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THE UNIVERSITY OF CALIFORNIA, SAN DIEGO ANESTHESIOLOGY RESEARCH LABORATORY 9500 GILMAN DRIVE (CTF C-312) LA JOLLA, CA 92093-0818

TEL: 619-543-3597 FAX: 619-543-6070

DATE:	3/12/12	
TO:	Amanda Ne, leg 215 351 2644	
FROM:	Tong Yaksh	
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SENT BY: Chris Ralewicz

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ICMJE Form for Disclosure of Potential Conflicts of Interest

ldentifying inform	arion	
1. Given Name (First Name)	2. Surname (Last Name)	3. Effective Date (07-August-2008)
4. Are you the corresponding author? 5. Manuscript Title Epideral	Steroids, etanercept, o	r solicie in subacete
Scientice		

The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc...)?

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

The Work Under Consideration f	or Public	cation	
المرازية 1. Grant	\Rightarrow		
2. Consulting fee or honorarium	X		
Support for travel to meetings for the study or other purposes	X :		
 Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like 	X		
5. Payment for writing or reviewing the manuscript	\triangleright		
6. Provision of writing assistance, medicines, equipment, or administrative support	\preceq		

The Work Under Conside	ration for Publi	ication				
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7. Other		MARTINE TO	-		,	7.43 Fig.
* This means money that your in	stitution received f	or your e	fforts on this stu	udy.		APPHARTMANA

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 submission.

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Relevant financial activities out	tside the	submit	tted work	• **
gg min (file), hen and rathinderiga, it is				
1. Board membership	\square			
2. Consultancy	\boxtimes			
3. Employment				A D D
4. Expert testimony				
5. Grants/grants pending	\boxtimes			
Payment for lectures including service on speakers bureaus				A De Torrest de la Company de
Payment for manuscript preparation	A			

^{**} Use this section to provide any needed explanation.

Relevant financial activities out Type wekelenorship im Lawn bence percei	side the	submit	ted work	Service Service		
8. Patents (planned, pending or Issued)	¥					
9. Royalties	X					
10. Payment for development of educational presentations	\boxtimes					
11. Stock/stock options	Ø					
 Travel/accommodations/ meeting expenses unrelated to activities listed** 	\boxtimes					
13. Other (err on the side of full disclosure)	×					
* This means money that your institution received for your efforts. ** For example, if you report a consultancy above there is no need to report travel related to that consultancy on this line.						
Other relationships 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?						
No other relationships/conditions/circumstances that present a potential conflict of interest Yes, the following relationships/conditions/circumstances are present (explain below):						
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Section 1.	Identifying Inforr	nation	
1. Given Name (Fir Steven	rst Name)	2. Surname (Last Name) Cohen	3. Effective Date (07-August-2008) 08-March-2012
4. Are you the cor	responding author?	✓ Yes No	
5. Manuscript Title Epidural Steroids		in Subacute Sciatica: A MultiCenter, Randomized Trial	
6. Manuscript Ider	ntifying Number (if you k	now it)	

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The Work Under Consideration for Publication						
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant			✓	Center for Rehabilitation Sciences Research, International Spinal Intervention Society, Defense and Veterans Pain Management Initiative		×
						ADD
2. Consulting fee or honorarium	✓					×
						ADD
3. Support for travel to meetings for the study or other purposes	✓					×
						ADD
 Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like 	✓					×
						ADD



The Work Under Consideration for Publication						
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
5. Payment for writing or reviewing the manuscript	✓					×
						ADD
Provision of writing assistance, medicines, equipment, or administrative support	✓					×
						ADD
7. Other	✓					×
						ADD

Section 3.

