

ICMJE Form for Disclosure of Potential Conflicts of Interest

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.

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4. Intellectual Property.

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

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1.

Identifying Information

1. Given Name (First Name)

Min Cheol

2. Surname (Last Name)

Chang

3. Date

20-July-2020

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Kyung Hee Do

5. Manuscript Title

The clinical ability of contrast-enhanced magnetic resonance imaging to predict treatment outcomes for lumbar facet joint pain

6. Manuscript Identifying Number (if you know it)

APM-20-313

Section 2.

The Work Under Consideration for Publication

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☒ No

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Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?

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Dr. Chang 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) You Gyoung	2. Surname (Last Name) Yi	3. Date 20-July-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Kyung Hee Do
5. Manuscript Title The clinical ability of contrast-enhanced magnetic resonance imaging to predict treatment outcomes for lumbar facet joint pain		
6. Manuscript Identifying Number (if you know it) APM-20-313		

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Section 1. Identifying Information

1. Given Name (First Name) Hea-Eun	2. Surname (Last Name) Yang	3. Date 20-July-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Kyung Hee Do
5. Manuscript Title The clinical ability of contrast-enhanced magnetic resonance imaging to predict treatment outcomes for lumbar facet joint pain		
6. Manuscript Identifying Number (if you know it) APM-20-313		

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

Section 4. Intellectual Property -- Patents & Copyrights

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Section 1.

Identifying Information

1. Given Name (First Name)

Jang Ho

2. Surname (Last Name)

Lee

3. Date

20-July-2020

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Kyung Hee Do

5. Manuscript Title

The clinical ability of contrast-enhanced magnetic resonance imaging to predict treatment outcomes for lumbar facet joint pain

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Ji Hwan

2. Surname (Last Name)

Kim

3. Date

20-July-2020

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☐ Yes

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Dr. Kim has nothing to disclose.

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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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Kyung Hee

2. Surname (Last Name)

Do

3. Date

20-July-2020

4. Are you the corresponding author?

☒ Yes ☐ No

5. Manuscript Title

The clinical ability of contrast-enhanced magnetic resonance imaging to predict treatment outcomes for lumbar facet joint pain

6. Manuscript Identifying Number (if you know it)

APM-20-313

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? ☐ Yes ☒ No

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 publication**.

Are there any relevant conflicts of interest? ☐ Yes ☒ No

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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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

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

Dr. Do has nothing to disclose.

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