

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.

1. Identifying information.

2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party — that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yee"

3. Relevant financial activities outside the submitted work.

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.

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4. Intellectual Property.

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

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

Jutras-Aswad 1



Section 1. Identifying Inf	ormation			
1. Given Name (First Name) Didier	2. Surname (Last Name Jutras-Aswad)	3. Date 28-April-2015	
4. Are you the corresponding author?	✓ Yes No			
5. Manuscript Title Early Stages In the Development of	Cannabidiol as a Treatmen	t for Drug Abuse		
6. Manuscript Identifying Number (if y	ou know it)			
		-		
Section 2. The Work Unde	er Consideration for Pub	lication		
	iding but not limited to grants,	data monitoring be	vernment, commercial, private foundatio oard, study design, manuscript preparatio	
•	information below. If you h		ne entity press the "ADD" button to a	dd a row.
Name of Institution/Company	Grant? Personal N	Ion-Financial O	ther? Comments	
Canadian Institutes on Health Research	7		Research grant; no involvement in manuscript preparation	n
Quebec Research Fund - Health	V		Research grant/award; no involvn in manuscript preparation	nent
Section 3. Relevant finan	cial activities outside th	e submitted wo	ork.	
of compensation) with entities as d	escribed in the instructions.	Use one line for e	financial relationships (regardless of each entity; add as many lines as you i ng the 36 months prior to publicat	need by
Are there any relevant conflicts of in	L)		
If yes, please fill out the appropriate	e information below.			
Name of Entity	Grant? Personal N	on-Financial Support?	ther? Comments	
Merck			Consultant fee	
Лylan			Educational grant	

Jutras-Aswad



Name of Entity	Grant*	ersonal N	on-Financi	al Other	Comments	
BMS	V				Educational grant	
Janssen		√			Presentation fee	
Reckitt-Benckiser	V				Educational grant	
Otsuka	:	√	: 🔲		Presentation fee	
Insys					Medication for clinical trial	
Pfizer	V			: .	Research grant	
Section 4. Intellectual Propert Do you have any patents, whether planne Section 5. Relationships not co Are there other relationships or activities potentially influencing, what you wrote in	ed, pending overed ab that readen	or issued, b ove s could perc	oroadly rele	\$14 \ 01 \ 25 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
Yes, the following relationships/cond	itions/circur	mstances ar	e present (explain belo	w):	
✓ No other relationships/conditions/circ			•	•		
At the time of manuscript acceptance, jou On occasion, journals may ask authors to						ts.
Section 6. Disclosure Statemer	it					
Based on the above disclosures, this form below.	will automa	atically gen	erate a disc	losure stater	ment, which will appear in the box	
Dr. Jutras-Aswad reports grants from Car during the conduct of the study; persona grants from Reckitt-Benckiser, personal for submitted work; .	I fees from	Merck, gran	its from My	lan, grants fr	om BMS, personal fees from Janssen,	

Jutras-Aswad

Evaluation and Feedback

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

4



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4 Other relationships.

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.

Ostman 1

Given Name (First Name) Maria	2. Surname (Last Name) Ostman	3. Effective Date (07-August-2008) 28-April-2015
4. Are you the corresponding author	? ✓ Yes No	
5. Manuscript Title Early Stages In the Development	of Cannabidiol as a Treatment for Drug Abus	se .
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 for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc...)?

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

The Work Under Consideration for Publication							
Type	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**		
1. Grant	\overline{V}					Х	
1. Grant	\checkmark					×	
2. Consulting fee or honorarium	\checkmark					AIDID X AIDID	
Support for travel to meetings for the study or other purposes						X Albib	
 Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like 	\checkmark					×	
Payment for writing or reviewing the manuscript	✓					ADD X	

Ostman 2

The Work Under Consideration for Publication								
Туре	No	Paid	Money to Your Institution*	Name of Entity	Comments**			
Provision of writing assistance, medicines, equipment, or administrative support	√					×		
7. Other	✓	:				Aldib		
V ==1.4						/A(DIB)		

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 submission.

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Relevant financial activities outside the submitted work								
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments			
1. Board membership	V					X		
2. Consultancy						/A(D)D)		
3. Employment	V					ADD		
4. Expert testimony						A(D)D		
5. Grants/grants pending	V				:	(A)D(D)		
6. Payment for lectures including service on speakers bureaus	V				:	X		

^{*} This means money that your institution received for your efforts on this study.

^{**} Use this section to provide any needed explanation.

Relevant financial activities outs	side the	submitt	ed work			
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
7. Payment for manuscript preparation	/					ADD × ADD
8. Patents (planned, pending or issued)	✓					Х
9. Royalties	✓					ADD X ADD
Payment for development of educational presentations	/					X
11. Stock/stock options	✓					A(D)D X A(D)D
 Travel/accommodations/ meeting expenses unrelated to activities listed** 	✓					×
13. Other (err on the side of full disclosure)	√					ADD X ADD
* This means money that your institution ** For example, if you report a consultance				avel related to that consult	ancy on this line.	

