

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

5. Relationships not covered above.

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Other: Anything not covered under the previous three boxes

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Denis	2. Surname (Last Name) Agniel	3. Date 20-February-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Brat
5. Manuscript Title Post-Surgical Opioid Prescription and the Association with Overdose and Abuse		
6. Manuscript Identifying Number (if you know it)		

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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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Agniel has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) 2. Surname (Last Name)
Beam Andrew

3. Date
17-February-2017

4. Are you the corresponding author? Yes No Corresponding Author's Name
Brat

5. Manuscript Title
Post-Surgical Opioid Prescription and the Association with Overdose and Abuse

6. Manuscript Identifying Number (if you know it)

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Dr. Beam has nothing to disclose.

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1. Given Name (First Name) Mark	2. Surname (Last Name) Bicket	3. Date 20-February-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Gabriel Brat
5. Manuscript Title Post-Surgical Opioid Prescription and the Association with Overdose and Abuse		
6. Manuscript Identifying Number (if you know it)		

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Dr. Bicket has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Gabriel

2. Surname (Last Name)
Brat

3. Date
17-February-2017

4. Are you the corresponding author? Yes No

5. Manuscript Title
Post-Surgical Opioid Prescription Duration and the Association with Overdose and Abuse

6. Manuscript Identifying Number (if you know it)

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Dr. Brat has nothing to disclose.

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ICMJE

INTERNATIONAL COMMITTEE of
MEDICAL JOURNAL EDITORS

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1

Identifying Information

1. Given Name (First Name) 2. Surname (Last Name) 3. Date
Kathe Fox 17-February-2017

4. Are you the corresponding author? Yes No Corresponding Author's Name
Gabriel Brat

5. Manuscript Title
Post-Surgical Opioid Prescription and the Association with Overdose and Abuse

6. Manuscript Identifying Number (if you know it)

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Dr. Fox has nothing to disclose.

Kathleen P. Fox 2/17/17

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Section 1. Identifying Information

1. Given Name (First Name) Mark	2. Surname (Last Name) Homer	3. Date 28-February-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Brat
5. Manuscript Title Post-Surgical Opioid Prescription and the Association with Overdose and Abuse		
6. Manuscript Identifying Number (if you know it)		

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

Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

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Section 6. Disclosure Statement

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Dr. Homer has nothing to disclose.

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Daniel	2. Surname (Last Name) Knecht	3. Date 28-February-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Brat
5. Manuscript Title Post-Surgical Opioid Prescription and the Association with Overdose and Abuse		
6. Manuscript Identifying Number (if you know it)		

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

Section 3. Relevant financial activities outside the submitted work.

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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. Knecht has nothing to disclose.

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

ICMJJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Isaac

2. Surname (Last Name)

Kohane

3. Date

27-February-2017

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Brat

5. Manuscript Title

Post-Surgical Opioid Prescription and the Association with Overdose and Abuse

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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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

ICMJE Form for Disclosure of Potential Conflicts of Interest

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Section 6. Disclosure Statement

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Dr. Homer has nothing to disclose. Dr. Kohane has nothing to disclose.

Evaluation and Feedback

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Nathan	2. Surname (Last Name) Palmer	3. Date 27-February-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Brat
5. Manuscript Title Post-Surgical Opioid Prescription and the Association with Overdose and Abuse		
6. Manuscript Identifying Number (if you know it)		

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

Section 3. Relevant financial activities outside the submitted work.

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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

ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Palmer 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) Cheryl	2. Surname (Last Name) Walraven	3. Date 17-February-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Gabriel Brat
5. Manuscript Title Post-Surgical Opioid Prescription and the Association with Overdose and Abuse		
6. Manuscript Identifying Number (if you know it)		

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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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Walraven 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) Brian	2. Surname (Last Name) Yorkgitis	3. Date 20-February-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name _____
5. Manuscript Title Post-Surgical Opioid Prescription Duration and the Association with Overdose and Abuse		
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Are there any relevant conflicts of interest? Yes No

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Are there any relevant conflicts of interest? Yes No

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