

Instructions

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earning royalties or not **Royalties:** Funds are coming in to you or your institution due to your

patent

Bicket 1



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 Non-Financial Other? Comments				
Mark Bicket 12-December-2018 4. Are you the corresponding author?	Section 1. Identifying Inform	nation		
5. Manuscript Title 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?				
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Fees? Support? Comments	If yes, please fill out the appropriate info	ormation below.		
Axial Healthcare, Inc.	Name of Entity	Grant'	Otner•	Comments
	Axial Healthcare, Inc.			

Bicket 2



Section 4. Intellectual Property Patents & Copyrights
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Dr. Bicket reports grants from Foundation for Anesthesia Education and Research, during the conduct of the study; personal fees from Axial Healthcare, Inc., outside the submitted work; .

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Brutcher 1



Section 1.	Identifying Inform	nation	
1. Given Name (Fi Robert	rst Name)	2. Surname (Last Name) Brutcher	3. Date 14-December-2018
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name COL (ret) Steven P. Cohen, MD
5. Manuscript Title Topical Pain Crea		and Efficacy (TRUE): A Ran	domized, Placebo-Controlled Trial
6. Manuscript Ider M18-2736	ntifying Number (if you kr	now it)	
Section 2.	The Work Under Co	onsideration for Public	cation
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 ata monitoring board, study design, manuscript preparation,
Section 3.	Relevant financial	activities outside the s	submitted work.
of compensation clicking the "Add Are there any rel	ı) with entities as descri	ibed in the instructions. Us port relationships that wer	ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by re present during the 36 months prior to publication.
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Do you have any	patents, whether plan	ned, pending or issued, br	roadly relevant to the work? Yes V No

Brutcher 2



Section 5.	lalationshing not governed above				
R	delationships not covered above				
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Based on the above below.	disclosures, this form will automatically generate a disclosure statement, which will appear in the box				
Dr. Brutcher has no	thing to disclose.				

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Cohen 1



Section 1. Identifying Infor	•				
Identifying Infor	mation				
1. Given Name (First Name) Steven	2. Surname (Last Name)3. DateCohen29-October-2018				
4. Are you the corresponding author?	Yes No				
5. Manuscript Title Compounded Topical Pain Creams to	Treat Localized Chronic	Pain: A Randomized	d Controlled Trial		
6. Manuscript Identifying Number (if you M18-2736	know it)				
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ii yes, picase iiii out the appropriate ii	normation below.				
Name of Entity	Grant? Personal Fees?	Non-Financial Ot	her? Comments		
Semnur			✓ Advisory Board		
SPR Therapeutics					
Avanos			Consultant		
Boston Scientific			✓ Advisory Board		
Medtronic			✓ Advisory Board		

Cohen 2



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Dr. Cohen reports personal fees and other from Semnur, grants from SPR Therapeutics, grants and personal fees from Avanos, other from Boston Scientific, other from Medtronic, outside the submitted work; .

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1

Griffith



Section 1. Identifying Inform	mation	
Given Name (First Name) Scott	2. Surname (Last Name) Griffith	3. Date 20-December-2018
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Steven P. Cohen
5. Manuscript Title Compounded Topical Pain Creams to	Treat Localized Chronic Pair	n: A Randomized Controlled Trial
6. Manuscript Identifying Number (if you k	know it)	
Section 2. The Work Under C	Consideration for Public	ation
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Griffith 2



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Dr. Griffith has nothing to disclose.

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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

Jamison 1



Section 1. Identifying	Information	
1. Given Name (First Name) David	2. Surname (Last Name) Jamison	3. Date 22-December-2018
4. Are you the corresponding auth	or? Yes 🗸 No	Corresponding Author's Name Steven Cohen
5. Manuscript Title Compounded Topical Pain Crea	ams to Treat Localized Chronic Pair	n: A Randomized Controlled Trial
6. Manuscript Identifying Number	(if you know it)	
		-
Section 2. The Work U	nder Consideration for Public	ation
	including 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 fir	nancial activities outside the s	ubmitted work.
of compensation) with entities	as described in the instructions. Us nould report relationships that wer	ether you have financial relationships (regardless of amount ee 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		
Intellectual	Property Patents & Copyrig	hts
Do you have any patents, whet	her planned, pending or issued, br	oadly relevant to the work? Yes V No

Jamison 2



Section 5. Relationships not solvered above
Relationships not covered above
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Yes, the following relationships/conditions/circumstances are present (explain below):
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Jamison 3



Instructions

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Identifying information.

