ICMJE Form for Disclosure of Potential Conflicts of Interest

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.

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

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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) | 2. Surname (Last Name) | 3. Date       |
|-----------------------------|------------------------|---------------|
| Dr. Vishal                 | Varshney               | 29-September-2020 |

4. Are you the corresponding author? ☑ No

Corresponding Author's Name

Dr. Krishnan Chakravarthy

5. Manuscript Title

Advances in the Interventional Management of Neuropathic Pain

6. Manuscript Identifying Number (if you know it)

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

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☑ No
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Section 6. Disclosure Statement

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Dr. Varshney has nothing to disclose.

Evaluation and Feedback

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Identifying Information

| 1. Given Name (First Name) | Dr. Jill |
|----------------------------|---------|
| 2. Surname (Last Name)    | Osborn  |
| 3. Date                   | 26-August-2020 |
| 4. Are you the corresponding author? | Yes | No |
| Corresponding Author's Name | Dr. Krishnan Chakravarthy |

| 5. Manuscript Title |
|---------------------|
| Advances in the Interventional Management of Neuropathic Pain |

## 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

## 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

## Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? | Yes | No
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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Dr. Osborn 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) | Rahul |
|----------------------------|-------|
| 2. Surname (Last Name)    | Chaturvedi |
| 3. Date                   | 26-August-2020 |
| 4. Are you the corresponding author? | Yes ✔ No |
| Corresponding Author's Name | Dr. Vishal Varshney |
| 5. Manuscript Title        | Advances in the Interventional Management of Neuropathic Pain |
| 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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Dr. Chaturvedi has nothing to disclose.

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Vrajesh

2. Surname (Last Name)  
   Shah

3. Date  
   26-August-2020

4. Are you the corresponding author?  
   □ Yes  ✔ No

Corresponding Author’s Name  
Dr. Krishnan Chakravarthy

5. Manuscript Title  
Advances in the Interventional Management of Neuropathic Pain

6. Manuscript Identifying Number (if you know it)

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

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Are there any relevant conflicts of interest?  
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**Section 4. Intellectual Property -- Patents & Copyrights**

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Dr. Shah has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Krishnan
2. Surname (Last Name) Chakravarthy
3. Date 26-August-2020
4. Are you the corresponding author?  
   ✔ Yes  
   No

5. Manuscript Title
   Advances in the Interventional Management of Neuropathic Pain

6. Manuscript Identifying Number (if you know it)

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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 |
|----------------|--------|----------------|------------------------|--------|----------|
| Abbott, Bioness, Medtronic, Nalu Medical, Saluda Medical, and Newrom Biomedical. | ☐ | ☐ | ☐ | ✔ | Dr. Chakravarthy is a consultant to Abbott, Bioness, Medtronic, Nalu Medical, Saluda Medical. He has stock options in Nalu Medical. He is also founder of Newrom Biomedical. |

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
   ✔ Yes  
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Dr. Chakravarthy reports other from Abbott, Bioness, Medtronic, Nalu Medical, Saluda Medical, and Newrom Biomedical, outside the submitted work.

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