ICMJE DISCLOSURE FORM

Date: __ March, 9th, 2021
Your Name: __ Georg Böning
Manuscript Title: __ MR-guided lumbar facet radiofrequency denervation for treatment of patients with chronic low back pain in an open 1.0 Tesla MRI system
Manuscript number (if known): __ ATM-21-633-R1

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. “Related” means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author’s relationships/activities/interests as they relate to the current manuscript only.

The author’s relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

| | Name all entities with whom you have this relationship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|---|---|
| Time frame: Since the initial planning of the work |
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. | _X__None |
| Time frame: past 36 months |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | _X__None |
| 3 | Royalties or licenses | _X__None |
| 4 | Consulting fees | _X__None |
|   |                                                                                           |   |
|---|-------------------------------------------------------------------------------------------|---|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | _X__None |
| 6 | Payment for expert testimony                                                             | _X__None |
| 7 | Support for attending meetings and/or travel                                              | _X__None |
| 8 | Patents planned, issued or pending                                                        | _X__None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board                         | _X__None |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | _X__None |
| 11| Stock or stock options                                                                     | _X__None |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services           | _X__None |
| 13| Other financial or non-financial interests                                                 | _X__None |

Please summarize the above conflict of interest in the following box:

I, Georg Böning, declare that I don’t have anything to disclose.

Please place an “X” next to the following statement to indicate your agreement:

__X__ I certify that I have answered every question and have not altered the wording of any of the questions on this form.
ICMJE DISCLOSURE FORM

Date:__ March, 9th, 2021
Your Name:__ Tony Hartwig
Manuscript Title: MR-guided lumbar facet radiofrequency denervation for treatment of patients with chronic low back pain in an open 1.0 Tesla MRI system
Manuscript number (if known): ATM-21-633-R1

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| 3 | Royalties or licenses | _X__None | |
| 4 | Consulting fees | _X__None | |

Specifications/Comments (e.g., if payments were made to you or to your institution)
|   | Conflict of Interest                                                                 | Answer |
|---|-------------------------------------------------------------------------------------|--------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | _X_None |
| 6 | Payment for expert testimony                                                         | _X_None |
| 7 | Support for attending meetings and/or travel                                          | _X_None |
| 8 | Patents planned, issued or pending                                                   | _X_None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board                    | _X_None |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | _X_None |
| 11| Stock or stock options                                                               | _X_None |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services      | _X_None |
| 13| Other financial or non-financial interests                                            | _X_None |

Please summarize the above conflict of interest in the following box:

I, Tony Hartwig, declare that I don’t have anything to disclose.

Please place an “X” next to the following statement to indicate your agreement:

_X_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.
ICMJE DISCLOSURE FORM

Date: ____  March, 9th, 2021
Your Name: Patrick Freyhardt
Manuscript Title: MR-guided lumbar facet radiofrequency denervation for treatment of patients with chronic low back pain in an open 1.0 Tesla MRI system
Manuscript number (if known): ATM-21-633-R1

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| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | _X_ None |
|   | **No time limit for this item.**                                                            |                                                                                   |
|   | **Time frame: Since the initial planning of the work**                                      |                                                                                   |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                   | _X_ None                                                                         |
| 3 | Royalties or licenses                                                                       | _X_ None                                                                         |
| 4 | Consulting fees                                                                            | _X_ None                                                                         |
|   | **Time frame: past 36 months**                                                               |                                                                                   |
|   |                                                                                           |   |
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| 6 | Payment for expert testimony                                                                   | X | None |
| 7 | Support for attending meetings and/or travel                                                   | X | None |
| 8 | Patents planned, issued or pending                                                             | X | None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board                              | X | None |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | X | None |
| 11| Stock or stock options                                                                         | X | None |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services               | X | None |
| 13| Other financial or non-financial interests                                                      | X | None |

Please summarize the above conflict of interest in the following box:

I, Patrick Freyhardt, declare that I don’t have anything to disclose.

