

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.

Identifying information.

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Relevant financial activities outside the submitted work.

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Intellectual Property.

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

Relationships not covered above.

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Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued **Issued:** The patent has been issued by the agency

Licensed: The patent has been licensed to an entity, whether

earning royalties or not

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

1 Agniel



Section 1. Identifying Info	rmation	
Given Name (First Name) Denis	2. Surname (Last Name) Agniel	3. Date 20-February-2017
4. Are you the corresponding author?	Yes 🗸 No	Corresponding Author's Name Brat
5. Manuscript Title Post-Surgical Opioid Prescription and	d the Association with Overd	ose and Abuse
6. Manuscript Identifying Number (if you	ı know it)	
Section 2. The Work Under	Consideration for Public	cation
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Section 3. Relevant financi	al activities outside the s	submitted work.
of compensation) with entities as des	scribed in the instructions. Us report relationships that we	ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by re present during the 36 months prior to publication.
Section 4. Intellectual Prop	perty Patents & Copyri	yhts
Do you have any patents, whether pl	anned, pending or issued, br	roadly relevant to the work? Yes V No

Agniel 2



Section 5.	
Section 5.	Relationships not covered above
	elationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?
Yes, the follo	wing relationships/conditions/circumstances are present (explain below):
✓ No other rela	tionships/conditions/circumstances that present a potential conflict of interest
	anuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements rnals may ask authors to disclose further information about reported relationships.
Section 6.	Disclosure Statement
Based on the abo	ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box
Dr. Agniel has no	othing to disclose.

Evaluation and Feedback

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Agniel 3



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Andrew



Do you have any patents, whether planned, pending or issued, broadly relevant to the work?	Section 4. Intellectual Prope	Place a check in the appropriate boxes in the of compensation) with entities as described clicking the "Add +" box. You should report Are there any relevant conflicts of interest?	Section 3. Relevant financial	Did you or your institution at any time receive pany aspect of the submitted work (including but statistical analysis, etc.)? Are there any relevant conflicts of interest?	Section 2. The Work Under C	6. Manuscript Identifying Number (if you know it)	5. Manuscript Title Post-Surgical Opioid Prescription and the Association with Overdose and Abuse	4. Are you the corresponding author?	1. Given Name (First Name) Beam	Section 1. Identifying Information
ned, pending or issued, broadly r	Intellectual Property Patents & Copyrights	in the table to indicate whether yibed in the instructions. Use one I port relationships that were press est? Yes ✓ No	Relevant financial activities outside the submitted work.	est? Yes A No	The Work Under Consideration for Publication	now it)	he Association with Overdose and	☐ Yes ✓ No	2. Surname (Last Name) Andrew	nation
relevant to the work? Yes V No		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	tted work.	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 Y No			d Abuse	Corresponding Author's Name Brat	3. Date 17-February-2017	

Andrew 2



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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?
Yes, the following relationships/conditions/circumstances are present (explain below): No other relationships/conditions/circumstances that present a potential conflict of interest
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Dr. Beam has nothing to disclose.

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Andrew W



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Bicket 1



Section 1.	Identifying Inform	nation		
1. Given Name (Fir Mark	rst Name)	2. Surname (Last Name) Bicket		3. Date 20-February-2017
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Nan Gabriel Brat	ne
5. Manuscript Title Post-Surgical Op		he Association with Overd	ose and Abuse	
6. Manuscript Ider	ntifying Number (if you kr	now it)		
Section 2.	The Work Under Co	onsideration for Publi	cation	
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Section 4.	Intellectual Proper	rty Patents & Copyri	ghts	
Do you have any	patents, whether plan	ned, pending or issued, br	roadly relevant to the work?	☐ Yes 🗸 No

Bicket 2



Section 5.	
	Relationships not covered above
	elationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?
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Brat 1



Section 1.	Identifying Inform	nation				
1. Given Name (Fi Gabriel	rst Name)	2. Surname (Last Brat	Name)		3. Date 17-February	·-2017
4. Are you the cor	responding author?	✓ Yes	No			
5. Manuscript Title Post-Surgical Op	e pioid Prescription Durat	ion and the Asso	ciation with Overdose	and Abuse		
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Section 2.	The Work Under C	onsideration fo	or Publication			
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Are there any rel	evant conflicts of intere	est? Yes	√ No			
Section 4.	Intellectual Prope	rty Patents &	Copyrights			
Do you have any	patents, whether plan	ned, pending or i	ssued, broadly relevar	nt to the work?	Yes [✓ No

