

#### **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.

## Identifying information.

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## 3. Relevant financial activities outside the submitted work.

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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.

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**Royalties:** Funds are coming in to you or your institution due to your



Section 1. Identifying Informa	ation		
1. Given Name (First Name) Douglas	2. Surname (Last Name) Beall		3. Date 21-November-2019
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Jeffrey Lyman	Name
5. Manuscript Title Cooled Radiofrequency Ablation Demor Hyaluronic Acid for Chronic Knee Pain M		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
6. Manuscript Identifying Number (if you known JBJS-D-19-00935R1	ow it)	-	
Section 2. The Work Under Co	nsideration for Public	ation	
Did you or your institution <b>at any time</b> received any aspect of the submitted work (including statistical analysis, etc.)?  Are there any relevant conflicts of interesting the state of t	but not limited to grants, da	ta monitoring board, study	design, manuscript preparation,
If yes, please fill out the appropriate info Excess rows can be removed by pressing		e more than one entity p	oress the "ADD" button to add a row
Name of Institution/Company	Grant? Personal Nor	n-Financial Other?	Comments
Avanos Medical	<b>✓</b>	Re	search Funding
Section 3. Relevant financial a	activities outside the s	ubmitted work.	
Place a check in the appropriate boxes ir of compensation) with entities as describ clicking the "Add +" box. You should rep Are there any relevant conflicts of intere-	oed in the instructions. Us ort relationships that wer st?	e one line for each entit	y; add as many lines as you need by



Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments	
Medtronic, Spineology, Merit Medical, Lilly, Johnson & Johnson, SpinTech, Imaging3, IZI, Medlantis, Techlamed, Consultant, Peterson Enterprises, Medical Metrics, Radius Pharmaceuticals, Avanos, Vertiflex, Sollis Pharmaceuticals, Simplify Medical, Stryker, Lenoss Medical, Spine BioPharma, Piramal, ReGelTec	<b>√</b>				Consulting	
Medtronic, SpinTech, Medical Metrics, Avanos, Relievant, Vertiflex, Stryker, Sollis Pharmaceuticals, Simplify Medical, Lenoss Medical, Spine BioPharma					Research Funding	
Medtronic, Imaging3, ReGelTec, Nanofuse SpinTech, Nocimed					Board Member	
Artio, Sophiris, Eleven Biotherapeutics, Radius Pharmaceuticals, Flow Forward, Lenoss Medical, Spine BioPharma				<b>√</b>	Stock Holder	
Thieme, Springer, Humana				<b>✓</b>	Editorial Support	
Eli Lilly, Radius Pharmaceuticals, Stryker, Medtronic, Vivex, Vertiflex, Merit, Medlantis, Avanos, Piramal					Speakers Bureau	
Section 4. Intellectual Propert	y Pate	ents & Cop	oyrights			
Do you have any patents, whether plann	ed, pendi	ing or issue	ed, broadly releva	nt to the	work? ☐ Yes 🗸 No	
Section 5. Relationships not c	Section 5. Relationships not covered above					
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?						
Yes, the following relationships/conditions/circumstances are present (explain below):  No other relationships/conditions/circumstances that present a potential conflict of interest						
At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.						

### Section 6.

#### **Disclosure Statement**

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

#### Dr. Beall reports grants from Avanos Medical

, during the conduct of the study; grants from Medtronic, Spineology, Merit Medical, Lilly, Johnson & Johnson, SpinTech, Imaging3, IZI, Medlantis, Techlamed, Consultant, Peterson Enterprises, Medical Metrics, Radius Pharmaceuticals, Avanos, Vertiflex, Sollis Pharmaceuticals, Simplify Medical, Stryker, Lenoss Medical, Spine BioPharma, Piramal, ReGelTec, from Medtronic, SpinTech, Medical Metrics, Avanos, Relievant, Vertiflex, Stryker, Sollis Pharmaceuticals, Simplify Medical, Lenoss Medical, Spine BioPharma, from Medtronic, Imaging3, ReGelTec, Nanofuse SpinTech, Nocimed

