

# ICMJE DISCLOSURE FORM

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Date: 30. juni 2021

Your name: Mikkel Kunwald

Manuscript title: Spinal Cord Stimulation (SCS) in complex regional pain syndrome type 2 (CRPS-2) a one year follow-up

Manuscript number (if known): UFL-06-21-0521

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.

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		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.)  No time limit for this item.	<input checked="" type="checkbox"/> None	

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<b>Time frame: past 36 months</b>			
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3	Royalties or licenses	<input checked="" type="checkbox"/> None	

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

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Date: 21. juni 2021

Your name: Helga Angela Gulisano

Manuscript title: Spinal Cord Stimulation (SCS) in complex regional pain syndrome type 2 (CRPS-2) a one year follow-up

Manuscript number (if known): UFL-06-21-0521

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3	Royalties or licenses	<input checked="" type="checkbox"/> None	

4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		Medtronic	Teaching fee
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
		Medtronic	Proctoring fee
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
		Medtronic	Travel support
		Boston	Travel support
		Abbott	Travel support
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
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Date: 30. juni 2021

Your name: Carsten Reidies Bjarkam

Manuscript title: Spinal Cord Stimulation (SCS) in complex regional pain syndrome type 2 (CRPS-2) a one year follow-up

Manuscript number (if known): UFL-06-21-0521

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