2. The work under consideration for publication.

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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.

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

1

KURIHARA



Section 1. Identifying Inform	nation	
Given Name (First Name) CONNIE	2. Surname (Last Name) KURIHARA	3. Date 12-December-2018
4. Are you the corresponding author?	☐ Yes 🗸 No	Corresponding Author's Name STEVEN P. COHEN
5. Manuscript Title "Compounded Topical Pain Creams to	Treat Localized Chronic Pa	nin: A Randomized Controlled Tri
6. Manuscript Identifying Number (if you kr	now it)	
Section 2. The Work Under C	onsideration for Public	cation
	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	submitted work.
Place a check in the appropriate boxes of compensation) with entities as descr	in the table to indicate wh ibed in the instructions. Us port relationships that wer	ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by re present during the 36 months prior to publication.
Section 4. Intellectual Prope	rty Patents & Copyric	ahts
Do you have any patents, whether plan		

KURIHARA 2



Section 5. Relationships not covered 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?
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KURIHARA 3



Instituctions

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L Identifying information.

The work under consideration for publication.

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

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entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the 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 also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

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

🐅 Intellectual Property.

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

Relationships not covered above.

potentially influencing, what you wrote in the submitted work. Use this section to report other relationships or activities that readers could perceive to have influenced, or that give the appearance of

Definitions

Entity: government agency, foundation, commercial sponsor, academic institution, etc.

Grant: A grant from an entity, generally [but not always] paid to your organization

Personal Fees: Monies paid to you for services rendered, generally

Personal Fees: Monies paid to you for services rendered, generally honoraria, royaities, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

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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 Licensed: The patent has been licensed to an entity, whether

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

earning royalties or not



Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes 🔀 No	Section 4. Intellectual Property Patents & Copyrights	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	Section 3. Relevant financial activities outside the submitted work.	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 X No	Section 2. The Work Under Consideration for Publication	6. Manuscript Identifying Number (if you know it)	5. Manuscript Title Compounded Topical Pain Creams to treat Localized Chronic Pain; A Kandomized	4. Are you the corresponding author? Yes X No	1. Given Name (First Name) 2. Surname (Last Name) 3. Date Paryanch Moussavian-Yousefi 10 Jan 2019	Section 1. Identifying Information
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potentially influencing, what you wrote in the submitted work? Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of

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

 $\overline{f X}$ No other relationships/conditions/circumstances that present a potential conflict of interest

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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

Generate Disclosure Statement

I, Parvaneh Monssavian-Yousefi, do not disclose 10 Jan 2019 have anything

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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

REECE 1



Section 1. Identifying Inform	nation			
Given Name (First Name) DAVID	2. Surname (Last Name) REECE	3. Date 12-December-2018		
4. Are you the corresponding author?	✓ Yes No			
5. Manuscript Title Compounded Topical Pain Creams to T	reat Localized Chronic Pain: A Randomized Controlle	ed Trial		
6. Manuscript Identifying Number (if you know it) M18-2736				
Section 2. The Work Under Co	onsideration for Publication			
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Section 3. Relevant financial	activities outside the submitted work.			
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Section 4. Intellectual Proper	rty Patents & Copyrights			
Do you have any patents, whether plan	ned, pending or issued, broadly relevant to the work	x?		

REECE 2



Section 5. Relationships not covered above			
helationships not covered above			
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Royalties: Funds are coming in to you or your institution due to your patent

Solomon 1



Section 1.	Identifying Information				
1. Given Name (First Name) Lisa		2. Surname (Last Name) Solomon			3. Date 30-December-2018
4. Are you the corresponding author?		✓ Yes No			
5. Manuscript Title "Compounded T		Гreat Localize	d Chronic Pain: A Rando	omized Controlle	ed Trial"
6. Manuscript Ider M18-2736	ntifying Number (if you kr	now it)			
	ı				
Section 2.	The Work Under Co	onsideratio	n 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 o	utside the submitted	d 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 Vo					
Section 4.	Intellectual Proper	rty Patent	s & Copyrights		
Do you have any			or issued, broadly relev	vant to the work?	Yes 🗸 No

Solomon 2



Section 5.	Relationships not covered above				
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	elationships or activities that readers could perceive to have influenced, or that give the appearance of ncing, what you wrote in the submitted work?				
Yes, the follow	Yes, the following relationships/conditions/circumstances are present (explain below):				
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Lisa Maria Solom	on has nothing to disclose.				

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Solomon 3