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Relevant financial activities out	Relevant financial activities outside the submitted work					
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
1. Board membership	✓					×
						ADD
2. Consultancy		\checkmark		NDI Medical, VistaGen		×
						ADD
3. Employment	\checkmark					×
						ADD
4. Expert testimony		\checkmark		Law firm	Medico-legal review	×
						ADD
5. Grants/grants pending	✓					×

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Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
						ADD
Payment for lectures including service on speakers bureaus	✓					×
						ADD
Payment for manuscript preparation	✓					×
						ADD
Patents (planned, pending or issued)	✓					×
						ADD
9. Royalties	✓					×
						ADD
Payment for development of educational presentations	✓					×
						ADD
11. Stock/stock options	✓					×
						ADD
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	✓					×
						ADD
13. Other (err on the side of full disclosure)	✓					×
						ADD

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Section 4. Other relationships

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✓ No other relationships/conditions/circumstances that present a potential conflict of interest

Yes, the following relationships/conditions/circumstances are present (explain below):

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Section 1.	Identifying Infor	mation	
1. Given Name (Fi Audrey	rst Name)	2. Surname (Last Name) Chang	3. Effective Date (07-August-2008) 08-March-2012
4. Are you the corresponding author?		☐ Yes ✓ No	Corresponding Author's Name Steven P. Cohen, MD
5. Manuscript Title "Epidural Steroic		e in Subacute Sciatica: A N	Multi-Center, Randomized Trial"
6. Manuscript Ide	ntifying Number (if you	know it)	

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The Work Under Consideration	for Publ	ication				
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	✓					×
						ADD
2. Consulting fee or honorarium	✓					×
						ADD
Support for travel to meetings for the study or other purposes	✓					×
						ADD
 Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like 	✓					×
						ADD
Payment for writing or reviewing the manuscript	✓					×
						ADD
Provision of writing assistance, medicines, equipment, or administrative support	✓					×



The Work Und	ler Consideration 1	or Pub	lication				
т	ype	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
							ADD
7. Other		✓					×
							ADD

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Relevant financial activities out	side the	submit	ted work			
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
1. Board membership	✓					×
						ADD
2. Consultancy	✓					×
						ADD
3. Employment	✓					×
						ADD
4. Expert testimony	✓					×
						ADD
5. Grants/grants pending	√					×
						ADD
Payment for lectures including service on speakers bureaus	✓					×
						ADD
Payment for manuscript preparation	✓					×

^{*} This means money that your institution received for your efforts on this study.

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Relevant financial activities out	side the	submitt	ted work			
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
						ADD
Patents (planned, pending or issued)	✓					×
						ADD
9. Royalties	✓					×
						ADD
Payment for development of educational presentations	✓					×
						ADD
11. Stock/stock options	✓					×
						ADD
 Travel/accommodations/ meeting expenses unrelated to activities listed** 	✓					×
						ADD
Other (err on the side of full disclosure)	✓					×
* This means money that your institution ** For example, if you report a consultance				ravel related to that consult	tancy on this line.	ADD

Section 4.	Other relationships
	elationships or activities that readers could perceive to have influenced, or that give the appearance of ncing, what you wrote in the submitted work?
	tionships/conditions/circumstances that present a potential conflict of interest wing relationships/conditions/circumstances are present (explain below):
	nuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. Thals may ask authors to disclose further information about reported relationships.

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1. Given Name (Fi Thomas	rst Name)	2. Surname (Last Name) Larkin		3. Effective Date (07-August-2008) 08-March-2012
4. Are you the cor	responding author?	Yes 🗸 No	Corresponding Author's Na Steven P. Cohen, M.D.	me
5. Manuscript Title Epidural Steroids		e in Subacute Sciatica.		
6. Manuscript Idea M11-1654	ntifying Number (if you	know it)		

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The Work Under Consideration f	for Publ	lication				
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	✓					×
						ADD
2. Consulting fee or honorarium	✓					×
						ADD
3. Support for travel to meetings for the study or other purposes	✓					×
						ADD
 Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like 	✓					×
						ADD
Payment for writing or reviewing the manuscript	✓					×
						ADD
Provision of writing assistance, medicines, equipment, or administrative support	✓					×



The Work Under Co	nsideration for Pub	lication				
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
						ADD
7. Other	✓					×
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Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments		
1. Board membership	✓					×	
						ADD	
2. Consultancy	√					×	
						ADD	
3. Employment		✓		Parkway Neuroscience and Spine Institute		×	
						ADD	
4. Expert testimony		\checkmark		Cases unrelated to submitted work		×	
						ADD	
5. Grants/grants pending	√					×	
						ADD	
Payment for lectures including service on speakers bureaus	✓					×	
						ADD	

