

Section 1. Identifying Inform	nation	
1, Given Name (First Name)	2. Surname (Last Name) Wyakk	3. Date 3. \ 08\2017
4. Are you the corresponding author?	Yes Mo	
5. Manuscript Title LOW-JOSE Intrave 6. Manuscript Identifying Number (if you kn M17-050	enous Immunoglo Longstanding to	bulin Treatment for uplex Regional pain syndrom Landomized Trial.
Section 2. The Work Under Co	onsideration for Publication	
Did you or your institution at any time receing any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of intere	but not limited to grants, data monitoring b	overnment, commercial, private foundation, etc.) for oard, study design, manuscript preparation,
Section 3. Relevant financial a	activities outside the submitted w	ork.
of compensation) with entities as descril	bed in the instructions. Use one line for coort relationships that were present dur	e financial relationships (regardless of amount each entity; add as many lines as you need by ing the 36 months prior to publication.
Section 4. Intellectual Property		
Do you have any patents, whether plann	ty Patents & Copyrights ned, pending or issued, broadly relevant	to the work? Yes No



Section 5.	
Section 5.	Relationships not covered above
	ationships or activities that readers could perceive to have influenced, or that give the appearance of cing, what you wrote in the submitted work?
Yes, the follow	ing relationships/conditions/circumstances are present (explain below):
No other relati	onships/conditions/circumstances that present a potential conflict of interest
	nuscript acceptance, Journals will ask authors to confirm and, if necessary, update their disclosure statements hals may ask authors to disclose further information about reported relationships.
Section 6.	Disclosure Statement
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Carganillo 1



Section 1. Identifying Inform	mation		
1. Given Name (First Name) Roy	e (First Name) 2. Surname (Last Name) 3. Date Carganillo 02-August-20		
4. Are you the corresponding author?	✓ Yes No		
5. Manuscript Title Low-dose Intravenous Immunoglobul	in Treatment for Longstanding Complex Regiona	Pain Syndrome	
6. Manuscript Identifying Number (if you k M17-0509	know it)		
Section 2. The Work Under (Consideration for Publication		
	eive payment or services from a third party (governme ng but not limited to grants, data monitoring board, stu rest? Yes V No		
Section 3. Relevant financia	l activities outside the submitted work.		
of compensation) with entities as desc	in the table to indicate whether you have financi ribed in the instructions. Use one line for each en eport relationships that were present during the rest? Yes V No	tity; add as many lines as you need by	
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Do you have any patents, whether plan	nned, pending or issued, broadly relevant to the v	vork? Yes 🗸 No	

Carganillo 2



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Sanders 1



Section 1.	Identifying Inform	ation		
1. Given Name (First Mark	Name)	2. Surname (Last Name) Sanders		3. Date 25-July-2017
4. Are you the corres	sponding author?	Yes ✓ No	Corresponding Author's Nan	ne
5. Manuscript Title Low-dose Intraven	ous Immunoglobulin	Treatment for Longstand	ling Complex Regional Pain	Syndrome, a Randomized Trial
6. Manuscript Identi M17-0509	fying Number (if you kn	ow it)		
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any aspect of the sub statistical analysis, et	omitted work (including	but not limited to grants, do	a third party (government, con ata monitoring board, study des	mmercial, private foundation, etc.) for sign, manuscript preparation,
Section 3.	Relevant financial	activities outside the	submitted work.	
of compensation) v clicking the "Add +	with entities as descri	bed in the instructions. Uport relationships that we	se one line for each entity; ac	ationships (regardless of amount dd as many lines as you need by conths prior to publication.
Section 4.	ntellectual Proper	ty Patents & Copyri	ghts	
Do you have any p	atents, whether plan	ned, pending or issued, b	roadly relevant to the work?	☐ Yes 🗸 No

Sanders 2



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If yes, please fill out the appropriate information below.

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1.	Identifying Inforr	Identifying Information					
1. Given Name (Fi Andreas	rst Name)	2. Surname (Last l	Name)		3. Date 26-July-2017		
4. Are you the cor	. Are you the corresponding author? Yes No						
5. Manuscript Title Low-dose Intrav		n Treatment for Lo	ngstanding Compl	ex Regiona	al Pain Syndrome, a Randomized Trial		
6. Manuscript Ide M17-0509	ntifying Number (if you k	now it)					
Costion 2							
Section 2.	The Work Under C	Consideration fo	Publication				
any aspect of the s statistical analysis, Are there any rel If yes, please fill o	submitted work (includin etc.)? levant conflicts of inter out the appropriate inf	g but not limited to great? Yes [Tormation below. If	rants, data monitorir	ng board, sti	ent, commercial, private foundation, etc.) for udy design, manuscript preparation, ty press the "ADD" button to add a row.		
Excess rows can	be removed by pressir	ng the "X" button.					
Name of Institut	tion/Company	Grant? Person		Other?	Comments		
Biotest AG, Dreieich,	Germany	V	✓		Biotest provided study drugs free of charge. In addition they contributed funds to allow a second open infusion of low-dose immunoglobulin, which was not covered by the main study grant.		
Section 3.	Relevant financia		la tha gulamitta	lweek			
	Kelevant financia	activities outsic	e the submitted	work.			
of compensation clicking the "Add	n) with entities as desc d +" box. You should re	ribed in the instruct port relationships	ions. Use one line i hat were present (for each er	cial relationships (regardless of amount natity; add as many lines as you need by a 36 months prior to publication .		
Are there any rel	evant conflicts of inter	rest? ✓ Yes	No				



Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Biotest AG, Dreieich, Germany		✓			Dr. Goebel has received consultancy fees for an independent project
Axsome, New York		✓			Dr. Goebel has received consultancy fees for an independent project
Section 4. Intellectual Propert	y Pate	ents & Co _l	pyrights		
Do you have any patents, whether plann	ed, pend	ing or issue	ed, broadly releva	nt to the	work? Yes No
Continue					
Section 5. Relationships not c	overed	above			
Are there other relationships or activities potentially influencing, what you wrote it				nfluence	d, or that give the appearance of
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Dr. Goebel reports grants and non-finan	cial supp	ort from Bio	otest AG, Dreieich	n, Germar	ny, during the conduct of the study;
personal fees from Biotest AG, Dreieich,	Germany	r, personal f	fees from Axsome	e, New Yo	rk, outside the submitted work; .



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Bisla 1



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Bisla 2



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Shenker 1



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Shenker 2



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Relationships not covered above.

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Royalties: Funds are coming in to you or your institution due to your patent

Serpell 1



Section 1. Identifying Inform	nation		
1. Given Name (First Name) Michael	2. Surname (Last Name) Serpell		3. Date 26-July-2017
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author	or's Name
5. Manuscript Title "Low-dose Intravenous Immunoglobu Trial"	lin Treatment for Longstan	ding Complex Region	nal Pain Syndrome, a Randomized
6. Manuscript Identifying Number (if you k M17-0509	now it)	_	
Section 2. The Work Under C	Consideration for Public	cation	
Did you or your institution at any time reco any aspect of the submitted work (includin statistical analysis, etc.)?			ent, commercial, private foundation, etc.) for udy design, manuscript preparation,
Are there any relevant conflicts of inter	rest? ✓ Yes No		
If yes, please fill out the appropriate inf Excess rows can be removed by pressin	•	ve more than one enti	ty press the "ADD" button to add a row.
Name of Institution/Company	Grant	n-Financial other?	Comments
MRC/NIH RE	/		
Section 3. Polovant financial	مراه مانده میشند.	b.us.:44.a.da.ub.	
Relevant financia	activities outside the s	submitted work.	
of compensation) with entities as desc clicking the "Add +" box. You should re	ribed in the instructions. Us port relationships that wer	se one line for each er	
Are there any relevant conflicts of inter- If yes, please fill out the appropriate inf			
ii yes, piease iiii out tiie appropriate iiii	offilation below.		
Name of Entity	Grant'	n-Financial other?	Comments
Astellas			lecture fee
Grunenthal			lecture fee
Mundi Pharma			lecture fee

Serpell 2



Name of Entity	Grant? Personal Fees?	Non-Financial Othe	Comments	
Pfizer			lecture fee	
Continue A				
Section 4. Intellectual Propert	y Patents & Copy	vrights		
Do you have any patents, whether plann	ed, pending or issued,	, broadly relevant to t	the work? ☐ Yes ✓ No	
Section 5. Relationships not c	overed above			
Are there other relationships or activities potentially influencing, what you wrote i	-		nced, or that give the appearance of	
Yes, the following relationships/conditions/circumstances are present (explain below):				
No other relationships/conditions/circumstances that present a potential conflict of interest				
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 Stateme	nt			
Based on the above disclosures, this form below.		nerate a disclosure st	ratement, which will appear in the box	
Dr. Serpell reports grants from MRC/NIH Grunenthal, personal fees from Mundi P			nal fees from Astellas, personal fees from ne submitted work; .	

