

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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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

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Section 1. Identifying Information

1. Given Name (First Name) Anthony	2. Surname (Last Name) Delitto	3. Date 27-April-2017
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Robert Saper
5. Manuscript Title "Yoga, Physical Therapy, or Education for Chronic Low Back Pain: A Randomized Controlled Noninferiority Trial"		
6. Manuscript Identifying Number (if you know it) M16-2579		

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Dr. Delitto has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Julia

2. Surname (Last Name)

Keosaian

3. Date

01-May-2017

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name

Robert Saper

5. Manuscript Title

Yoga, Physical Therapy, or Education for Chronic Low Back Pain: A Randomized Controlled Noninferiority Trial

6. Manuscript Identifying Number (if you know it)

M16-2579

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Section 1. Identifying Information

1. Given Name (First Name)

Joel

2. Surname (Last Name)

Stevens

3. Date

09-May-2017

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Rob Saper

5. Manuscript Title

Yoga, Physical Therapy, or Education for Chronic Low Back Pain: A Randomized Controlled Noninferiority Trial

6. Manuscript Identifying Number (if you know it)

M16-2579

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Dr. Stevans has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Katherine

2. Surname (Last Name)

Gergen Barnett

3. Date

15-May-2017

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Saper, Robert

5. Manuscript Title

Yoga, Physical Therapy, or Education for Chronic Low Back Pain: A Randomized Controlled Noninferiority Trial

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Dr. Gergen Barnett has nothing to disclose.

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1. Given Name (First Name) Patricia	2. Surname (Last Name) Herman	3. Date 27-April-2017
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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
NCCIH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Dr. Herman reports grants from NCCIH, during the conduct of the study; .

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5. Relationships not covered above.

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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)

Eric

2. Surname (Last Name)

Roseen

3. Date

27-April-2017

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Robert Saper

5. Manuscript Title

Yoga, Physical Therapy, or Education for Chronic Low Back Pain:
A Randomized Controlled Noninferiority Trial

6. Manuscript Identifying Number (if you know it)

M16-2579

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

Section 4. Intellectual Property -- Patents & Copyrights

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

☐ Yes

☒ No

ICMJE Form for Disclosure of Potential Conflicts of Interest

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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. Roseen 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)
Robert

2. Surname (Last Name)
Saper

3. Date
07-May-2017

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

5. Manuscript Title
Yoga, Physical Therapy, or Education for Chronic Low Back Pain: A Randomized Controlled Noninferiority Trial

6. Manuscript Identifying Number (if you know it)
M16-2579

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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
NIH National Center for Complementary and Integrative Health	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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. Saper reports grants from NIH National Center for Complementary and Integrative Health 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)
Alexandra

2. Surname (Last Name)
Femia

3. Date
17-May-2017

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name
Dr. Robert Saper

5. Manuscript Title
Yoga, Physical Therapy, or Education for Chronic Low Back Pain: A Randomized Controlled Noninferiority Trial

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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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

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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Ms. Femia 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) Ekaterina	2. Surname (Last Name) Sadikova	3. Date 17-May-2017
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Robert Saper
5. Manuscript Title Yoga, Physical Therapy, or Education for Chronic Low Back Pain: A Randomized Controlled Noninferiority Trial		
6. Manuscript Identifying Number (if you know it) M16-2579		

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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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Ms. Sadikova 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)
Chelsey

2. Surname (Last Name)
Lemaster

3. Date
19-May-2017

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name
Robert Saper

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)
Carol

2. Surname (Last Name)
Faulkner

3. Date
31-May-2017

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

5. Manuscript Title
"Yoga, Physical Therapy, or Education for Chronic Low Back Pain: A Randomized Controlled Noninferiority Trial"

6. Manuscript Identifying Number (if you know it)
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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

ICMJE Form for Disclosure of Potential Conflicts of Interest

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Carol Faulkner 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) Janice	2. Surname (Last Name) Weinberg	3. Date 27-April-2017
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Robert Saper
5. Manuscript Title Yoga, Physical Therapy, or Education for Chronic Low Back Pain: A Randomized Controlled Noninferiority Trial		
6. Manuscript Identifying Number (if you know it) M16-2579		

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
NIH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Funding agency

Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Dr. Weinberg reports grants from NIH, during the conduct of the study; .

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Section 1. Identifying Information

1. Given Name (First Name) Karen	2. Surname (Last Name) Sherman	3. Date 27-April-2017
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Robert B. Saper
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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
National Institutes of Health	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	received funds from NIH grant

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
paula

2. Surname (Last Name)
gardiner

3. Date
27-April-2017

4. Are you the corresponding author?

☐ Yes☒ No

Corresponding Author's Name
rob saper

5. Manuscript Title
Yoga, Physical Therapy, or Education for Chronic Low Back Pain: A Randomized Controlled Noninferiority Trial"

6. Manuscript Identifying Number (if you know it)

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Dr. gardiner 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) Christian	2. Surname (Last Name) Cerrada	3. Date 01-May-2017
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Robert Saper, MD, MPH
5. Manuscript Title Yoga, Physical Therapy, or Education for Chronic Low Back Pain: A Randomized Controlled Noninferiority Trial		
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