



Patient-Centered Outcomes Research Institute

Ancillary Information Conflicts of Interest Disclosure Form Relating to PCORI-Funded Research Project

1. Name of Recipient: University of Pittsburgh

2. Name of PCORI-Funded Research Project: A Comparison of Non-Surgical Treatment Methods for Patients with Lumbar Spinal Stenosis

3. Names of Principal Investigator (PI) and Key Personnel:

PI: Michael J. Schneider, DC, PhD

Co-Is listed below:

Table with 2 columns listing names and degrees of co-investigators: Carlo Ammendolia, DC, PhD; Donald Murphy, DC; Ronald Gilck, MD; Sara Plva, PT, PhD; Elizabeth Hile, PT, PhD; Dana Tudorascu, PhD; Sally Morton, PhD.

4. Does Recipient have a Conflicts of Interest Policy or Guidelines that meets the requirements of the federal financial conflicts of interest regulations of the US Public Health Service (http://grants.nih.gov/grants/policy/coi/) that it applies to PCORI-funded research?

YES NO

5. If you checked "No," Recipient must provide information describing how Recipient will ensure that the PCORI-Funded Research Project is not influenced by conflicts of interest.

Blank lines for providing information regarding conflicts of interest.



6. Report the existence of any financial or personal interests or associations of Recipient, Principal Investigator, and Key Personnel related to the PCORI-Funded Research Project under this Contract that constitute a conflict of interest. Attach the management plan that addresses identified conflicts of interest. Please print "None" if Recipient, Principal Investigator, and Key Personnel have no financial or personal interests or associations that constitute a conflict of interest. (Attach additional documents, if needed).

None

7. Please list any direct or indirect links to industry (such as pharmaceutical, medical device, health insurance, and other healthcare-related companies) that Recipient has related to the PCORI-Funded Research Project. There is no need to include disclosures here that are reported under Question 6 above. (Attach additional documents, if needed).

None



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8. If Recipient has any additional material information relating to disclosures or management of conflicts of interest, or other protections against bias pertinent to the PCORI-Funded Research Project, please describe it here.

Three horizontal lines for providing additional information.

The undersigned certify that the above information is complete and true to the best of their knowledge and understand that this completed form, with these disclosures, will be made publicly available by PCORI in conjunction with the research findings relating to the Research Project.

Signed: [Handwritten signature]

Print Name: Christine McClure Associate Director

Title: Administrative Official

Date: 6/8/17

Signed: [Handwritten signature]

Print Name: Michael J. Schneider, DC, PhD

Title: Principal Investigator

Date: 7 June 2017