

#### **Instructions**

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This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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Capasso 1



Section 1.	Identifying Inform	ation					
1. Given Name (Fi	Given Name (First Name)  2. Surname (Last Name)  3. Date  O7-January-2014						
4. Are you the cor	. Are you the corresponding author? Yes No						
5. Manuscript Title "Insufficient Tria	5. Manuscript Title "Insufficient Trial Evidence For" Does Not Equal "Evidence Against"						
6. Manuscript Ider L13-1150	6. Manuscript Identifying Number (if you know it) L13-1150						
	ı						
Section 2.	The Work Under Co	onsideratio	on for Publication				
Did you or your institution <b>at any time</b> 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							
Section 3.	Relevant financial	activities o	outside the submitted wo	ork.			
of compensation clicking the "Add	the appropriate boxes i ) with entities as descri	n the table t bed in the ir port relation	to indicate whether you have instructions. Use one line for easings that were <b>present duri</b>	financial rela	ationships (regardless of amount add as many lines as you need by nonths prior to publication.		
Section 4.	Intellectual Proper	tv Paten	ts & Convrights				
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes V							

Capasso 2



Section 5.				
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 followi	ng relationships/conditions/circumstances are present (explain below):			
✓ No other relation	onships/conditions/circumstances that present a potential conflict of interest			
	uscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements als may ask authors to disclose further information about reported relationships.			
Section 6.	Disclosure Statement			
Based on the above below.	e disclosures, this form will automatically generate a disclosure statement, which will appear in the box			

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Section 1. Id	entifying Inform	ation					
1. Given Name (First N Eric	ame)	2. Surnar Kezirian	ne (Last Nam	e)		3. Date 07-January-2014	
4. Are you the corresp	Are you the corresponding author? Yes V No			·	Corresponding Author's Name Robson Capasso, MD		
5. Manuscript Title "Insufficient Trial Evidence For" Does Not Equal "Evidence Against"							
6. Manuscript Identify	Manuscript Identifying Number (if you know it) 13-1150						
Section 2							
Section 2. Th	e Work Under Co	nsiderat	tion for Pu	ıblication			
any aspect of the subm statistical analysis, etc.) Are there any releval	nitted work (including )?	but not lim	ited to grant			ent, commercial, private foundation, etc udy design, manuscript preparation,	.) for
Section 3. Re	levant financial a	activities	outside t	he 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 <b>present during the 36 months prior to publication</b> .  Are there any relevant conflicts of interest? Yes No  If yes, please fill out the appropriate information below.							
Name of Entity		Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments	
Apnex Medical			<b>✓</b>			Advisory Board, Consulltant	
ReVENT Medical					✓	Advisory Board, Consulltant	
ArthroCare			$\checkmark$			Consultant	
Split Rock Scientific					<b>✓</b>	Consultant	
nspire Medical Systems			<b>✓</b>			Consultant	
Berendo Scientific					<b>✓</b>	Member	



Section 4. Intellectual						
Intellectual	Property Pate	ents & Copyri	ghts			
Do you have any patents, wheth If yes, please fill out the appropr Excess rows can be removed by	riate information b	pelow. If you hav	•		Yes No s the "ADD" button to add a	ı row.
Patent?	Pending?	Licensed?	Royalties?	Licensee?	Comments	
Endoscopic Systems	<b>✓</b>					
Magnap	<b>✓</b>					
Berendo Scientific	<b>✓</b>					
Section 5. Relationshi	ps not covered	above				
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At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.						
Section 6. Disclosure S	tatement					
Based on the above disclosures, below.	this form will auto	omatically gene	erate a disclo	osure statement, v	which will appear in the box	<
Dr. Kezirian reports personal fee from Split Rock Scientific, perso work; In addition, Dr. Kezirian h Scientific pending.	nal fees from Insp	ire Medical Syst	ems, other f	from Berendo Scie	entific, outside the submit	ted



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Weaver 1



Section 1. Identify	ing Information							
Given Name (First Name) Edward	2. Surname (Last Name) Weaver	3. Date 08-January-2014						
4. Are you the corresponding a	author? Yes 🗸 No	Corresponding Author's Name Robson Capasso						
5. Manuscript Title "Insufficient Trial Evidence F	or" Does Not Equal "Evidence Again	st"						
6. Manuscript Identifying Num L13-1150	iscript Identifying Number (if you know it)							
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Weaver 2



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Dr. Weaver has n	othing to disclose.				

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Jacobowitz 1



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4. Are you the corresponding author?		Yes ✓ No	Corresponding Author's Name	e				
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Jacobowitz 2



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