D-15-00209

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Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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Section 6. Disclosure Statement

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Dr. Kruyt has nothing to disclose.

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Emmanuel

2. Surname (Last Name)  
   Gay

3. Date  
   04-August-2015

4. Are you the corresponding author?  
   ☑ No

5. Manuscript Title  
   OP-1 compared to Iliac Crest Autograft in Instrumented Posterolateral Fusion: A randomized multi-center non-inferiority Trial

6. Manuscript Identifying Number (if you know it)

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Dr. Gay has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Domenico

2. Surname (Last Name)  
   Prestamburgo

3. Date  
   13-August-2015

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

   Corresponding Author’s Name  
   Delawi

5. Manuscript Title  
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