Date:			11/13/2022		
You	r Name:		Alexander M. Binshtok		
Manuscript Title:			Nociception and pain in humans lacking fur	nctional TRPV1 channel	
Mai	nuscript Number (if k	known):	153558-JCI-RG-1		
In the interest of transparency, we content of your manuscript. "Rela affected by the content of the maindicate a bias. If you are in doubt. The author's relationships/activitic epidemiology of hypertension, you that medication is not mentioned."			ated" means any relation with for-profit or no nuscript. Disclosure represents a commitme t about whether to list a relationship/activity es/interests should be defined broadly. For e u should declare all relationships with manuf in the manuscript.	/interest, it is preferable that you do so.	
			l entities with whom you have this ship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
			Time frame: Since the initial planning	of the work	
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.	⊠ N	one	Click the tab key to add additional rows.	
			Time frame: past 36 month	s	
2	Grants or contracts from any entity (if not indicated in item #1 above).	Israel S Teva's I Neuros Teva's I	cience Foundation grant 368/19 (BM). National Network of Excellence in cience grant 0394886 (BM, AMB) National Network of Excellence in cience Post-Doctoral fellowship (BK)		
3	Royalties or licenses	× N	one		

			fications/Comments (e.g., if payments were to you or to your institution)
4	Consulting fees	None	
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 None	
8	Patents planned, issued or pending	None None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None None	

			e all entities with whom you have this onship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
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	
Plea	Please place an "X" next to the following statement to indicate your agreement:			

			ICIVISE DISCLOSURE I O	IVIAI
Dat	e:		11/13/2022	
You	ır Name:		Baruch Minke	
Mai	nuscript Title:		Nociception and pain in humans lacking fur	nctional TRPV1 channel
Mai	nuscript Number (if l	known):	153558-JCI-RG-1	
con affe indi The epic that	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. 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			
fran	ne for disclosure is th	ne past 36	months.	
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
Plea	Please place an "X" next to the following statement to indicate your agreement:			

Date	e:	11/13/2022			
You	r Name:	Ben Katz	Ben Katz		
Manuscript Title:		Nociception and pain in humans lacking fu	nctional TRPV1 channel		
Mai	nuscript Number (if I	nown): _ 153558-JCI-RG-1			
con affe indi	tent of your manuscr cted by the content of cate a bias. If you are author's relationship	irency, we ask you to disclose all relationships/activitipt. "Related" means any relation with for-profit or rof the manuscript. Disclosure represents a commitme in doubt about whether to list a relationship/activitors/activities/interests should be defined broadly. For nsion, you should declare all relationships with manu	ot-for-profit third parties whose interests may be ent to transparency and does not necessarily y/interest, it is preferable that you do so. example, if your manuscript pertains to the		
-		entioned in the manuscript.	racturers of antinypertensive medication, even in		
	em #1 below, report ne for disclosure is th	all support for the work reported in this manuscript verset and some past 36 months.	vithout time limit. For all other items, the time		
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Plea	Please place an "X" next to the following statement to indicate your agreement:			

Date:	11/13/2022
Your Name:	Channa Maayan
Manuscript Title:	Nociception and pain in humans lacking functional TRPV1 channel
Manuscript Number (if known):	153558-JCI-RG-1

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Plea	Please place an "X" next to the following statement to indicate your agreement: Certify that have answered every question and have not altered the wording of any of the questions on this form.			

Date:	11/13/2022
Your Name:	Elyad Davidson
Manuscript Title:	Nociception and pain in humans lacking functional TRPV1 channel
Manuscript Number (if known):	153558-JCI-RG-1

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
Plea	Please place an "X" next to the following statement to indicate your agreement: Certify that have answered every question and have not altered the wording of any of the questions on this form.			

Date:	11/13/2022
Your Name:	Esther Berger
Manuscript Title:	Nociception and pain in humans lacking functional TRPV1 channel
Manuscript Number (if known):	153558-JCI-RG-1

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
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Plea	Please place an "X" next to the following statement to indicate your agreement: Certify that have answered every question and have not altered the wording of any of the questions on this form.			

Date:	11/13/2022
Your Name:	Maximilian Peters
Manuscript Title:	Nociception and pain in humans lacking functional TRPV1 channel
Manuscript Number (if known):	153558-JCI-RG-1

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7	Support for attending meetings and/or travel	None None	
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13	Other financial or non-financial interests		None	
Plea	Please place an "X" next to the following statement to indicate your agreement: I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Date:	11/13/2022
Your Name:	Orly Elpeleg
Manuscript Title:	Nociception and pain in humans lacking functional TRPV1 channel
Manuscript Number (if known):	153558-JCI-RG-1

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
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Date	e:	_	11/13/2022	
Your Name:		_	Rachel Zaguri	
Mar	nuscript Title:	_	Nociception and pain in humans lacking fur	nctional TRPV1 channel
Mar	nuscript Number (if k	(nown):	153558-JCI-RG-1	
cont affe indi	tent of your manuscricted by the content coate a bias. If you are	ipt. "Relat of the man e in doubt		/interest, it is preferable that you do so.
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4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None None	
7	Support for attending meetings and/or travel	None None	
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
Plea	Please place an "X" next to the following statement to indicate your agreement: Certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Date:	11/13/2022
Your Name:	Shaya Lev
Manuscript Title:	Nociception and pain in humans lacking functional TRPV1 channel
Manuscript Number (if known):	153558-JCI-RG-1

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Plea	Please place an "X" next to the following statement to indicate your agreement: I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Date:	11/13/2022
Your Name:	Shifa Ghazalin
Manuscript Title:	Nociception and pain in humans lacking functional TRPV1 channel
Manuscript Number (if known):	153558-JCI-RG-1

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Date:	11/13/2022
Your Name:	Shlomit Kfir-Erenfeld
Manuscript Title:	Nociception and pain in humans lacking functional TRPV1 channel
Manuscript Number (if known):	153558-JCI-RG-1

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8	Patents planned, issued or pending	None None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None None	

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