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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ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. Given Name (First Name)  
   Gary

2. Surname (Last Name)  
   Klasser

3. Date  
   05-July-2020

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

5. Manuscript Title  
   Masticatory muscle pain: Diagnostic considerations, pathophysiologic theories and future directions

6. Manuscript Identifying Number (if you know it)  
   FOMM-2020-TJDDM-01(FOMM-20-33)

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

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Are there any relevant conflicts of interest?  ❏ Yes  ✔ No

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Dr. Klasser has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Jeremy

2. Surname (Last Name)  
   Lau

3. Date  
   05-July-2020

4. Are you the corresponding author?  
   Yes ☐ No ☑

   Corresponding Author’s Name  
   Gary Klasser

5. Manuscript Title  
   Masticatory muscle pain: Diagnostic considerations, pathophysiologic theories and future directions

6. Manuscript Identifying Number (if you know it)  
   FOMM-2020-TJDDM-01(FOMM-20-33)

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  
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Are there any relevant conflicts of interest?  
   Yes ☐ No ☑

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
   Yes ☐ No ☑
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Dr. Lau has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Lalima
2. Surname (Last Name)  Tiwari
3. Date  05-July-2020
4. Are you the corresponding author?  Yes  No  ✔
   Corresponding Author’s Name  Gary D. Klasser
5. Manuscript Title  Masticatory muscle pain: Diagnostic considerations, pathophysiologic theories and future directions
6. Manuscript Identifying Number (if you know it)  FOMM-2020-TJDDM-01(FOMM-20-33)

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### Section 1: Identifying Information

1. **Given Name (First Name)**: Ramesh  
2. **Surname (Last Name)**: Balasubramaniam  
3. **Date**: 06-July-2020  
4. **Are you the corresponding author?**: No  
5. **Manuscript Title**: Extra-articular masticatory muscle pain: diagnostic considerations  
6. **Manuscript Identifying Number (if you know it)**: FOMM-2020-TJDDM-01(FOMM-20-33)

### Section 2: The Work Under Consideration for Publication

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Dr. Balasubramaniam has nothing to disclose.

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