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Relevant financial activities outs	ide the	submit	ted work			
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7. Payment for manuscript preparation	✓					×
						ADD
Patents (planned, pending or issued)	✓					×
						ADD
9. Royalties	√					×
						ADD
Payment for development of educational presentations	√					×
						ADD
11. Stock/stock options	\checkmark					×
						ADD
 Travel/accommodations/ meeting expenses unrelated to activities listed** 	√					×
						ADD
13. Other (err on the side of full disclosure)	✓					×
						ADD
* This means money that your institution ** For example, if you report a consultanc				ravel related to that consul	tancy on this line.	
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4. Are you the cor	responding author?	Yes 🗸 No	Corresponding Author's Name Patrick G. O'Connor, MD, MPH
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Provision of writing assistance, medicines, equipment, or administrative support	√					×



The Work Under Consideration for Publication								
т	ype	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**		
							ADD	
7. Other		✓					×	
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Section 3. Relevant financial activ

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 submission.

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

Relevant financial activities outside the submitted work									
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments				
1. Board membership	✓					×			
						ADD			
2. Consultancy	✓					×			
						ADD			
3. Employment	✓					×			
						ADD			
4. Expert testimony	✓					×			
						ADD			
5. Grants/grants pending	✓					×			
						ADD			
Payment for lectures including service on speakers bureaus	✓					×			
						ADD			
Payment for manuscript preparation	✓					×			

^{*} This means money that your institution received for your efforts on this study.

^{**} Use this section to provide any needed explanation.



Relevant financial activities outside the submitted work										
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments					
						ADD				
Patents (planned, pending or issued)	✓					×				
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9. Royalties	✓					×				
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Payment for development of educational presentations	✓					×				
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11. Stock/stock options	✓					×				
						ADD				
 Travel/accommodations/ meeting expenses unrelated to activities listed** 	√					×				
						ADD				
Other (err on the side of full disclosure)	✓					×				
* This means money that your institution received for your efforts. ** For example, if you report a consultancy above there is no need to report travel related to that consultancy on this line.										

Section 4.	Other relationships
	elationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?
	tionships/conditions/circumstances that present a potential conflict of interest wing relationships/conditions/circumstances are present (explain below):
	anuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements.

journals may ask authors to disclose further information about reported relationships.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section I	rmation	
1. Given Name (First Name) Chris Tapher	2. Surname (Last Name)	3. Effective Date (07-August-2008) 3 ~ 2 ~ / 2
4. Are you the corresponding author?	Yes No	
5. Manuscript Title Epiller	al storoids, etanorespi	for saline in subscule scratica
6. Manuscript Identifying Number (if you	m11-1654	subscute scratica

The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc...)?

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

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PAGE 03/06

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^{**} Use this section to provide any needed explanation.

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No other relationships/conditions Yes, the following relationships/co									
At the time of manuscript acceptance On occasion, journals may ask author	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.								



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Section 1.	Identifying Infor	mation	
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Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc...)?

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The Work Under Consideration for Publication										
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The Work Under Consideration for Publication								
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 Payment for lectures including service on speakers bureaus 	Ķ					×
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^{**} Use this section to provide any needed explanation.



Relevant financial activities outside the submitted work						
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
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9. Royalties	Ŋ					ADD X
Payment for development of educational presentations	Ŋ					ADD ×
11. Stock/stock options	Ø					ADD X
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	abla					ADD ×
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No other relationships/conditions Yes, the following relationships/co					st	
At the time of manuscript acceptance On occasion, journals may ask author	e, journal s to disci	s will ask a ose furthe	authors to con er Information	firm and, if necessary, up about reported relations	odate their disclosure state ships.	ements.

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Identifying information.

Enter your full name. If you are NOT the corresponding author please check the box "no" and a space to enter the name of the corresponding author in the space that appears. Provide the requested manuscript information. Double-check the manuscript number and enter it.

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Use this section to report 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.