Evaluation and Feedback

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Serpell 3



Instructions

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Gupta 1



Section 1.	Identifying Inform	nation			
1. Given Name (Fi Rima	rst Name)	2. Surname (Last Name) Gupta	3. Date 01-August-2017		
4. Are you the cor	responding author?	0 Yes 1 No	Corresponding Author's Name Andreas Goebel		
5. Manuscript Title Low-dose Intrav		n Treatment for Longstand	ing Complex Regional Pain Syndrome, a Randomized Trial.		
6. Manuscript Idei M17-0509	ntifying Number (if you kr	now it)			
Cartina					
Section 2. The Work Under Consideration for Publication					
any aspect of the s statistical analysis,	ubmitted work (including	g but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation,		
Section 3.	Relevant financial	activities outside the s	ubmitted work.		
of compensation clicking the "Add	n) with entities as descr	ibed in the instructions. Us port relationships that wer	ether you have financial relationships (regardless of amount e one line for each entity; add as many lines as you need by e present during the 36 months prior to publication .		
Section 4.	Intellectual Prope	rty Patents & Copyri <u>c</u>	hts		
Do you have any	patents, whether plan	ned, pending or issued, br	oadly relevant to the work? Yes 2 No		

Gupta 2



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Section 5.	Relationships not covered above
	elationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?
0 Yes, the follow	wing relationships/conditions/circumstances are present (explain below):
1 No other rela	tionships/conditions/circumstances that present a potential conflict of interest
	anuscript 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.
Section 6.	Disclosure Statement
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Dr. Gupta has no	othing to disclose.

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Gupta 3



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Phillips 1



Section 1.	Identifying Inform	ation		
1. Given Name (Firs Ceri	t Name)	2. Surname (Last Name) Phillips		3. Date 26-July-2017
4. Are you the corre	esponding author?	Yes ✓ No	Corresponding Author's Na Goebel A	ime
5. Manuscript Title Low-dose Intraver	nous Immunoglobulin	n Treatment for Longstar	nding Complex Regional Pair	n Syndrome, a Randomized Trial"
6. Manuscript Ident	ifying Number (if you kn	now it)		
Section 2.	The Work Under Co	onsideration for Pub	lication	
any aspect of the su statistical analysis, e	bmitted work (including	but not limited to grants,	m a third party (government, co data monitoring board, study de	ommercial, private foundation, etc.) for esign, manuscript preparation,
Section 3.	Relevant financial	activities outside the	submitted work.	
of compensation) clicking the "Add -	with entities as descri	bed in the instructions. Poort relationships that w	Use one line for each entity; a	lationships (regardless of amount add as many lines as you need by nonths prior to publication.
Section 4.	Intellectual Proper	rty Patents & Copyr	ights	
Do you have any p	patents, whether plani	ned, pending or issued, l	oroadly relevant to the work?	? ☐ Yes ✓ No

Phillips 2



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Dr. Phillips has nothing to disclose.

Evaluation and Feedback

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Phillips 3



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McCabe 1



Section 1.	Identifying Inform	nation	
1. Given Name (Fi Candida	rst Name)	2. Surname (Last Na McCabe	me) 3. Date 26-July-2017
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name Andreas Goebel
5. Manuscript Title Low-dose Intrave		n Treatment for Long	standing Complex Regional Pain Syndrome, a Randomized Trial
6. Manuscript Ider M17-0509	ntifying Number (if you kr	now it)	
Section 2.			
Did you or your ins any aspect of the s statistical analysis, Are there any rele	ubmitted work (including etc.)? evant conflicts of intere	ive payment or service g but not limited to gra est? Yes	s from a third party (government, commercial, private foundation, etc.) for nts, data monitoring board, study design, manuscript preparation, No
	out the appropriate info be removed by pressin	-	ou have more than one entity press the "ADD" button to add a row.
Name of Institut	ion/Company	Grant? Persona Fees?	Non-Financial Other? Comments
Medical Research Cou	uncil		Payment received for recruitment of participants and data collection relevant to this study
	ı		
Section 3.	Relevant financial	activities outside	the submitted work.
of compensation clicking the "Add) with entities as descri +" box. You should re	ibed in the instructic port relationships th —	te whether you have financial relationships (regardless of amount ons. Use one line for each entity; add as many lines as you need by at were present during the 36 months prior to publication .
Are there any rel	evant conflicts of intere	est? Yes ✓	No
Section 4.	Intellectual Prope	rty Patents & Co	pyrights
Do you have any	patents, whether plan	ned, pending or issu	ed, broadly relevant to the work? Yes V No

McCabe 2



Section 5. Polationships not sovered above
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):
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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. McCabe reports grants from Medical Research Council, during the conduct of the study; .

Evaluation and Feedback

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McCabe 3



Instructions

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1

administrative support, etc.



