ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Mohit

2. Surname (Last Name)  
   Bhandari

3. Date  
   19-January-2018

4. Are you the corresponding author?  
   ✔ Yes  
   No

5. Manuscript Title  
   Cannabinoids in the Management of Musculoskeletal Pain: A Scoping Review

6. Manuscript Identifying Number (if you know it)

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   ✔ Yes  
   No

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**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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Bhandari
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Section 6. Disclosure Statement

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Dr. Bhandari reports grants from Beleave Inc, during the conduct of the study; grants and personal fees from Stryker, grants and personal fees from Zimmer, grants and personal fees from Smith & Nephew, grants and personal fees from Amgen, grants and personal fees from Eli Lilly, grants and personal fees from Sanofi, grants and personal fees from DJO, grants and personal fees from Conmed, grants and personal fees from Ferring, grants from DePuy, grants and personal fees from Moximed, grants from Canada Research Chair (Canadian gov't), outside the submitted work.

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. **Given Name (First Name)**
   - Kim

2. **Surname (Last Name)**
   - Madden

3. **Date**
   - 19-January-2018

4. **Are you the corresponding author?**
   - Yes ☑ No

5. **Manuscript Title**
   - Cannabinoids in the Management of Musculoskeletal Pain: A Scoping Review

6. **Manuscript Identifying Number (if you know it)**

## Section 2. The Work Under Consideration for Publication

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- Yes ☑ No

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

5. Manuscript Title  
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Dr. Baldawi has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Simrun
2. Surname (Last Name) Chona
3. Date 20-July-2017
4. Are you the corresponding author? [ ] Yes [✓] No
   Corresponding Author’s Name Mohit Bhandari
5. Manuscript Title Cannabinoids in the Management of Musculoskeletal Pain: A Scoping Review
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) 
Tristiana

2. Surname (Last Name) 
Dalchand

3. Date 
20-July-2017

4. Are you the corresponding author? 
☐ Yes  ☑ No

5. Manuscript Title
Cannabinoids in the Management of Musculoskeletal Pain: A Scoping Review

6. Manuscript Identifying Number (if you know it)

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

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? 
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Ms. Dalchand 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)  
Annie

2. Surname (Last Name)  
George

3. Date  
20-July-2017

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

Corresponding Author’s Name  
Mohit Bhandari

5. Manuscript Title  
Cannabinoids in the Management of Musculoskeletal Pain: A Scoping Review

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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.

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Ms. George reports grants from Beleave Inc., during the conduct of the study; .

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1. Given Name (First Name)  
   George

2. Surname (Last Name)  
   Mammen

3. Date  
   31-July-2017

4. Are you the corresponding author?  
   Yes ☑  No

   Corresponding Author’s Name  
   Mohit Bhandari

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<td>van der Hoek</td>
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