Section 1.	Identifying Inforn	nation	
1. Given Name (Fi Connie	rst Name)	2. Surname (Last Name) Kurihara	3. Effective Date (07-August-2008) 28-February-2012
4. Are you the cor	responding author?	Yes 🗸 No	Corresponding Author's Name
Radiculopathy: /	Epidural Steroids, Epid	nized Controlled Study"	ral Saline in Acute and Subacute Lumbosacral

Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc...)?

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

The Work Under Consideration f	or Publ	ication				
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	✓					×
						ADD
2. Consulting fee or honorarium	✓					×
						ADD
Support for travel to meetings for the study or other purposes	✓					×
						ADD
 Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like 	✓					×
						ADD
Payment for writing or reviewing the manuscript	✓					×
						ADD
Provision of writing assistance, medicines, equipment, or administrative support	✓					×



The Work Under Consideration for Publication							
	Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
							ADD
7. Other		✓					×
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Relevant financial activities out	side the	submit	ted work			
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
1. Board membership	✓					×
						ADD
2. Consultancy	\checkmark					×
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3. Employment	✓					×
						ADD
4. Expert testimony	✓					×
						ADD
5. Grants/grants pending	\checkmark					×
						ADD
Payment for lectures including service on speakers bureaus	✓					×
						ADD
Payment for manuscript preparation	✓					×

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Relevant financial activities outs	ide the	submit	ted work			
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
						ADD
Patents (planned, pending or issued)	√					×
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						ADD
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 Travel/accommodations/ meeting expenses unrelated to activities listed** 	√					×
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Section 1.	ldentifying Infor	mation	
1. Given Name (Fin	rst Name)	2. Surname (Last Name) White	3. Effective Date (07-August-2008) 28-February-2012
4. Are you the corresponding author?		✓ Yes No	
5. Manuscript Title	2		
6. Manuscript Ider	ntifying Number (if you l	know it)	

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Did you or your institution at any time receive payment or services from a third party for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc...)?

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The Work Under Consideration (for Publ	lication				
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	✓					×
						ADD
2. Consulting fee or honorarium	✓					×
						ADD
Support for travel to meetings for the study or other purposes	✓					×
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						ADD
Payment for writing or reviewing the manuscript	✓					×
						ADD
Provision of writing assistance, medicines, equipment, or administrative support	√					×



The Work Under Consideration for Publication							
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3. Employment						×
						ADD
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Payment for lectures including service on speakers bureaus	✓					×
						ADD
Payment for manuscript preparation	✓					×

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Relevant financial activities out	side the	submit	ted work			
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Patents (planned, pending or issued)	✓					×
						ADD
9. Royalties	✓					×
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Payment for development of educational presentations	\checkmark					×
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11. Stock/stock options	✓					×
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12. Travel/accommodations/ meeting expenses unrelated to activities listed**	√					×
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Other (err on the side of full disclosure)	✓					×
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✓ No other rela	tionships/conditions/circumstances that present a potential conflict of interest
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3. Relevant financial activities outside the submitted work.

This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

4. Other relationships.

Use this section to report 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.



Section 1.	Identifying Inform	mation		
1. Given Name (Fi Paul	rst Name)	2. Surname (Last Name) Pasquina		3. Effective Date (07-August-2008)
4. Are you the corresponding author?		☐ Yes ✓ No	Corresponding Author's Name Patrick G. O'Connor, MD, MPH	
5. Manuscript Title Epidural Steroids	e s, Etanercept, or Saline	e in Subacute Sciatica		
6. Manuscript Ider	ntifying Number (if you k	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 for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc...)?

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

The Work Under Consideration	for Pub	lication				
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	✓					×
						ADD
2. Consulting fee or honorarium	✓					×
						ADD
3. Support for travel to meetings for the study or other purposes	✓					×
						ADD
 Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like 	V					×
						ADD
Payment for writing or reviewing the manuscript	✓					×
						ADD
Provision of writing assistance, medicines, equipment, or administrative support	✓					×



The Work Under Consideration for Publication						
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
						ADD
7. Other	✓					×
						ADD

Section 3. Belovent fin

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 submission.