, other from Artio, Sophiris, Eleven Biotherapeutics, Radius Pharmaceuticals, Flow Forward, Lenoss Medical, Spine BioPharma, other from Thieme, Springer, Humana, from Eli Lilly, Radius Pharmaceuticals, Stryker, Medtronic, Vivex, Vertiflex, Merit, Medlantis, Avanos, Piramal, outside the submitted work;

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Badiola 1



Section 1. Identifying Inform	nation	
1. Given Name (First Name) Ignacio	2. Surname (Last Name) Badiola	3. Date 21-November-2019
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Jeffrey Lyman
5. Manuscript Title Cooled Radiofrequency Ablation Demo Hyaluronic Acid for Chronic Knee Pain N 6. Manuscript Identifying Number (if you kr	Management: A Multi-Cent	nd Equivalent Safety Compared to a Single Injection of er, Randomized, Clinical Trial
JBJS-D-19-00935R1		-
Section 2. The Work Under Co	onsideration for Public	ation
	but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation,
· ·	ormation below. If you hav	e more than one entity press the "ADD" button to add a row.
Name of Institution/Company	Giant	o-Financial other? Comments
Avanos		fees went to institution, not me
Section 3. Relevant financial	activities outside the s	ubmitted work.
of compensation) with entities as descr clicking the "Add +" box. You should re	ibed in the instructions. Us port relationships that wer	ether you have financial relationships (regardless of amount e one line for each entity; add as many lines as you need by e present during the 36 months prior to publication.
Are there any relevant conflicts of intere	est? Yes 🗸 No	
Section 4. Intellectual Proper	rty Patents & Copyrig	hts
Do you have any patents, whether plan	ned, pending or issued, br	oadly relevant to the work? Yes V No

Badiola 2



Section 5.	
Section 5.	Relationships not covered above
	elationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?
Yes, the follow	wing relationships/conditions/circumstances are present (explain below):
✓ No other rela	tionships/conditions/circumstances that present a potential conflict of interest
	anuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. rnals may ask authors to disclose further information about reported relationships.
Section 6.	
Section 0.	Disclosure Statement
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Dr. Badiola repo	rts personal fees to the University of Pennsylvania from Avanos, during the conduct of the study; .

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Section 1. Identifying		
Identifying	Information	
1. Given Name (First Name) Antonia F.	2. Surname (Last Name) Chen	3. Date 21-November-2019
4. Are you the corresponding auth	nor? Yes ✓ No	Corresponding Author's Name Jeffrey Lyman
	ee Pain Management: A Multi-Cen	and Equivalent Safety Compared to a Single Injection of Iter, Randomized, Clinical Trial
Section 2		
Section 2. The Work U	Inder Consideration for Publi	cation
	(including but not limited to grants, d	n a third party (government, commercial, private foundation, etc.) for ata monitoring board, study design, manuscript preparation,
•		ve more than one entity press the "ADD" button to add a row.
Excess rows can be removed by		· ·
Name of Institution/Company	Grant'	n-Financial Other? Comments
Avanos		Consultant
Section 3. Relevant fi	nancial activities outside the	submitted work.
of compensation) with entities	as described in the instructions. U hould report relationships that we s of interest?	nether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by re <b>present during the 36 months prior to publication</b> .
Name of Entity	Grant•	n-Financial Other? Comments
SLACK publishing		Royalties
oint Purification Systems		<b>✓</b> Equity
ACI		Consultant



Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Stryker		$\checkmark$			Consultant
bOne		$\checkmark$			Consultant
Sonoran Biosciences				<b>√</b>	Equity
Graftworx				$\checkmark$	Equity
OREF	✓				Completed grant
Pfizer		$\checkmark$			Consultant
Irrisept		$\checkmark$			Consultant and Equity
Convatec		$\checkmark$			Consultant
3M		$\checkmark$			Consultant
Recro		$\checkmark$			Advisory Board
Zimmer		$\checkmark$			Consultant
Heraeus		$\checkmark$			Consultant
American Medical Foundation		$\checkmark$			Consultant
Zimmer		<b>✓</b>			Research Consultant
Hyalex				<b>✓</b>	Advisory Board - Equity
DePuy		<b>✓</b>			Consultant
JBJS				<b>√</b>	Board of Associate Editors for JBJS Case Connector

Section 4.		
Deciron II	Intellectual Property Patents & Copyrights	
Do you have any	patents, whether planned, pending or issued, broadly relevant to the work?	✓ No



Section 5.	Relationships not covered above
	elationships or activities that readers could perceive to have influenced, or that give the appearance of ncing, what you wrote in the submitted work?
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Dr. Chen reports personal fees from Avanos, during the conduct of the study; personal fees from SLACK publishing, other from Joint Purification Systems, personal fees from ACI, personal fees from Stryker, personal fees from bOne, other from Sonoran Biosciences, other from Graftworx, grants from OREF, personal fees from Pfizer, personal fees from Irrisept, personal fees from Convatec, personal fees from 3M, personal fees from Recro, personal fees from Zimmer, personal fees from Heraeus, personal fees from American Medical Foundation, personal fees from Zimmer, other from Hyalex, personal fees from DePuy, outside the submitted work;

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atent

DePalma 1



Section 1.	Identifying Inform	nation			
1. Given Name (Fir Michael	st Name)	2. Surname (Last Name DePalma	<u>e</u> )	3. Date 22-Noven	nber-2019
4. Are you the corr	esponding author?	☐ Yes ✓ No	Correspond Jeffrey Lym	ing Author's Name nan	
Hyaluronic Acid f	uency Ablation Demo or Chronic Knee Pain N tifying Number (if you kr	Management: A Multi-0	•	t Safety Compared to a Si zed, Clinical Trial	ingle Injection of
Section 2.	The Work Under Co	onsideration for Pu	blication		
any aspect of the su statistical analysis, of Are there any rele If yes, please fill o	ubmitted work (including etc.)? evant conflicts of intere	g but not limited to grant: est?	s, data monitoring	government, commercial, pr board, study design, manus one entity press the "ADI	cript preparation,
Name of Instituti	on/Company	Grant? Personal Fees?	Non-Financial Support?	Other? Comments	
Avanos				Clinical Advisory E	3oard
Section 3.	Relevant financial	activities outside tl	ne submitted v	vork.	
of compensation; clicking the "Add Are there any rele	) with entities as descri	ibed in the instructions port relationships that	s. Use one line for were <b>present du</b>	ve financial relationships r each entity; add as man uring the 36 months prio	y lines as you need by
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Do you have any	patents, whether plan	ned, pending or issuec	l, broadly relevar	nt to the work? Yes	✓ No

DePalma 2



Carrier F						
Section 5.	Relationships not covered above					
	elationships or activities that readers could perceive to have influenced, or that give the appearance of ncing, what you wrote in the submitted work?					
✓ Yes, the follow	Yes, the following relationships/conditions/circumstances are present (explain below):					
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I have served on	the clinical advisory board to Avanos Medical and am also a co-investigator on this clinical trial					
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earning royalties or not