Section 4. Other relationships

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?

✓	No other relationships/conditions/circumstances that present a potential conflict of interes
	Yes, the following relationships/conditions/circumstances are present (explain below):



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Hide All Table Rows Checked No!

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Ostman



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Section 1. Identifying Infor	mation	
1. Given Name (First Name) Alex	2. Surname (Last Name) Manini	3. Effective Date (07-August-2008) 28-April-2015
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name
5. Manuscript Title Early Stages In the Development of Ca	annabidiol as a Treatment for	Drug Abuse
6. Manuscript Identifying Number (if you	know it)	

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Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

The Work Under Consideration f	or Pub	lication				
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	✓					×
1. Grant	✓					×
						ADD
2. Consulting fee or honorarium	✓					×
						ADD
Support for travel to meetings for the study or other purposes	\checkmark					×
						ADD
 Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like 	✓					×
						ADD
Payment for writing or reviewing the manuscript	✓					×
						ADD



The Work Under Consideration for Publication						
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
Provision of writing assistance, medicines, equipment, or administrative support	✓					×
						ADD
7. Other	✓					×
						ADD

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Relevant financial activities outside the submitted work								
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments			
1. Board membership	✓					×		
						ADD		
2. Consultancy	✓					×		
						ADD		
3. Employment	✓					×		
						ADD		
4. Expert testimony	✓					×		
						ADD		
5. Grants/grants pending	✓					×		
						ADD		
Payment for lectures including service on speakers bureaus	✓					×		

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Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments			
						ADD		
Payment for manuscript preparation	✓					×		
						ADD		
Patents (planned, pending or issued)	✓					×		
						ADD		
9. Royalties	✓					×		
						ADD		
Payment for development of educational presentations	\checkmark					×		
						ADD		
11. Stock/stock options	✓					×		
						ADD		
 Travel/accommodations/ meeting expenses unrelated to activities listed** 	√					×		
						ADD		
Other (err on the side of full disclosure)	\checkmark					×		
						ADD		
* This means money that your institution ** For example, if you report a consultance		•		ravel related to that consult	tancy on this line.			

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Hide All Table Rows Checked 'No'

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Hernandez



I. Given Name (First Name) Stephanie	2. Surnar Hernand	ne (Last Name) dez	3. Effective Date (07-August-200
4. Are you the corresponding author?	Yes	✓No	Corresponding Author's Name
. Manuscript Title arly Stages In the Development of Ca	annabidiol a	s a Treatment fo	or Drug Abuse
. Manuscript Identifying Number (if you	know i+)		

នៃប្រធៀវបាត្ត ខេត

The Work Under Consideration for Publication

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T	The Work Under Consideration for Publication									
	Туре	Ņι	Money Pand to You	Montey to Your Institutions	Name of Entity	Comments**				
1.	Grant			$\overline{\checkmark}$	NIH	nder blembyrde de Artike (1. 1964) de Argener ver en de betre Armania (1. 1964) de betre betre betre betre bet				
1.	Grant	✓				- Alexander				
2.	Consulting fee or honorarium	\checkmark				A A Supplementation				
	Support for travel to meetings for the study or other purposes	V				Particular to the second secon				
	Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like	V								
	Payment for writing or reviewing the manuscript	V								



The Work Under Consideration	e general de la company				
Туре		Paid	Money to Your Institution		Comments" [†]
 Provision of writing assistance, medicines, equipment, or administrative support 	\checkmark				
7. Other	✓				

र्वे अस्ति ।

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Relevant financial activities outside the submitted work								
Type of Relationship (in alphabetical order)	No.	the state of the state of		Entity	Comments			
1. Board membership								
2. Consultancy	\checkmark					5.48		
3. Employment	\checkmark							
4. Expert testimony	\checkmark					() () () () () () () ()		
5. Grants/grants pending	\checkmark					(ela)		
Payment for lectures including service on speakers bureaus	/							

^{*} This means money that your institution received for your efforts on this study.

^{**} Use this section to provide any needed explanation.



