Date:		4/4/2023			
Your Name:		Shirley Yu	Shirley Yu		
Manuscript Title:		Predictors of placebo response to local (intr participant data meta-analysis	Predictors of placebo response to local (intra-articular) therapy in osteoarthritis — an individual participant data meta-analysis		
Ma	nuscript Number (if kno	(n): Click or tap here to enter text.			
content of your manuscript. "Rela affected by the content of the ma		cy, we ask you to disclose all relationships/activitie "Related" means any relation with for-profit or no e manuscript. Disclosure represents a commitmer doubt about whether to list a relationship/activity,	ot-for-profit third parties whose interests may be not to transparency and does not necessarily		
		n, you should declare all relationships with manufa	es/interests should be defined broadly. For example, if your manuscript pertains to the u should declare all relationships with manufacturers of antihypertensive medication, even if in the manuscript.		
	tem #1 below, report all me for disclosure is the p	upport for the work reported in this manuscript wast 36 months.	ithout time limit. For all other items, the time		
		me all entities with whom you have this ationship 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		
		- (BAPAN 기회 국가 학교의 항공 기간에 대학교 구승리에서 함께 1992년 1993년 1993년 1일 전 경영 등급 다시하다. 19 명임 전략	그림 교육들이 중심중요한 경기를 가는 사람들은 내가 그 말까지 그녀가 있다. 하고 있는 나는 사람들이 되고 있다는 이 이 아름이 있다.		
1	funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	None niversity of Sydney Postgraduate Scholarship Merck PhD Scholarship in Medicine)	Click the tab key to add additional rows.		
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	niversity of Sydney Postgraduate Scholarship Merck PhD Scholarship in Medicine)			
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	niversity of Sydney Postgraduate Scholarship Merck PhD Scholarship in Medicine) Time frame: past 36 month			
2	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	niversity of Sydney Postgraduate Scholarship Merck PhD Scholarship in Medicine) Time frame: past 36 month			
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from any entity (if not indicated in item	niversity of Sydney Postgraduate Scholarship Merck PhD Scholarship in Medicine) Time frame: past 36 month None			

		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)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

		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)
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
		t to the following statement to indicate your agreeme	
\boxtimes	i certify that I have	answered every question and have not altered the wor	rding of any of the questions on this form.

3 12/13/2021 ICMJE Disclosure Form

Date:	3/1/2023	
Your Name:	Leticia Deveza	
Manuscript Title:	Predictors of placebo response to local (intra-articular) therapy in osteoarthritis – an individual participant data meta-analysis	
Manuscript Number (if known):	Click or tap here to enter text.	

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 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.

		1	all entities with whom you have this nship 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 o	of the work
	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.		None	Click the lab key to add additional rows.
			Time frame: past 36 months	
2	Grants or contracts from any entity (if not indicated in item #1 above).		None	
3	Royalties or licenses		None	

		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)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	⊠ None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	⊠ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	⊠ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

		I .	e all entities with whom you have this onship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
11	Stock or stock options		None		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None		
13	Other financial or non-financial interests		None		
Plea	Please place an "X" next to the following statement to indicate your agreement: Certify that I have answered every question and have not altered the wording of any of the questions on this form.				

Date:		3/30/2023		
Your Name: Manuscript Title:		S.M.A. Bierma-Zeinstra		
		Predictors of placebo response to local (integration participant data meta-analysis	Predictors of placebo response to local (intra-articular) therapy in osteoarthritis – an individual participant data meta-analysis	
Manu	script Number (if know): Click or tap here to enter text.		
conte affect	ent of your manuscript. ' ed by the content of the	Related" means any relation with for-profit or n manuscript. Disclosure represents a commitme	e ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be nuscript. Disclosure represents a commitment to transparency and does not necessarily t about whether to list a relationship/activity/interest, it is preferable that you do so.	
epide			example, if your manuscript pertains to the facturers of antihypertensive medication, even if	
	m #1 below, report all su e for disclosure is the pas		vithout time limit. For all other items, the time	
		e all entities with whom you have this onship 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 A	Il support for the	N1		
pi m fu o' m ai ch N	unding, provision of study materials, nedical writing, rticle processing harges, etc.) Io time limit for his item.	None	Click the tab key to add additional rows.	
pi m fu o' m ai ch N	manuscript (e.g., unding, provision of study materials, nedical writing, rticle processing harges, etc.)	Time frame: past 36 month		
p p m fu o o m a a ch N N th	manuscript (e.g., unding, provision of study materials, nedical writing, rticle processing harges, etc.)			
2 (((((((((((((((((((manuscript (e.g., unding, provision of study materials, nedical writing, rticle processing harges, etc.) No time limit for his item.	Time frame: past 36 mont	Independent Research Grants paid to the Institution from EU, Dutch Arthritis Association	

