

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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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) Pravesh	2. Surname (Last Name) Gadjradj	3. Date 01-January-2022
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Harhangi
5. Manuscript Title Full-endoscopic versus Open Discectomy for Sciatica: A randomized controlled 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

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Are there any relevant conflicts of interest? Yes 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 No



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Section 6. Disclosure Statement

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Generate Disclosure Statement

Dr. Gadraj has nothing to disclose.

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)
Sidney

2. Surname (Last Name)
Rubinstein

3. Date
01-January-2022

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

5. Manuscript Title
Full-endoscopic versus Open Discectomy for Sciatica:
A randomized controlled 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. 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	
ZonMw, The Netherlands Organization for Health Research and Development	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		X
						ADD

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Dr. Rubinstein reports grants from ZonMw, The Netherlands Organization for Health Research and Development , during the conduct of the study; .

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Section 1. Identifying Information

1. Given Name (First Name)
Wilco

2. Surname (Last Name)
Peul

3. Date
01-January-2022

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

5. Manuscript Title
Full-endoscopic versus Open Discectomy for Sciatica:
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If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Board Member ZonMW,(The Netherlands Organization for Health Research and Development)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Since recent 09/01/2020 and without influence of ZonMW on study design and manuscript content

ADD

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. Peul reports other from Board Member ZonMW,(The Netherlands Organization for Health Research and Development) , outside the submitted work; .

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Paul

2. Surname (Last Name)
Depauw

3. Date
01-January-2022

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Corresponding Author's Name
Harhangi

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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	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PTED-study ClinicalTrials.gov number NCT02602093	X
ADD						

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In2MedBV	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Faculty on the training course Erasmus University Rotterdam.	X
ADD						



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Section 4.

Intellectual Property -- Patents & Copyrights

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Dr. Depauw reports grants from null, during the conduct of the study; personal fees from In2MedBV, from null, from null, from null, outside the submitted work; .

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Job

2. Surname (Last Name)
van Susante

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Corresponding Author's Name
Biswadji S. Harhangi

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Government	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Info provided in manuscript. Institutional Grant for compensation research nurse work	X
						ADD

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Ankie	2. Surname (Last Name) Seiger	3. Date 01-January-2022
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Harhangi
5. Manuscript Title Full-endoscopic versus Open Discectomy for Sciatica: A randomized controlled non-inferiority trial		
6. Manuscript Identifying Number (if you know it)		

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Are there any relevant conflicts of interest? Yes No

ADD

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Are there any relevant conflicts of interest? Yes No

ADD

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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Generate Disclosure Statement

Dr. Seiger has nothing to disclose.

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)

Carmen

2. Surname (Last Name)

Vleggeert-Lankamp

3. Date

01-January-2022

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Harhangi

5. Manuscript Title

Full-endoscopic versus Open Discectomy for Sciatica:
A randomized controlled non-inferiority 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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Are there any relevant conflicts of interest? Yes No

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Section 4. Intellectual Property -- Patents & Copyrights

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Generate Disclosure Statement

Dr. Vleggeert-Lankamp has nothing to disclose.

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) Michiel	2. Surname (Last Name) de Boer	3. Date 01-January-2022
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name BS Harhangi
5. Manuscript Title Full-endoscopic versus Open Discectomy for Sciatica: A randomized controlled non-inferiority trial		
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Are there any relevant conflicts of interest? Yes 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 No



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Generate Disclosure Statement

Dr. de Boer has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Maurits

2. Surname (Last Name)
van Tulder

3. Date
01-January-2022

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

5. Manuscript Title
Full-endoscopic versus Open Discectomy for Sciatica:
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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	
Netherlands Organisation for Health Research and Development (ZONMW)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		X
						ADD

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Generate Disclosure Statement

Dr. van Tulder reports grants from Netherlands Organisation for Health Research and Development (ZONMW), during the conduct of the study; .

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Section 1.

Identifying Information

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Biswadjiet

2. Surname (Last Name)

Harhangi

3. Date

01-January-2022

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Yes No

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Are there any relevant conflicts of interest? Yes No

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ADD

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