ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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1. Identifying information.
2. The work under consideration for publication.
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   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)  
   Samantha

2. Surname (Last Name)  
   Meints

3. Date  
   21-January-2020

4. Are you the corresponding author?  
   [ ] Yes  ✔ No

   Corresponding Author’s Name  
   Robert Edwards

5. Manuscript Title  
   Behavioral, Psychological, Neurophysiological, and Neuroanatomic Determinants of Pain

6. Manuscript Identifying Number (if you know it)  
   JBJS-D-20-00082

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 6. Disclosure Statement

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Dr. Meints reports grants from NIH-NIAMS paid to JBJS, during the conduct of the study.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)  Christopher
2. Surname (Last Name)  Gilligan
3. Date  21-January-2020
4. Are you the corresponding author?  Yes  ✔  No
Corresponding Author’s Name  Robert Edwards

5. Manuscript Title  Behavioral, Psychological, Neurophysiological, and Neuroanatomic Determinants of Pain
6. Manuscript Identifying Number (if you know it)  JBJS-D-20-00082

Section 2. The Work Under Consideration for Publication

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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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**Section 6. Disclosure Statement**

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Dr. Gilligan has nothing to disclose.

**Evaluation and Feedback**

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Section 1. Identifying Information

1. Given Name (First Name)  Krisin
2. Surname (Last Name)  Schreiber
3. Date  21-January-2020
4. Are you the corresponding author?  Yes  No
5. Manuscript Title
   Behavioral, Psychological, Neurophysiological, and Neuroanatomic Determinants of Pain
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### Section 1. Identifying Information

1. **Given Name (First Name)**  
   Robert

2. **Surname (Last Name)**  
   Edwards

3. **Date**  
   21-January-2020

4. **Are you the corresponding author?**  
   ✓ Yes   ☐ No

5. **Manuscript Title**  
   Behavioral, Psychological, Neurophysiological, and Neuroanatomic Determinants of Pain

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