**Royalties:** Funds are coming in to you or your institution due to your

patent

Kohan 1



Section 1.	Identifying Inform	nation		
1. Given Name (Fi Lynn	rst Name)	2. Surname (Last Name) Kohan		3. Date 21-November-2019
4. Are you the cor	responding author?	ding author? Yes Von Corresponding Author's Name		me
Hyaluronic Acid	quency Ablation Demo for Chronic Knee Pain I ntifying Number (if you kr	Management: A Multi-Ce	and Equivalent Safety Comp nter, Randomized, Clinical Tr	pared to a Single Injection of rial
Section 2.	The Work Under C	onsideration for Pub	lication	
any aspect of the s statistical analysis, Are there any rel If yes, please fill o	ubmitted work (including etc.)? evant conflicts of intere	g but not limited to grants, one set? Yes No ormation below. If you have	data monitoring board, study de	ommercial, private foundation, etc.) for esign, manuscript preparation, ess the "ADD" button to add a row.
Name of Institut	ion/Company	Grant	on-Financial Other? Cor	mments
Avanos				
	ı			
Section 3.	Relevant financial	activities outside the	submitted work.	
of compensatior clicking the "Adc Are there any rel	n) with entities as descr I +" box. You should re evant conflicts of intere	ibed in the instructions. I port relationships that w est? Yes 🗸 No	Jse one line for each entity; a ere <b>present during the 36 n</b>	lationships (regardless of amount add as many lines as you need by nonths prior to publication.
Section 4.	Intellectual Prope	rty Patents & Copyr	ights	
Do you have any	patents, whether plan	ned, pending or issued, l	oroadly relevant to the work	? ☐ Yes ✓ No

Kohan 2



Section 5. Relationships not covered above
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?
Yes, the following relationships/conditions/circumstances are present (explain below):  No other relationships/conditions/circumstances that present a potential conflict of interest
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Section 6. Disclosure Statement
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Dr. Kohan reports personal fees from Avanos, during the conduct of the study; .

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Kohan 3



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Royalties: Funds are coming in to you or your institution due to your

Lyman 1



Section 1. Identifying Inf		
Identifying Inf	ormation	
1. Given Name (First Name) Jeffrey	2. Surname (Last Name) Lyman	3. Date 25-November-2019
4. Are you the corresponding author?	✓ Yes No	
The state of the s	ain Management: A Multi-Center, Ran	nivalent Safety Compared to a Single Injection of additional and additional Trial
Section 2. The Work Under	er Consideration for Publication	
any aspect of the submitted work (inclustatistical analysis, etc.)?  Are there any relevant conflicts of in	iding but not limited to grants, data moni nterest?	Other• Comments
Section 3. Relevant finance	cial activities outside the submit	tted work.
Place a check in the appropriate bo of compensation) with entities as d	xes in the table to indicate whether your secribed in the instructions. Use one I direport relationships that were <b>presenter</b> of the presenter of the presente	ou have financial relationships (regardless of amount line for each entity; add as many lines as you need by ent during the 36 months prior to publication.
Name of Entity	Grant? Personal Non-Finar Fees? Support	Other•   Comments
stryker Orthopedics		

Lyman 2



Section 4. Intellectual Property - Potents & Converights
Intellectual Property Patents & Copyrights
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Volume
Section 5. Relationships not covered above
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Dr. Lyman reports grants, personal fees and non-financial support from Avanos, during the conduct of the study; grants and personal fees from Stryker Orthopedics, outside the submitted work;.

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Royalties: Funds are coming in to you or your institution due to your

Pingree 1



Section 1. Identifying Inform	ation						
1. Given Name (First Name) Matthew	2. Surname (Last Nam Pingree	ne)		3. Date 02-December-2019			
4. Are you the corresponding author?	Yes ✓ No	•	Corresponding Author's Name Jeffrey Lyman, MD				
5. Manuscript Title Cooled Radiofrequency Ablation Demor Hyaluronic Acid for Chronic Knee Pain M		•	•				
6. Manuscript Identifying Number (if you kn JBJS-D-19-00935R1	ow it)						
Section 2. The Work Under Co	ancidovation for D	hlication					
Did you or your institution <b>at any time</b> receivany aspect of the submitted work (including statistical analysis, etc.)?  Are there any relevant conflicts of intere If yes, please fill out the appropriate info Excess rows can be removed by pressing	est?  Yes  Pormation below. If you	ts, data monitoring	board, stu	udy design, manuscript preparation,			
Name of Institution/Company	Grant? Personal Fees?	Non-Financial Support?	Other?	Comments			
Avanos			$\checkmark$	As per study protocol for completion of the study - all funds paid to the instituion.			
Section 3. Relevant financial a	activities outside t	he submitted v	work.				
Place a check in the appropriate boxes in of compensation) with entities as descril clicking the "Add +" box. You should rep Are there any relevant conflicts of intere If yes, please fill out the appropriate info	bed in the instruction port relationships that est?   Yes   N	s. Use one line fo	r each en	ntity; add as many lines as you need by			
Name of Entity	Grant? Personal Fees?	Non-Financial Support?	Other?	Comments			
Avanos			<b>√</b>	Our practice utilizes their products to			

