ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
   Andrew

2. Surname (Last Name)
   Schoenfeld

3. Date
   31-December-2019

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

Corresponding Author’s Name
   Bedard

5. Manuscript Title
   Optimum Designs for Large Database Research in Musculoskeletal Pain Management Research

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

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.

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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

If yes, please fill out the appropriate information below.

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<th>Name of Entity</th>
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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

Section 5. **Relationships not covered above**

Are there 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?

❑ Yes, the following relationships/conditions/circumstances are present (explain below):
❑ No other relationships/conditions/circumstances that present a potential conflict of interest

Editorial Board - Journal of Bone and Joint Surgery

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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. Schoenfeld reports grants from NIH-NIAMS, during the conduct of the study; grants from NIH-NIAMS, grants from OREF, grants from Department of Defense, personal fees from Wolters Kluwer, outside the submitted work; and Editorial Board - Journal of Bone and Joint Surgery.
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Kim
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Seoyoung
2. Surname (Last Name) Kim
3. Date 31-December-2019

4. Are you the corresponding author? [ ] Yes [ ] No
   Corresponding Author’s Name

5. Manuscript Title

6. Manuscript Identifying Number (if you know it)

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Dr. Kim reports grants from Pfizer, AbbVie, Bristol-Myers Squibb, Roche, outside the submitted work; .

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1. Given Name (First Name)  Nicholas
2. Surname (Last Name)  Bedard
3. Date  01-January-2020
4. Are you the corresponding author?  Yes
5. Manuscript Title  Optimum Designs for Large Database Research in Musculoskeletal Pain Management Research
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Dr. Bedard reports and Editorial Board - Journal of Arthroplasty.

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