		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)
4	Consulting fees	□ None	
			Pfizer Infirst Healthcare
5	Payment or honoraria for	⊠ None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert testimony	⊠ None	
7	Support for attending	⊠ None	
	meetings and/or travel		
8	Patents planned, issued or	⊠ None	
	pending		
9	Participation on a Data Safety	⊠ None	
	Monitoring		
	Board or Advisory Board		
10	Leadership or fiduciary role in	⊠ None	
	other board, society,		
	committee or		
	advocacy group, paid or unpaid		

		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)
11	Stock or stock options	⊠ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	□ None	Personal fees: Deputy Editor for Osteoarthritis Cartilage
Plea		t to the following statement to indicate your agreeme	

Date:	3/24/2023	
Your Name:	Venkatesha Bhagavath Predictors of placebo response to local (intra-articular) therapy in osteoarthritis — an individual participant data meta-analysis	
Manuscript Title:		
Manuscript Number (if known):	Click or tap here to enter text.	

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 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.

		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.	⊠ None		Click the tab key to add additional rows.
			Time frame: past 36 month	ns
2	Grants or contracts from any entity (if not indicated in item #1 above).	⊠ None		
3	Royalties or licenses	⊠ None		

		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)
4	Consulting fees	⊠ None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript	None	
	writing or educational events		
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	⊠ None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	⊠ None	

		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)	
11	Stock or stock options	⊠ None		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other	None		
	services	<u> </u>	·	
13	Other financial or non-financial	⊠ None		
	interests			
Plea	Please place an "X" next to the following statement to indicate your agreement:			

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

Date:	3/25/2023
Your Name:	David Hunter
Manuscript Title:	Predictors of placebo response to local (intra-articular) therapy in osteoarthritis – an individual participant data meta-analysis
Manuscript Number (if known):	Click or tap here to enter text.

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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.

		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 o	of the work
	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.		None	Click the tab key to add additional rows.
			Time frame: past 36 months	5
2	Grants or contracts from any entity (if not indicated in item #1 above).		None	
3	Royalties or licenses		None	

		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)
4	Consulting fees	□ None	
		Provides consulting advice on scientific advisory boards for Pfizer, Lilly, TLCBio, Novartis	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	■ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

		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)		
11	Stock or stock options	None None		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None		
13	Other financial or non-financial interests	None None		
Plea	Please place an "X" next to the following statement to indicate your agreement: I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Date:		7/11/2023	
Your Name: Manuscript Title:		Professor Fraser Birrell	
		Predictors of placebo response to local (intra-articular) therapy in osteoarthritis – an individua participant data meta-analysis	
Mar	nuscript Number (if I	own): N/A	
content of your manuscript. "Rela affected by the content of the ma indicate a bias. If you are in doub The author's relationships/activiti epidemiology of hypertension, yo		ency, we ask you to disclose all relationships/activities/interests listed below that are related to the t. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be the manuscript. Disclosure represents a commitment to transparency and does not necessarily in doubt about whether to list a relationship/activity/interest, it is preferable that you do so. If activities/interests should be defined broadly. For example, if your manuscript pertains to the sion, you should declare all relationships with manufacturers of antihypertensive medication, even if attioned in the manuscript.	
In it		I support for the work reported in this manuscript without time limit. For all other items, the time	
The control of the co		lame all entities with whom you have this elationship or indicate none (add rows as needed) Specifications/Comments (e.g., if payments wer 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.	None Click the tab key to add additional rows.	
		Time frame: past 36 months	
Grants or contracts from any entity (if not indicated in item #1 above).		Jules Thorn Trust NIHR HTA-PROP OA MRC-Versus Arthritis-CIMA	
3	Royalties or licenses	None	

		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)
4	Consulting fees	None Non	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	□ None Wiley Portuguese Society of Lifestyle Medicine	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	⊠ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	Director of Science & Research British Society of Lifestyle Medicine Editor-in-Chief, Lifestyle Medicine (Wiley)	

		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)
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None None	
13	Other financial or non-financial interests	None	
* 3		to the following statement to indicate your agreeme	
\boxtimes	I certify that I have	answered every question and have not altered the wo	rding of any of the questions on this form.