Pingree 2



Section 4. Intellectual Property Patents & Copyrights
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes V No
Section 5. Relationships not covered above
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Dr. Pingree reports other from Avanos, during the conduct of the study; other from Avanos, outside the submitted work; .

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patent

GUIRGUIS 1



Section 1. Ide	entifying Informa	tion						
1. Given Name (First Na MAGED	me)	2. Surname (L GUIRGUIS	.ast Name)			3. Date 22-November-2019		
4. Are you the correspo	nding author?	☐ Yes 🔽	✓ No	Corresponding Author's Name Jeffrey Lyman				
<ol> <li>Manuscript Title</li> <li>Cooled Radiofrequen</li> <li>Hyaluronic Acid for C</li> <li>Manuscript Identifyir</li> <li>JBJS-D-19-00935R1</li> </ol>	hronic Knee Pain Ma	anagement: <i>I</i>	-	-		ompared to a Single Injectior al Trial	ı of	
Section 2. The	· Work Under Co	ncideration	for Publi	cation				
Did you or your instituti any aspect of the submi statistical analysis, etc.)? Are there any relevan	on <b>at any time</b> receiv tted work (including b t conflicts of interes ne appropriate infor	e payment or so but not limited t? Yes mation below	services from to grants, d \tag{No} v. If you ha	n a third party ( ata monitoring	board, stud	t, commercial, private foundation ly design, manuscript preparation press the "ADD" button to a	on,	
Name of Institution/	Company	Grant•	3	n-Financial Support	Other?	Comments		
Avanos Medical		<b>✓</b>			R	esearch Support		
Section 3. Rel	evant financial a	ctivities ou	tside the	submitted	work.			
of compensation) wit	h entities as describ ox. You should repo t conflicts of interes	ed in the instort relationsh t?	ructions. U ips that we \ No	se one line fo	r each enti	l relationships (regardless of ty; add as many lines as you 86 months prior to publicat	need by	
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AVANOS incop.			<b>✓</b>		c	onsultation for workshops		

GUIRGUIS 2



Section 4. Intellectual Property Patents & Copyrights
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes V
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Dr. GUIRGUIS reports grants from Avanos Medical, during the conduct of the study; personal fees from AVANOS incop., outside the submitted work;.

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**koyaities:** Funds are coming in to you or your institution due to your patent

Khalouf 1



Section 1. Identifying Inform			
Identifying Inform	ation		
1. Given Name (First Name) Fred	2. Surname (Last Name) Khalouf		3. Date 23-November-2019
4. Are you the corresponding author?	✓ Yes No		
<ol> <li>Manuscript Title</li> <li>Cooled Radiofrequency Ablation Demor</li> <li>Hyaluronic Acid for Chronic Knee Pain M</li> <li>Manuscript Identifying Number (if you kneed)</li> <li>JBJS-D-19-00935R1</li> </ol>	lanagement: A Multi-Cer	-	
Section 2. The Work Under Co	nsideration for Publ	ication	
any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of intere	but not limited to grants, d st?	lata monitoring board, s	nent, commercial, private foundation, etc.) for study design, manuscript preparation, tity press the "ADD" button to add a row.
Name of Institution/Company	Grant	on-Financial Support	Comments
Avanos Medical	<b>V</b>		Research support
Section 3. Relevant financial a	activities outside the	submitted work.	
Place a check in the appropriate boxes in of compensation) with entities as descril clicking the "Add +" box. You should rep Are there any relevant conflicts of intere	oed in the instructions. User trelations are that we have the tree to the tree that we have the tree to the tree tree to the tree tree tree tree tree tree tree	Jse one line for each e	entity; add as many lines as you need by
Section 4. Intellectual Property			
Intellectual Proper	ty Patents & Copyri	ights	
Do you have any patents, whether plann	ed, pending or issued, b	proadly relevant to the	e work? Yes No