Relevant financial activities out	side th	e submitt	ted work			
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution	Entity	Comments	
7. Payment for manuscript preparation	V	and a many make the make a final part of the m				
8. Patents (planned, pending or issued)	✓					7.1610
9. Royalties	/					1,915
10. Payment for development of educational presentations	✓					SNe)/
11. Stock/stock options	✓					(B) (B)
 Travel/accommodations/ meeting expenses unrelated to activities listed** 	V					e versioner.
13. Other (err on the side of full disclosure)	\checkmark					94(2)2 20 21(2)10
* This means money that your institution ** For example, if you report a consultan	received cy above	l for your eff there is no r	orts. need to report tra	avel related to that consult	ancy on this line.	
Section 4 Other relations	hips				24 Co.	
Are there other relationships or active potentially influencing, what you wro	ities tha ote in th	t readers co e submitte	ould perceive to d work?	o have influenced, or tha	at give the appearance	of
✓ No other relationships/condition Yes, the following relationships/c					it	
	2)		- stephn	ne Hernandez	- 5/1/15	



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



Section 1- Identifying Inform	nation		
1. Given Name (First Name) Ruben	2. Surname (Last Name) Olmedo		ffective Date (07-August-2008) May-2015
4. Are you the corresponding author?	Yes 🗸 No	Corresponding Author's Name Dr Yasmin Hurd	
5. Manuscript Title Early Stages In the Development of Ca	nnabidiol as a Treatment fo	or Drug Abuse	
6. Manuscript Identifying Number (if you k	know it)		
Section 2. The Work Under G	Consideration for Publi	cation	
Did you or your institution at any time (including but not limited to grants, de	ata monitoring board, stud	y design, manuscript preparation	TI, Statistical allalysis, etc):
Complete each row by checking "No" "Add" button to add a row. Excess row	ws can be removed by click	Information. If you have more ing the "X" button.	than one relationship click the
The Work Under Consideration fo	or Publication Money Money No Paid You to You Instituti	r Name of Entity	Cornments**
1. Grant 1. Grant			X X ADD
2. Consulting fee or honorarium			X ADD
Support for travel to meetings for the study or other purposes			×
Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like			×
5. Payment for writing or reviewing the manuscript		1	× × 3000
Olmedo			



The Work Under Consideration f	or Publ					
Type	No	Paid	Money to Your nstitution*	Name of Entity	Comments**	
6. Provision of writing assistance, medicines, equipment, or administrative support	V					X ADD
7. Other	✓					X ADD
* This means money that your institution ** Use this section to provide any needed	received d explana	for your effo tion.	rts on this study.			
Section 3. Palevant financi		•••		ideal work		3 2,5
Section 3. Relevant financi	al activ	ities outs	ide the subm	itted work.		
Place a check in the appropriate boxe of compensation) with entities as described the "Add +" box. You should	scribed in	n the instru	ctions. Use one	e line for each entity; ad	d as manly lines as you nee	ount d by
Complete each row by checking "No "Add" button to add a row. Excess ro	" or prov ows can b	iding the re	equested inform d by clicking the	nation. If you have mor e "X" button.	e than one relationship clic	k the
					The second secon	
Relevant financial activities out	side the	e submitt	ed work			
Relevant financial activities out Type of Relationship (in alphabetical order)	side the	Money Paid to	ed work Money to Your Institution*	Entity	Comments	
Type of Relationship (in		Money Paid to	Money to Your	Entity	Comments	× ADD
Type of Relationship (in alphabetical order)	No	Money Paid to	Money to Your	Entity	Comments	
Type of Relationship (in alphabetical order) 1. Board membership	No.	Money Paid to	Money to Your Institution*	Entity Mount Sinai Hospital	Comments	ADD ×
Type of Relationship (in alphabetical order) 1. Board membership 2. Consultancy	No.	Money Paid to You	Money to Your Institution*		Comments	ADD X ADD X ADD ADD
Type of Relationship (in alphabetical order) 1. Board membership 2. Consultancy 3. Employment	No No	Money Paid to You	Money to Your Institution*		Comments	ADD X ADD X ADD X ADD X ADD X
Type of Relationship (in alphabetical order) 1. Board membership 2. Consultancy 3. Employment 4. Expert testimony	No No	Money Paid to You	Money to Your Institution*		Comments	ADD X ADD X ADD X ADD X



Relevant financial activities	outside the	submitt	ted work			
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	ADD
7. Payment for manuscript preparation	✓					×
8. Patents (planned, pending or issued)	✓					× ADD
9. Royalties	4					X ADD
Payment for development of educational presentations	V				ř	× ADD
11. Stock/stock options	V					× ADD
12. Travel/accommodations/ meeting expenses unrelated activities listed**	to 🗸					×
13. Other (err on the side of full disclosure)	V					×
* This means money that your instit ** For example, if you report a cons	ution receive ultancy above	d for your e there is no	offorts. Oneed to report trave	related to that consul	tancy on this line.	
Section 4. Other relat	ionships					
Are there other relationships or potentially influencing, what yo	activities thou wrote in t	at readers he submitt	could perceive to he ted work?	ave influenced, or th	at give the appearanc	e of
✓ No other relationships/cond Yes, the following relationsl					est	
Olmedo						2