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

Relevant financial activities out	side the	submit	ted work			
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
1. Board membership	✓					×
						ADD
2. Consultancy	✓					×
						ADD
3. Employment	✓					×
						ADD
4. Expert testimony	✓					×
						ADD
5. Grants/grants pending	✓					×
						ADD
Payment for lectures including service on speakers bureaus	✓					×
						ADD
Payment for manuscript preparation	✓					×

^{*} This means money that your institution received for your efforts on this study.

^{**} Use this section to provide any needed explanation.



Relevant financial activities outs	ide the	submitt	ted work			
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
						ADD
Patents (planned, pending or issued)	✓					×
						ADD
9. Royalties	✓					×
						ADD
Payment for development of educational presentations	✓					×
						ADD
11. Stock/stock options	✓					×
						ADD
 Travel/accommodations/ meeting expenses unrelated to activities listed** 	✓					×
						ADD
Other (err on the side of full disclosure)	✓					×
* This means money that your institution ** For example, if you report a consultance				ravel related to that consul	tancy on this line.	ADD

Section 4.	Other relationships
	elationships or activities that readers could perceive to have influenced, or that give the appearance of ncing, what you wrote in the submitted work?
	tionships/conditions/circumstances that present a potential conflict of interest wing relationships/conditions/circumstances are present (explain below):
	nuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. rnals may ask authors to disclose further information about reported relationships.

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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 four parts.

1. Identifying information.

Enter your full name. If you are NOT the corresponding author please check the box "no" and a space to enter the name of the corresponding author in the space that appears. Provide the requested manuscript information. Double-check the manuscript number and enter it.

2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes". Then complete the appropriate boxes to indicate the type of support and whether the payment went to you, or to your institution, or both.

3. Relevant financial activities outside the submitted work.

This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

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4. Other relationships.

Use this section to report 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.



Section 1.	Identifying Infor	mation		
1. Given Name (Fi	rst Name)	2. Surname (Last Name) Griffith		3. Effective Date (07-August-2008) 29-February-2012
4. Are you the corresponding author?		☐ Yes ✓ No	Corresponding Author's Na Steven Cohen MD	me
•	pidural Steroids, Epid	ural Etanercept and Epidu mized Controlled Study	ral Saline in Acute and Subac	cute Lumbosacral
6. Manuscript Ide	ntifying Number (if you l	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 for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc...)?

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

The Work Under Consideration	or Pub	lication				
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	✓					×
						ADD
2. Consulting fee or honorarium	✓					×
						ADD
Support for travel to meetings for the study or other purposes	✓					×
						ADD
 Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like 	✓					×
						ADD
Payment for writing or reviewing the manuscript	✓					×
						ADD
 Provision of writing assistance, medicines, equipment, or administrative support 	✓					×



The Work Under Consideration for Publication							
т	ype	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
							ADD
7. Other		✓					×
							ADD

Section 3. Relevant financial:

Relevant financial activities outside the submitted work.

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Relevant financial activities outside the submitted work						
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
1. Board membership	✓					×
						ADD
2. Consultancy	√					X
						ADD
3. Employment	✓					X
						ADD
4. Expert testimony	✓					X
						ADD
5. Grants/grants pending	✓					×
						ADD
Payment for lectures including service on speakers bureaus	✓					×
						ADD
Payment for manuscript preparation	✓					×

^{*} This means money that your institution received for your efforts on this study.

^{**} Use this section to provide any needed explanation.



Relevant financial activities outs	ide the	submitt	ted work			
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
						ADD
Patents (planned, pending or issued)	√					×
						ADD
9. Royalties	✓					×
						ADD
Payment for development of educational presentations	✓					×
						ADD
11. Stock/stock options	✓					×
						ADD
 Travel/accommodations/ meeting expenses unrelated to activities listed** 	√					×
						ADD
Other (err on the side of full disclosure)	✓					×
* This means money that your institution ** For example, if you report a consultanc				ravel related to that consul	tancy on this line.	ADD

Section 4.	Other relationships
	elationships or activities that readers could perceive to have influenced, or that give the appearance of ncing, what you wrote in the submitted work?
	tionships/conditions/circumstances that present a potential conflict of interest wing relationships/conditions/circumstances are present (explain below):
At the time of ma	anuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statemer

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.

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