

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 1. Identifying information.

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

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## ICMJJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Bernadette

2. Surname (Last Name)  
Zakher

3. Date  
31-May-2017

4. Are you the corresponding author?  Yes  No

Corresponding Author's Name  
Dr Shannon Nugent

5. Manuscript Title  
The effects of cannabis among adults with chronic pain and an overview of general harms: A systematic review

6. Manuscript Identifying Number (if you know it)  
M17-0155

### Section 2. The Work Under Consideration for Publication

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Dr. Zakher has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)

Michele

2. Surname (Last Name)

Freeman

3. Date

31-May-2017

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Shannon Nugent

5. Manuscript Title

The effects of cannabis among adults with chronic pain and an overview of general harms: A systematic review

6. Manuscript Identifying Number (if you know it)

M17-0155

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Dr. Freeman has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Allison	2. Surname (Last Name) Low	3. Date 31-May-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Shannon Nugent
5. Manuscript Title The effects of cannabis among adults with chronic pain and an overview of general harms: A systematic review		
6. Manuscript Identifying Number (if you know it) M17-0155		

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Ms. Low has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Benjamin	2. Surname (Last Name) Morasco	3. Date 30-May-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name _____
5. Manuscript Title The effects of cannabis among adults with chronic pain and an overview of general harms: A systematic review.	_____	
6. Manuscript Identifying Number (if you know it) 17-0155	_____	

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Dr. Morasco has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)  
Shannon

2. Surname (Last Name)  
Nugent

3. Date  
30-May-2017

4. Are you the corresponding author?  Yes  No

5. Manuscript Title

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6. Manuscript Identifying Number (if you know it)

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Dr. Nugent has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Karli	2. Surname (Last Name) Kondo	3. Date 30-May-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Shannon Nugent
5. Manuscript Title The Effects of Cannabis Among Adults With Chronic Pain and an Overview of General Harms: A Systematic Review		
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

### Section 3. Relevant financial activities outside the submitted work.

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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

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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### Section 5. Relationships not covered above

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### Section 6. Disclosure Statement

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Maya	2. Surname (Last Name) O'Neil	3. Date 30-May-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Shannon Nugent
5. Manuscript Title The effects of cannabis among adults with chronic pain and an overview of general harms: A systematic review		
6. Manuscript Identifying Number (if you know it) M17-0155		

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Are there any relevant conflicts of interest?  Yes  No

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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

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. O'Neil has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Robin

2. Surname (Last Name)  
Paynter

3. Date  
30-May-2017

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Shannon Nugent

5. Manuscript Title

The effects of cannabis among adults with chronic pain and an overview of general harms: A systematic review

6. Manuscript Identifying Number (if you know it)

M17-0155

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Devan

2. Surname (Last Name)  
Kansagara

3. Date  
30-May-2017

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Shannon Madore

5. Manuscript Title

The effects of cannabis among adults with chronic pain and an overview of general harms: A systematic review

6. Manuscript Identifying Number (if you know it)

M17-0155

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Dr. Kansagara has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Makalapua

2. Surname (Last Name)

Motuapuaka

3. Date

20-June-2017

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Shannon Madore Nugent

5. Manuscript Title

Benefits and Harms of Cannabis for Posttraumatic Stress Disorder: A Systematic Review

6. Manuscript Identifying Number (if you know it)

M17-0477

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Miss Motuapuaka has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Camilla

2. Surname (Last Name)  
Elven

3. Date  
28-June-2017

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
"Benefits and Harms of Cannabis for Posttraumatic Stress Disorder: A Systematic Review"

6. Manuscript Identifying Number (if you know it)  
M17-0477

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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 Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

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