Please place an “X” next to the following statement to indicate your agreement:

_ X _ I certify that I have answered every question and have not altered the wording of any of the questions on this form.
ICMJE DISCLOSURE FORM

Date: __ March, 9th, 2021
Your Name: Maximilian De Bucourt
Manuscript Title: MR-guided lumbar facet radiofrequency denervation for treatment of patients with chronic low back pain in an open 1.0 Tesla MRI system
Manuscript number (if known): ATM-21-633-R1

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. “Related” means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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   No time limit for this item. | _X_ None                                                                                |                                                                                   |
|   | **Time frame: past 36 months**                                                                |                                                                                   |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                     | _X_ None                                                                            |                                                                                   |
| 3 | Royalties or licenses                                                                        | _X_ None                                                                            |                                                                                   |
| 4 | Consulting fees                                                                              | _X_ None                                                                            |                                                                                   |
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| 6 | Payment for expert testimony                                                 | _X__None |
| 7 | Support for attending meetings and/or travel                                 | _X__None |
| 8 | Patents planned, issued or pending                                           | _X__None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board            | _X__None |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | _X__None |
| 11| Stock or stock options                                                       | _X__None |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services | _X__None |
| 13| Other financial or non-financial interests                                   | _X__None |

Please summarize the above conflict of interest in the following box:

I, Maximilian De Bucourt, declare that I don’t have anything to disclose.

Please place an “X” next to the following statement to indicate your agreement:

__X__ I certify that I have answered every question and have not altered the wording of any of the questions on this form.
ICMJE DISCLOSURE FORM

Date: ___________  March, 9th, 2021  
Your Name:  _Ulf Teichgräber_
Manuscript Title:  _MR-guided lumbar facet radiofrequency denervation for treatment of patients with chronic low back pain in an open 1.0 Tesla MRI system_
Manuscript number (if known):  _ATM-21-633-R1_

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| 3 | Royalties or licenses | _X_ None |   |
| 4 | Consulting fees | _X_ None |   |
|   |                                                                 |   |   |
|---|------------------------------------------------------------------|---|---|
| 5 | Payment or honoraria for lectures, presentations,               |   |   |
|   | speakers bureaus, manuscript writing or educational events      | __X__None |   |
| 6 | Payment for expert testimony                                    | __X__None |   |
| 7 | Support for attending meetings and/or travel                     | __X__None |   |
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| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | __X__None |   |
| 11| Stock or stock options                                         | __X__None |   |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services | __X__None |   |
| 13| Other financial or non-financial interests                       | __X__None |   |

Please summarize the above conflict of interest in the following box:

I, Ulf Teichgräber, declare that I don’t have anything to disclose.

Please place an “X” next to the following statement to indicate your agreement:

__X__ I certify that I have answered every question and have not altered the wording of any of the questions on this form.
# ICMJE DISCLOSURE FORM

**Date:** __

**Your Name:** Florian Streitparth

**Manuscript Title:** MR-guided lumbar facet radiofrequency denervation for treatment of patients with chronic low back pain in an open 1.0 Tesla MRI system

**Manuscript number (if known):** ATM-21-633-R1

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| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                      | _X_ None                                                                        |
| 3 | Royalties or licenses                                                                         | _X_ None                                                                        |
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| 6 | Payment for expert testimony                                                 | _X_None |
| 7 | Support for attending meetings and/or travel                                 | _X_None |
| 8 | Patents planned, issued or pending                                           | _X_None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board           | _X_None |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | _X_None |
| 11| Stock or stock options                                                       | _X_None |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services | _X_None |
| 13| Other financial or non-financial interests                                   | _X_None |

Please summarize the above conflict of interest in the following box:

I, Florian Streitparth, declare that I don’t have anything to disclose.

Please place an “X” next to the following statement to indicate your agreement:

_X_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.