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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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) | Vwaire
2. Surname (Last Name) | Orhurhu
3. Date | 17-May-2020

4. Are you the corresponding author? | Yes ✔ No

5. Manuscript Title
The role of peripheral brain-derived neurotrophic factor in chronic osteoarthritic joint pain

6. Manuscript Identifying Number (if you know it)
APM-20-888

**Section 2. The Work Under Consideration for Publication**

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Dr. Orhurhu has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Robert

2. Surname (Last Name)  
   Chu

3. Date  
   17-May-2020

4. Are you the corresponding author?  
   Yes ☐  No ☑  
   Corresponding Author's Name  
   Vwaire Orhurhu

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Dr. Chu has nothing to disclose.

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Ogunsola
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<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>2. Surname (Last Name)</th>
<th>3. Date</th>
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<tbody>
<tr>
<td>Sebele</td>
<td>Ogunsola</td>
<td>17-May-2020</td>
</tr>
</tbody>
</table>

4. Are you the corresponding author?  
   - [ ] Yes  
   - [x] No  

5. Manuscript Title  
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Dr. Ogunsola has nothing to disclose.

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   Loretta
2. Surname (Last Name)  
   Akpala
3. Date  
   17-May-2020
4. Are you the corresponding author?  
   ☑ No
   Corresponding Author's Name  
   Vwaire Orhurhu

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Dr. Akpala has nothing to disclose.

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Salisu Orhurhu
ICMJE Form for Disclosure of Potential Conflicts of Interest

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1. Given Name (First Name)  Mariam
2. Surname (Last Name)  Salisu Orhurhu
3. Date  17-May-2020
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   ☐ No
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Dr. Salisu Orhurhu has nothing to disclose.

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## Identifying Information

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<th>1. Given Name (First Name)</th>
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<th>4. Are you the corresponding author?</th>
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Are there any relevant conflicts of interest? ☐ Yes ✓ No

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Dr. Uritos has nothing to disclose.

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   Ngo

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Dr. Ngo has nothing to disclose.

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   Omar

2. Surname (Last Name)  
   Viswanath

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Corresponding Author’s Name  
   Vwaire Orhurhu

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2. Surname (Last Name) Kaye
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Corresponding Author's Name
Vwaire Orhurhu

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