

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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1. Identifying information.

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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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Rachel	2. Surname (Last Name) Nelligan	3. Date 05-January-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Dr Kim Bennell
5. Manuscript Title Effectiveness of an internet-delivered exercise and pain coping skills training intervention for people with chronic knee pain (IMPACT knee pain): A randomised controlled trial		
6. Manuscript Identifying Number (if you know it) M16-1714		

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Are there any relevant conflicts of interest? Yes No

Section 3. Relevant financial activities outside the submitted work.

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Section 4. Intellectual Property -- Patents & Copyrights

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Miss Nelligan has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Rana

2. Surname (Last Name)
Hinman

3. Date
05-January-2017

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Kim Bennell

5. Manuscript Title
Effectiveness of an internet-delivered exercise and pain coping skills training intervention for people with chronic knee pain (IMPACT-knee pain): A randomised randomized controlled 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
Australian Research Council	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
National Health & Medical Research Council	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Dr. Hinman reports grants from Australian Research Council, during the conduct of the study; grants from National Health & Medical Research Council, outside the submitted work; .

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Section 1. Identifying Information

1. Given Name (First Name)
Andrew

2. Surname (Last Name)
Dalwood

3. Date
05-January-2017

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Kim Bennell

5. Manuscript Title
Effectiveness of an internet-delivered exercise and pain coping skills training intervention for people with chronic knee pain (IMPACTknee pain): A randomised controlled trial."

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Section 1. Identifying Information

1. Given Name (First Name)
Simon

2. Surname (Last Name)
French

3. Date
05-January-2017

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Kim Bennell

5. Manuscript Title

Effectiveness of an internet-delivered exercise and pain coping skills training intervention for people with chronic knee pain (IMPACT-knee pain): A randomised controlled trial

6. Manuscript Identifying Number (if you know it)

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Dr. French has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Jessica	2. Surname (Last Name) Kasza	3. Date 09-January-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Prof. Kim Bennell
5. Manuscript Title Effectiveness of internet-delivered exercise and pain coping skills training intervention for people with chronic knee pain (IMPACT-knee pain): A randomised controlled trial		
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Other: Anything not covered under the previous three boxes

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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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Kim

2. Surname (Last Name)
Bennell

3. Date
09-January-2017

4. Are you the corresponding author? Yes No

5. Manuscript Title
Effectiveness of an internet-delivered exercise and pain coping skills training intervention for people with chronic knee pain (IMPACT knee pain): A randomised controlled trial

6. Manuscript Identifying Number (if you know it)
M16-1714

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
NHMRC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	for research into conservative management of osteoarthritis – paid to my institution

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
Physitrack	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	online exercise programming system
ASICS Oceania - Royalties	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	for osteoarthritis shoe

ICMJE Form for Disclosure of Potential Conflicts of Interest

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
ASICS Oceania	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Paid to institution for osteoarthritis shoe
Peking University	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Honoraria for lectures relating to management of osteoarthritis
Brigham and Womens Hospital Boston	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	for research related to physiotherapy management of osteoarthritis

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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?

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Section 6. Disclosure Statement

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Dr. Bennell reports grants from NHMRC, during the conduct of the study; personal fees from Physitrack, personal fees from ASICS Oceania - Royalties, other from ASICS Oceania, personal fees from Peking University, personal fees from Brigham and Womens Hospital Boston, outside the submitted work.

ICMJE Form for Disclosure of Potential Conflicts of Interest

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)
Fiona

2. Surname (Last Name)
Dobson

3. Date
10-January-2017

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Kim Bennell

5. Manuscript Title
Effectiveness of an internet-delivered exercise and pain coping skills training intervention for people with chronic knee pain (IMPACT-knee pain): A randomised controlled trial

6. Manuscript Identifying Number (if you know it)
M16-1714

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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

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Elsevier Oralce Editorial Fee - Guest Author YBERH Best Practice Rheumatology Contributor Fee Vol 28#1 (2014)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(200 pounds)

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Dobson reports grants from NHMRC, during the conduct of the study; personal fees from Elsevier Orance Editorial Fee - Guest Author YBERH Best Practice Rheumatology Contributor Fee Vol 28#1 (2014) , outside the submitted work; .

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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)
Christine

2. Surname (Last Name)
Rini

3. Date
03-January-2017

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

5. Manuscript Title
Internet-mediated exercise and pain coping skills training for people with chronic knee pain (IMPACT – knee pain): A randomised controlled 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.)?

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 6. Disclosure Statement

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Dr. Rini has nothing to disclose.

Evaluation and Feedback

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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) Christina	2. Surname (Last Name) Bryant	3. Date 06-January-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Professor Kim Bennell
5. Manuscript Title Effectiveness of an internet-delivered exercise and pain coping skills training intervention for people with chronic knee pain (IMPACT?knee pain): A randomised controlled trial."		
6. Manuscript Identifying Number (if you know it)		

Section 2. The Work Under Consideration for Publication

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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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Dr. Bryant has nothing to disclose.

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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)
J. Haxby

2. Surname (Last Name)
Abbott

3. Date
04-January-2017

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Kim Bennell

5. Manuscript Title
Effectiveness of an internet-delivered exercise and pain coping skills training intervention for people with chronic knee pain (IMPACT-knee pain): A randomised controlled trial.

6. Manuscript Identifying Number (if you know it)
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Are there any relevant conflicts of interest? Yes No

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Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Health Research Council of New Zealand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Sir Charles Hercus Health Research Fellowship, salary support

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. Abbott reports grants from Arthritis New Zealand, and was supported by a Sir Charles Hercus Health Research Fellowship from Health Research Council of New Zealand, during the conduct of the study.

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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.

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.

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

4. Intellectual Property.

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

5. Relationships not covered above.

Use this section to report 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.

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 honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

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

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Francis

2. Surname (Last Name)
Keefe

3. Date
03-January-2017

4. Are you the corresponding author? Yes No

5. Manuscript Title
Effectiveness of internet-delivered exercise and pain coping skills training for people with chronic knee pain (IMPACT knee pain): A randomised controlled trial.

6. Manuscript Identifying Number (if you know it)
MI6-17174

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
National Health and Medical Research Council Program grant (#631717).	<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

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

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

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. Keefe reports grants from National Health and Medical Research Council Program grant (#631717). , during the conduct of the study; .

Evaluation and Feedback

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