ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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**Section 1. Identifying Information**

<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>Scott</td>
<td>Boden</td>
<td>22-January-2017</td>
</tr>
</tbody>
</table>

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

Corresponding Author’s Name
Michael Gottschalk, MD

5. Manuscript Title
Are Red Flags for Low Back Pain Really Red? A Prospective Evaluation of the Clinical Utility of Commonly Used Screening Questions for Low Back Pain

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest? [ ] Yes [X] No

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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? [ ] Yes [X] No
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## Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Boden has nothing to disclose.

## Evaluation and Feedback

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   William  
2. Surname (Last Name)  
   Godfrey  
3. Date  
   22-January-2017  
4. Are you the corresponding author?  
   ✔ No  
   Corresponding Author’s Name  
   Michael Gottschalk, MD  
5. Manuscript Title  
   Are Red Flags for Low Back Pain Really Red? A Prospective Evaluation of the Clinical Utility of Commonly Used Screening Questions for Low Back Pain  
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Mr. Godfrey has nothing to disclose.

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1. Given Name (First Name)  
   Michael

2. Surname (Last Name)  
   Gottschalk

3. Date  
   22-January-2017

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

5. Manuscript Title  
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1. Given Name (First Name)  
   Ajay

2. Surname (Last Name)  
   Premkumar

3. Date  
   06-January-2017

4. Are you the corresponding author?  
   No

5. Manuscript Title  
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