

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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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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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)

Jill

2. Surname (Last Name)

Simonian

3. Date

05-August-2020

4. Are you the corresponding author?

Yes No

5. Manuscript Title

A Critical Narrative Review of Medical Cannabis in Pediatrics Beyond Epilepsy, Part II: Neurodevelopmental, Movement, and Pain Disorders

6. Manuscript Identifying Number (if you know it)

PM-20-69

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Dr. Simonian has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Swathi

2. Surname (Last Name)

Varanasi

3. Date

05-August-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Jill Simonian

5. Manuscript Title

A Critical Narrative Review of Medical Cannabis in Pediatrics Beyond Epilepsy, Part II: Neurodevelopmental, Movement, and Pain Disorders

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Section 1. Identifying Information

1. Given Name (First Name) Joel	2. Surname (Last Name) Diaz	3. Date 02-August-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Jill Simonian
5. Manuscript Title A Critical Narrative Review of Medical Cannabis in Pediatrics Beyond Epilepsy, Part II: Neurodevelopmental, Movement, and Pain Disorders		
6. Manuscript Identifying Number (if you know it) PM-20-69		

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Section 1. Identifying Information

1. Given Name (First Name) George	2. Surname (Last Name) Richards	3. Date 05-August-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Jill Simonian
5. Manuscript Title A Critical Narrative Review of Medical Cannabis in Pediatrics Beyond Epilepsy, Part II: Neurodevelopmental, Movement, and Pain Disorders		
6. Manuscript Identifying Number (if you know it) PM-20-69		

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Janice

2. Surname (Last Name)

Hoffman

3. Date

05-August-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Jill Simonian

5. Manuscript Title

A Critical Narrative Review of Medical Cannabis in Pediatrics Beyond Epilepsy, Part II: Neurodevelopmental, Movement, and Pain Disorders

6. Manuscript Identifying Number (if you know it)

PM-20-69

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.)?

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Dr. Hoffman has nothing to disclose.

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