Khalouf 2



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**Royalties:** Funds are coming in to you or your institution due to your patent

Loudermilk 1



Section 1.	Identifying Inform	nation			
1. Given Name (Fi Eric	rst Name)	2. Surname (Last Name) Loudermilk	)	3. Date 23-Novem	ber-2019
4. Are you the cor	responding author?	Yes V No	Correspondin Jeffrey Lyma		
Hyaluronic Acid	quency Ablation Demo for Chronic Knee Pain N ntifying Number (if you kn	/Janagement: A Multi-Co	•	Safety Compared to a Sined, Clinical Trial	ngle Injection of
Section 2.	The Work Under Co	onsideration for Pub	olication		
any aspect of the s statistical analysis, Are there any rel If yes, please fill o	ubmitted work (including etc.)? evant conflicts of intere	but not limited to grants, est?  Yes  No ormation below. If you h	data monitoring b	overnment, commercial, pri oard, study design, manusc ne entity press the "ADD	cript preparation,
Name of Institut	ion/Company	Grant? Personal Fees?	Ion-Financial Support?	other? Comments	
Avanos Medical		<b>✓</b>		Research support	
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Section 3.	Relevant financial	activities outside th	e submitted wo	ork.	
of compensation clicking the "Adc Are there any rel	) with entities as descri	bed in the instructions. port relationships that v	Use one line for evere <b>present dur</b>	e financial relationships ( each entity; add as many <b>ing the 36 months prio</b>	lines as you need by
Section 4.	Intellectual Proper	ty Patents & Copy	rights		
Do you have any	patents, whether plan	ned, pending or issued,	broadly relevant	to the work? Yes	<b>✓</b> No

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Section 5. Relationships not sovered above
Relationships not covered above
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?
Yes, the following relationships/conditions/circumstances are present (explain below):
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Section 6. Disclosure Statement
Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.
Dr. Loudermilk reports grants from Avanos Medical, during the conduct of the study;.

## **Evaluation and Feedback**

Please visit <a href="http://www.icmje.org/cgi-bin/feedback">http://www.icmje.org/cgi-bin/feedback</a> to provide feedback on your experience with completing this form.

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#### **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.

## Identifying information.

## 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 "Yes".

## 3. Relevant financial activities outside the submitted work.

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Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

# 4. Intellectual Property.

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

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### 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

Zora 1



Section 1.	Identifying Inform	ation					
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4. Are you the cor	responding author?	☐ Yes ✓ No		Corresponding Author's Name Jeffrey Lyman			
Hyaluronic Acid	quency Ablation Demor for Chronic Knee Pain M ntifying Number (if you kn	lanagement: A Mul	•			ngle Injection of	:
Section 2.	The Work Under Co	onsideration for I	Publication				
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Name of Institut	ion/Company	Grant? Persona	Non-Financial	Other? Con	nments		
Avanos		<b>✓</b>		Resea	rch Support		
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Section 3.	Relevant financial a	activities outside	the submitted	work.			
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Section 4.	Intellectual Proper	ty Patents & Co	pyrights				
Do you have any	patents, whether planr	ned, pending or issu	ed, broadly relev	ant to the work?	Yes	<b>√</b> No	

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