Section 1. Identifying Inform	nation	
1. Given Name (First Name) Bernhard	2. Surname (Last Name) Frank	3. Date 26-July-2017
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Dr A Goebel
5. Manuscript Title Low-dose Intravenous Immunoglobuli	n Treatment for Longstand	ling Complex Regional Pain Syndrome, a Randomized Trial
6. Manuscript Identifying Number (if you k M17-0509	now it)	
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Intellectual Prope	rty Patents & Copyric	gnts
Do you have any patents, whether plan	nned, pending or issued, br	roadly relevant to the work? Yes V No

Frank 2



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Licensed: The patent has been licensed to an entity, whether earning royalties or not

Royalties: Funds are coming in to you or your institution due to your patent

Padfield 1



Section 1.	Identifying Inform	nation				
1. Given Name (Fi Nicholas	rst Name)	2. Surname (Last Name) Padfield			3. Date 02-August-2017	
4. Are you the cor	you the corresponding author?		✓ Yes No			
5. Manuscript Title Low-dose Intrave		n Treatment for Lo	ngstanding Complex Re	egional Pain Syn	ndrome	
6. Manuscript Ider M17-0509	ntifying Number (if you kr	now it)				
Section 2.	The Work Under Co	onsideration fo	r Publication			
any aspect of the s statistical analysis,	ubmitted work (including	but not limited to g	ces from a third party (gov grants, data monitoring bo		ercial, private foundation, etc.) for , manuscript preparation,	
Section 3.	Relevant financial	activities outsi	le the submitted wo	ork.		
of compensation clicking the "Add Are there any rel	ı) with entities as descri	bed in the instructors relationships	tions. Use one line for e	ach entity; add a	nships (regardless of amount as many lines as you need by ths prior to publication.	
Section 4.	Intellectual Proper	ty Patents & (Copyrights			
Do you have any	patents, whether plan	ned, pending or is	sued, broadly relevant t	to the work?	Yes ✓ No	

Padfield 2



Section 5. Relationships not severed above
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
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.
Dr. Padfield has nothing to disclose.

Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.

Padfield 3



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 six parts.

Identifying information.

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Royalties: Funds are coming in to you or your institution due to your patent

Ambler 1



Section 1. Identifying Inform	nation		
1. Given Name (First Name) Gareth	2. Surname (Last Name) Ambler		3. Date 07-August-2017
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Nan Dr Andreas Goebel	ne
5. Manuscript Title Low-dose Intravenous Immunoglobulir	n Treatment for Longstand	ling Complex Regional Pain	Syndrome, a Randomized Trial
6. Manuscript Identifying Number (if you kr M17-0509	now it)		
Section 2. The Work Under C	onsideration for Public	cation	
Did you or your institution at any time rece any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of intere	g but not limited to grants, da		
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Place a check in the appropriate boxes of compensation) with entities as descr clicking the "Add +" box. You should re Are there any relevant conflicts of interes	ibed in the instructions. Us port relationships that wer	se one line for each entity; a	dd as many lines as you need by
Section 4. Intellectual Proper	rty Patents & Copyrig	ahts	
Do you have any patents, whether plan			☐ Yes 🗸 No

Ambler 2



Section 5.	Delationshing not governed above			
	Relationships not covered above			
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Dr. Ambler has no	thing to disclose.			

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Murphy



Given Name (First Name) Caroline	2. Surname (Last Name) Murphy	3. Date 01-August-2017	
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Name Dr Andreas Goebel	
5. Manuscript Title "Low-dose Intravenous Immunoglobu Trial"	lin Treatment for Longstan	ding Complex Regional Pain Syndrome, a Randomize	ed
6. Manuscript Identifying Number (if you I M17-0509	(now it)		
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Ms Carolina Musselv I
Ms. Caroline Murphy has nothing to disclose.
Evaluation and Feedback
Please visit http://www.icmio.exp/a.i.l.i. //
Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.



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patent



1. Given Name (First Name) Joanna	2. Surname (Last Name) Kelly		3. Date 04-August-2017
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Nar Dr Andreas Goebel	me
5. Manuscript Title "Low-dose Intravenous Immunoglobu Trial" 6. Manuscript Identifying Number (if you k			n Syndrome, a Randomized
M17-0509			
Section 2.			
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Shoukrey 1



Section 1.	Identifying Inform	ation					
1. Given Name (Fii Karim	rst Name)	2. Surname (La: Shoukrey	st Name)			3. Date 16-August	-2017
4. Are you the cor	responding author?	Yes ✓	No	Corresponding A	Author's Nam	ne	
5. Manuscript Title Low-dose Intrave	e enous Immunoglobulir	Treatment for l	Longstandi	ng Complex Reg	gional Pain S	Syndrome,	a Randomized Trial
6. Manuscript Ider M17-0509	ntifying Number (if you kr	ow it)					
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Section 2.	The Work Under Co	onsideration f	for Public	ation			
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of compensation clicking the "Add	the appropriate boxes i a) with entities as descri I +" box. You should rep evant conflicts of intere	bed in the instru port relationship	uctions. Use	e one line for eac	ch entity; ac	dd as many	lines as you need by
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Do you have any	patents, whether plan				the work?	Yes	✓ No

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