Date:			7/11/2023	
Your Name:			Weiya Zhang	
Manuscript Title:			Predictors of placebo response to local (intra-articular) therapy in osteoarthritis – an individual participant data meta-analysis	
Mar	nuscript Number (if k	known):	N/A	
content of your manuscript. "Rela affected by the content of the ma				
				example, if your manuscript pertains to the acturers of antihypertensive medication, even if
In item #1 below, report all suppo frame for disclosure is the past 36				ithout time limit. For all other items, the time
 A. A. C. S. A. C. A. A.			l entities with whom you have this ship 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,	N N	one	
	medical writing, article processing charges, etc.) No time limit for this item.			Click the tab key to add additional rows.
			Time frame: past 36 month	S
2	Grants or contracts from	□ N	one	
	any entity (if not indicated in item	trial	ioogical Research Centre, HTA gout T2T	Payment to institution
	#1 above).	Osteoa	Arthritis Pain Centre, Sports Exercise and orthritis Centre	Payment to institution
		FOREU	M, FA, MRC project grants	Payment to institution
3	Royalties or licenses	⊠ N	one	
		and the second s		

		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)
4	Consulting fees	□ None	
		Regeneron Plc	Advisory board, Payment to me
		Eli Lilly	Advisory board, Payment to me
	Payment or honoraria for	□ None	
	lectures,	Harbin International OA Forum	Lecture, payment to me
	presentations,	Shenzhen Rheumatology Meeting	Lecture, payment to me
	speakers bureaus,		
	manuscript		
	writing or		
	educational		
	events		
6	Payment for expert testimony	⊠ None	
7	Support for	⊠ None	
	attending meetings and/or		
	travel		
8	Patents planned, issued or	⊠ None	
	pending		
	, 0		
9	Participation on a Data Safety	⊠ None	
	Monitoring		
	Board or		
	Advisory Board		
10	Leadership or	⊠ None	
-	fiduciary role in		
	other board,		
	society,		
	committee or		
	advocacy group, paid or unpaid		
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	ing pilong a same kil	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)	
11	Stock or stock options	None		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	⊠ None		
13	Other financial or non-financial interests	None		
Plea	Please place an "X" next to the following statement to indicate your agreement: I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Date:	7/11/2023
Your Name:	Marienke van Middelkoop
Manuscript Title:	Predictors of placebo response to local (intra-articular) therapy in osteoarthritis — an individual participant data meta-analysis
Manuscript Number (if known):	Click or tap here to enter text.
In the interest of transparency w	a ask you to disclose all relationships (activities (interests listed helps), that are related to the

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 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.

		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.	None	Chck the tab key to add additional rows.
		Time frame: past 36 month	s
2	Grants or contracts from any entity (if not indicated in item #1 above).	None None	
3	Royalties or licenses	None None	

		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)
4	Consulting fees	None None
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for	None None None None
	expert testimony	
7	Support for attending meetings and/or travel	None None
8	Patents planned, issued or pending	None
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None

		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)
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	⊠ None	
13	Other financial or non-financial interests	None	
Plea		t to the following statement to indicate your agreeme answered every question and have not altered the wo	

Date:	7/11/2023
Your Name:	Manuela L Ferreira
Manuscript Title:	Predictors of placebo response to local (intra-articular) therapy in osteoarthritis — an individual participant data meta-analysis
Manuscript Number (if known):	N/A
In the interest of transparency, w	re ask you to disclose all relationships/activities/interests listed below that are related to the

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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.

		a transferings		es with whom you have this 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
	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.		None		Click the fab key to add additional rows.
				Time frame: past 36 montl	
2	Grants or contracts from any entity (if not indicated in item #1 above).		None		
3	Royalties or licenses		None		

		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)
4	Consulting fees	None Non	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

	-	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)
11	Stock or stock options	⊠ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	⊠ None	
13	Other financial or non-financial interests	None	
Plea		t to the following statement to indicate your agreeme answered every question and have not altered the wo	

Date:			7/11/2023		
Your Name:			Ismael Atchia		
Manuscript Title:			Predictors of placebo response to local (intra-articular) therapy in osteoarthritis – an individual participant data meta-analysis		
Mai	Manuscript Number (if known): Click or tap here to enter text.				
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 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 it that medication is not mentioned in the manuscript.			ot-for-profit third parties whose interests may be nt to transparency and does not necessarily /interest, it is preferable that you do so.		
	em #1 below, report ne for disclosure is th			rithout time limit. For all other items, the time	
			entities with whom you have this thip 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.	⊠ No	one	Click the tab key to add additional rows.	
			Time frame: past 36 month	ıs	
2	Grants or contracts from any entity (if not indicated in item #1 above).	Novart	one s	Education grant for fellowship in Ultrasound provided to Newcastle hospitals (I am the coapplicant of that grant with a colleague at Newcastle Hospital)	
3	Royalties or licenses	× N	one		

		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)
4	Consulting fees	□ None	
		UCB	Advisory Board Consultancy Fees
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	⊠ None	
7.	Support for attending meetings and/or travel	UCB Eli Lilly Novartis	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	UCB	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

-	teratur 1800 eta	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)
11	Stock or stock options	☑ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea		t to the following statement to indicate your agreeme answered every question and have not altered the wo	