



## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Lynne

2. Surname (Last Name)

Wyatt

3. Date

31/08/2017

4. Are you the corresponding author?

Yes  No

5. Manuscript Title

Low-dose Intravenous Immunoglobulin Treatment for  
Longstanding Complex Regional Pain Syndrome,  
a Randomized Trial.

6. Manuscript Identifying Number (if you know it)

M17-0509

### 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

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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 5. Relationships not covered above

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### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Roy

2. Surname (Last Name)  
Carganillo

3. Date  
02-August-2017

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Low-dose Intravenous Immunoglobulin Treatment for Longstanding Complex Regional Pain Syndrome

6. Manuscript Identifying Number (if you know it)  
M17-0509

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Mark	2. Surname (Last Name) Sanders	3. Date 25-July-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name A Goebels
5. Manuscript Title Low-dose Intravenous Immunoglobulin Treatment for Longstanding Complex Regional Pain Syndrome, a Randomized Trial		
6. Manuscript Identifying Number (if you know it) M17-0509		

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

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Dr. Sanders 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)  
Andreas

2. Surname (Last Name)  
Goebel

3. Date  
26-July-2017

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Low-dose Intravenous Immunoglobulin Treatment for Longstanding Complex Regional Pain Syndrome, a Randomized Trial

6. Manuscript Identifying Number (if you know it)  
M17-0509

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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.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Biotest AG, Dreieich, Germany	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	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.

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Are there any relevant conflicts of interest?  Yes  No

If yes, please fill out the appropriate information below.

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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Biotest AG, Dreieich, Germany	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dr. Goebel has received consultancy fees for an independent project
Axsome, New York	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dr. Goebel has received consultancy fees for an independent project

### 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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Dr. Goebel reports grants and non-financial support from Biotest AG, Dreieich, Germany, during the conduct of the study; personal fees from Biotest AG, Dreieich, Germany, personal fees from Axsome, New York, outside the submitted work; .

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Jatinder

2. Surname (Last Name)

Bisla

3. Date

26-July-2017

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Yes  No

Corresponding Author's Name

Dr Andreas Goebel

5. Manuscript Title

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1. Given Name (First Name) Nicholas	2. Surname (Last Name) Shenker	3. Date 26-July-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Dr Andreas Goebel
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### 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 following relationships/conditions/circumstances are present (explain below):
- No other relationships/conditions/circumstances that present a potential conflict of interest

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### Section 6. Disclosure Statement

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No conflicts of interest

### Evaluation and Feedback

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

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 2. The work under consideration for publication.

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#### 4. Intellectual Property.

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

#### 5. Relationships not covered above.

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#### Definitions.

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**Non-Financial Support:** Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

**Other:** Anything not covered under the previous three boxes

**Pending:** The patent has been filed but not issued

**Issued:** The patent has been issued by the agency

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

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

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's Name A Goebal

5. Manuscript Title "Low-dose Intravenous Immunoglobulin Treatment for Longstanding Complex Regional Pain Syndrome, a Randomized Trial"

6. Manuscript Identifying Number (if you know it) M17-0509

### 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.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
MRC/NIH RE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

### Section 3. 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 publication**.

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
Astellas	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	lecture fee
Grunenthal	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	lecture fee
Mundi Pharma	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	lecture fee



## ICMJE Form for Disclosure of Potential Conflicts of Interest

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Pfizer	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	lecture fee

### 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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Dr. Serpell reports grants from MRC/NIH RE, during the conduct of the study; personal fees from Astellas, personal fees from Grunenthal, personal fees from Mundi Pharma, personal fees from Pfizer, outside the submitted work; .

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Rima

2. Surname (Last Name)  
Gupta

3. Date  
01-August-2017

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Andreas Goebel

5. Manuscript Title

Low-dose Intravenous Immunoglobulin Treatment for Longstanding Complex Regional Pain Syndrome, a Randomized Trial.

6. Manuscript Identifying Number (if you know it)

M17-0509

### 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

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

Dr. Gupta has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Ceri	2. Surname (Last Name) Phillips	3. Date 26-July-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Goebel A
5. Manuscript Title Low-dose Intravenous Immunoglobulin Treatment for Longstanding Complex Regional Pain Syndrome, a Randomized Trial"		
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.)?

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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. Phillips 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)  
Candida

2. Surname (Last Name)  
McCabe

3. Date  
26-July-2017

4. Are you the corresponding author?  Yes  No  
Corresponding Author's Name  
Andreas Goebel

5. Manuscript Title  
Low-dose Intravenous Immunoglobulin Treatment for Longstanding Complex Regional Pain Syndrome, a Randomized Trial

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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.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Medical Research Council	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Payment received for recruitment of participants and data collection relevant to this study

### 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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Dr. McCabe reports grants from Medical Research Council, during the conduct of the study; .

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Bernhard	2. Surname (Last Name) Frank	3. Date 26-July-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Dr A Goebel
5. Manuscript Title Low-dose Intravenous Immunoglobulin Treatment for Longstanding Complex Regional Pain Syndrome, a Randomized Trial		
6. Manuscript Identifying Number (if you know it) M17-0509		

### 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

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Dr. Frank has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 4. Intellectual Property.

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

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Nicholas

2. Surname (Last Name)  
Padfield

3. Date  
02-August-2017

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Low-dose Intravenous Immunoglobulin Treatment for Longstanding Complex Regional Pain Syndrome

6. Manuscript Identifying Number (if you know it)  
M17-0509

### 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

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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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Dr. Padfield 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)

Gareth

2. Surname (Last Name)

Ambler

3. Date

07-August-2017

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Dr Andreas Goebel

5. Manuscript Title

Low-dose Intravenous Immunoglobulin Treatment for Longstanding Complex Regional Pain Syndrome, a Randomized Trial

6. Manuscript Identifying Number (if you know it)

M17-0509

### 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

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Ambler 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)  
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 Immunoglobulin Treatment for Longstanding Complex Regional Pain Syndrome, a Randomized Trial"

6. Manuscript Identifying Number (if you know it)  
M17-0509

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

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Are there any relevant conflicts of interest?  Yes  No

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Ms. Caroline Murphy has nothing to disclose.

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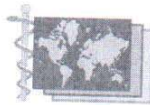
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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

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 Name  
Dr Andreas Goebel
5. Manuscript Title  
"Low-dose Intravenous Immunoglobulin Treatment for Longstanding Complex Regional Pain Syndrome, a Randomized Trial"
6. Manuscript Identifying Number (if you know it)  
M17-0509

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Joanna Kelly 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) Karim	2. Surname (Last Name) Shoukrey	3. Date 16-August-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name
5. Manuscript Title Low-dose Intravenous Immunoglobulin Treatment for Longstanding Complex Regional Pain Syndrome, a Randomized Trial		
6. Manuscript Identifying Number (if you know it) M17-0509		

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

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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

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Dr. Shoukrey has nothing to disclose.

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