

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 1. Identifying information.

#### 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".

#### 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. Intellectual Property.

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

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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)  
Chronis

2. Surname (Last Name)  
Manolis

3. Date  
29-November-2018

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Treating Pain: The Cannabis Conundrum

6. Manuscript Identifying Number (if you know it)

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

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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. Manolis 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.



## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) *JAMES* 2. Surname (Last Name) *SCHUSTER* 3. Date *11/30/18*

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
*Treating Pain: The Cannabis Controversy*

6. Manuscript Identifying Number (if you know it)

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

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INTERNATIONAL COMMITTEE of  
MEDICAL JOURNAL EDITORS

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Chester

2. Surname (Last Name)  
Good

3. Date  
28-November-2018

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Treating Pain: The Cannabis Connundrum

6. Manuscript Identifying Number (if you know it)

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Dr. Good 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)  
Kavita

2. Surname (Last Name)  
Fischer

3. Date  
28-November-2018

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
"Treating Pain: The Cannabis Conundrum"

6. Manuscript Identifying Number (if you know it)  
M18-3237

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Dr. Fischer 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) Natasha	2. Surname (Last Name) Parekh	3. Date 28-November-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name _____
5. Manuscript Title Treating Pain: The Cannabis Conundrum		
6. Manuscript Identifying Number (if you know it) _____		

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

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1. Given Name (First Name) william	2. Surname (Last Name) shrank	3. Date
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Chester B Good
5. Manuscript Title The Cannabis Conundrum		
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