

# ICMJE DISCLOSURE FORM

Date: 2-28-21  
 Your Name: Chad Dammling  
 Manuscript Title: Extra-articular use of pharmacologic agents  
 Manuscript number (if known): FOMM-2020-TJDDM-05(FOMM-20-37)

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The following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

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.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<div>None</div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>	
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<div>None</div> <div></div> <div></div>	
3	Royalties or licenses	<div>None</div> <div></div> <div></div>	
4	Consulting fees	<div>None</div> <div></div> <div></div>	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	___ None	
6	Payment for expert testimony	___ None	
7	Support for attending meetings and/or travel	___ None	
8	Patents planned, issued or pending	___ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	___ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	___ None	
11	Stock or stock options	___ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	___ None	
13	Other financial or non-financial interests	___ None	

Please place an "X" next to the following statement to indicate your agreement:

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

# ICMJE DISCLOSURE FORM

Date: 2-28-21  
 Your Name: Brian Kinard  
 Manuscript Title: Extra-articular use of pharmacologic agents  
 Manuscript number (if known): FOMM-2020-TJDDM-05(FOMM-20-37)

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 Your Name: Shelly Abramowicz  
 Manuscript Title: Extra-articular use of pharmacologic agents  
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