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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Royalties: Funds are coming in to you or your institution due to your patent

Azadian
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Farid
2. Surname (Last Name) Azadian
3. Date 02-April-2020
4. Are you the corresponding author? ☑ Yes □ No

5. Manuscript Title Irritable Bowel Syndrome, an Avenue for Therapeutic Restoration of Peripheral Nerve Imbalance
6. Manuscript Identifying Number (if you know it) MAP-19-228

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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Section 4. Intellectual Property -- Patents & Copyrights

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Section 6. Disclosure Statement

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Dr. Azadian has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name) Courtney
2. Surname (Last Name) Frengopoulos
3. Date 02-April-2020
4. Are you the corresponding author? ☐ Yes ☑ No
   Corresponding Author's Name Farid Azadian
5. Manuscript Title Irritable Bowel Syndrome, an Avenue for Therapeutic Restoration of Peripheral Nerve Imbalance
6. Manuscript Identifying Number (if you know it) MAP-19-228

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

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Dr. Frengopoulos has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Katherine
2. Surname (Last Name)  Wilkie
3. Date  02-April-2020
4. Are you the corresponding author?  ☑ No
Corresponding Author's Name  Farid Azadian
5. Manuscript Title
Irritable Bowel Syndrome, an Avenue for Therapeutic Restoration of Peripheral Nerve Imbalance
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<tr>
<th>1. Given Name (First Name)</th>
<th>2. Surname (Last Name)</th>
<th>3. Date</th>
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</thead>
<tbody>
<tr>
<td>Mary</td>
<td>Ryan</td>
<td>02-April-2020</td>
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</tbody>
</table>

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

- **Corresponding Author's Name**
  Farid Azadian

5. Manuscript Title
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