

ICMJE DISCLOSURE FORM

Date: May 31, 2021

Your Name: Robert R. Slater, Jr., M.D.

Manuscript Title: **WHAT ACTUALLY HAPPENS AFTER ONE INJECTS A STEROID INTO THE CARPAL TUNNEL OF A PATIENT?**

Manuscript number (if known): N/A. Pending assignment. _____

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.

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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.

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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.	<u>X</u> None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>X</u> None	
3	Royalties or licenses	<u>X</u> None	
4	Consulting fees	<u>X</u> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
6	Payment for expert testimony		Occasional medicolegal consulting work.
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
8	Patents planned, issued or pending		Two patents owned. None pertinent to this manuscript.
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid		President, Western Orthopaedic Foundation Secretary, California Orthopaedic Foundation Member, Board of Directors, California Orthopaedic Association.
11	Stock or stock options		Johnson & Johnson Abbott Laboratories
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
13	Other financial or non-financial interests		Co-Owner, Folsom Surgery Center

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


R. SLATER.
6/1/21