

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".

3. Relevant financial activities outside the submitted work.

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Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

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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.

Use this section to report 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.

Definitions.

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Other: Anything not covered under the previous three boxes

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Licensed: The patent has been licensed to an entity, whether earning royalties or not

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) Marten	2. Surname (Last Name) Annertz	3. Date 16-April-2018
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Julius Dengler
5. Manuscript Title Randomized Trial of Sacroiliac Joint Fusion vs. Conservative Management for Chronic Low Back Pain Attributed to the Sacroiliac Joint		
6. Manuscript Identifying Number (if you know it) JBJS-D-18-00022		

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.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Si-Bone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	This trial was sponsored by Si-Bone and I was paid by Si-Bone to evaluate imaging data.

Section 3. Relevant financial activities outside the submitted work.

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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

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Dr. Annertz reports other from Si-Bone, during the conduct of the study; .

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Section 1. Identifying Information

1. Given Name (First Name) Daniel

2. Surname (Last Name) Cher

3. Date 16-April-2018

4. Are you the corresponding author? Yes No Corresponding Author's Name Julius Dengler

5. Manuscript Title Randomized Trial of Sacroiliac Joint Arthrodesis Compared with Conservative Management for Chronic Low Back Pain Attributed to the Sacroiliac Joint

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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
SI-BONE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I am an SI-BONE employee. SI-BONE sponsored the study and manufactures the study device used.

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Dr. Cher reports personal fees from SI-BONE, during the conduct of the study.

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Section 1. Identifying Information

1. Given Name (First Name)
Julius

2. Surname (Last Name)
Dengler

3. Date
16-April-2018

4. Are you the corresponding author? Yes No

5. Manuscript Title
Randomized Trial of Sacroiliac Joint Fusion vs. Conservative Management for Chronic Low Back Pain Attributed to the Sacroiliac Joint

6. Manuscript Identifying Number (if you know it)
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Si-Bone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	This trial was sponsored by Si-Bone. I was an investigator in this trial.

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Dr. Dengler reports other from Si-Bone, during the conduct of the study; .

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Section 1. Identifying Information

1. Given Name (First Name)
Eddie

2. Surname (Last Name)
Van Eeckhoven

3. Date
16-April-2018

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Julius Dengler

5. Manuscript Title
Randomized Trial of Sacroiliac Joint Fusion vs. Conservative Management for Chronic Low Back Pain Attributed to the Sacroiliac Joint

6. Manuscript Identifying Number (if you know it)
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Si-Bone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	This trial was sponsored by Si-Bone. I am a consultant to Si-Bone.

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Dr. Van Eeckhoven reports other from Si-Bone, during the conduct of the study; personal fees from Si-Bone, outside the submitted work; .

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Section 1. Identifying Information

1. Given Name (First Name)
Paolo

2. Surname (Last Name)
Gaetani

3. Date
16-April-2018

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Julius Dengler

5. Manuscript Title
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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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2. The work under consideration for publication.

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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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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Alessandro	2. Surname (Last Name) Gasbarrini	3. Date 16-April-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Julius Dengler
5. Manuscript Title Randomized Trial of Sacroiliac Joint Fusion vs. Conservative Management for Chronic Low Back Pain Attributed to the Sacroiliac Joint		
6. Manuscript Identifying Number (if you know it) JBJS-D-18-00022		

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.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Si-Bone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	This trial was sponsored by Si-Bone. I was an investigator in this trial.

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Gasbarrini reports other from Si-Bone, 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) Djaya 2. Surname (Last Name) Kools 3. Date 16-April-2018

4. Are you the corresponding author? Yes No Corresponding Author's Name
Julius Dengler

5. Manuscript Title
Randomized Trial of Sacroiliac Joint Arthrodesis Compared with Conservative Management for Chronic Low Back Pain Attributed to the Sacroiliac Joint

6. Manuscript Identifying Number (if you know it)
JBJS-D-18-00022

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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
Si-Bone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	This trial was sponsored by Si-Bone. I am an investigator in the trial and a consultant to Si-Bone.
Si-Bone	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I am a consultant to Si-Bone.

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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Kools reports other from Si-Bone, personal fees from Si-Bone, during the conduct of the study.

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Section 1. Identifying Information

1. Given Name (First Name) Robert	2. Surname (Last Name) Pflugmacher	3. Date 16-April-2018
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Julius Dengler
5. Manuscript Title Randomized Trial of Sacroiliac Joint Arthrodesis Compared with Conservative Management for Chronic Low Back Pain Attributed to the Sacroiliac Joint		
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Domenico

2. Surname (Last Name)
Prestamburgo

3. Date
16-April-2018

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Julius Dengler

5. Manuscript Title
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Section 1. Identifying Information

1. Given Name (First Name) Bengt 2. Surname (Last Name) Sturesson 3. Date 16-April-2018

4. Are you the corresponding author? Yes No Corresponding Author's Name
Julius Dengler

5. Manuscript Title
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Dr. Sturesson reports other from Si-Bone, personal fees from Si-Bone, during the conduct of the study.

Evaluation and Feedback

Please visit <http://www.icmje.org/cgi-bin/feedback> to provide feedback on your experience with completing this form.