Brat 2



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Brat 3



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1. Given Name (First Name) Kathe	2. Surname (Last Name) Fox		3. Date 17-February-2017
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Gabriel Brat	то -
5. Manuscript Title Post-Surgical Opioid Prescription and the Association with Overdose and Abuse	ne Association with Overdo	ose and Abuse	
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Disclosure Statement

Mather P. Fox Wirlin

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Homer 1



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6. Manuscript Identifying Number (if you	know it)	
Section 2. The Work Under	Consideration for Public	cation
	ing but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ata monitoring board, study design, manuscript preparation,
,		
Section 3. Relevant financia	al activities outside the s	submitted work.
of compensation) with entities as des	cribed in the instructions. Us report relationships that we	ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by re present during the 36 months prior to publication.
Section 4. Intellectual Prop	erty Patents & Copyri	nhts
Intellectual Prop		
Do you have any patents, whether pla	anned, pending or issued, br	roadly relevant to the work? Yes V No

Homer 2



Section 5.	
	Relationships not covered above
	relationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?
Yes, the follo	wing relationships/conditions/circumstances are present (explain below):
✓ No other rela	tionships/conditions/circumstances that present a potential conflict of interest
	anuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements rnals may ask authors to disclose further information about reported relationships.
Section 6.	Disclosure Statement
Based on the abo	ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box
Dr. Homer has n	othing to disclose.

Evaluation and Feedback

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Homer 3



Instructions

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Licensed: The patent has been licensed to an entity, whether earning royalties or not

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

Knecht 1



Section 1.	Identifying Inform	nation		
1. Given Name (Fi Daniel	rst Name)	2. Surname (Last Name) Knecht	-	Date 8-February-2017
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name Brat	
5. Manuscript Title Post-Surgical Op		he Association with Overd	ose and Abuse	
6. Manuscript Ider	ntifying Number (if you kr	now it)		
			_	
Section 2.	The Work Under Co	onsideration for Public	cation	
any aspect of the s statistical analysis,	ubmitted work (including	g but not limited to grants, da	a third party (government, comm ta monitoring board, study desig	nercial, private foundation, etc.) for In, manuscript preparation,
Section 3.	Relevant financial	activities outside the s	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 Vo				
Section 4.	Intellectual Proper	rty Patents & Copyric	Jhts	
Do you have any	patents, whether plan	ned, pending or issued, br	oadly relevant to the work? [Yes 🗸 No

Knecht 2



Section 5.		
Section 5.	Relationships not covered above	
	elationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?	
Yes, the follo	wing relationships/conditions/circumstances are present (explain below):	
✓ No other relationships/conditions/circumstances that present a potential conflict of interest		
At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements On occasion, journals may ask authors to disclose further information about reported relationships.		
Section 6.	Disclosure Statement	
Based on the abo	ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box	
Dr. Knecht has n	othing to disclose.	

Evaluation and Feedback

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Knecht 3



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

Kohane 1



Section 1. Identifying Inform	mation		
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 Overd	ose and Abuse	
6. Manuscript Identifying Number (if you k	(now it)		
Section 2. The Work Under C	Consideration for Public	cation	
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	l activities outside the s	submitted work.	
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Section 4. Intellectual Prope	erty Patents & Copyri	ghts	
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo			

Kohane 2



Section 5.		
Section 5.	Relationships not covered above	
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Section 6.	Disclosure Statement	
Based on the abo	ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box	
Dr. Homer has n	othing to disclose.Dr. Kohane has nothing to disclose.	

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

Palmer 1



Section 1. Identifying Inform	mation		
1. Given Name (First Name) Nathan	2. Surname (Last Name) Palmer	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 Overd	ose and Abuse	
6. Manuscript Identifying Number (if you k	now it)		
Section 2. The Work Under C	Consideration for Public	cation	
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 s	submitted work.	
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Section 4. Intellectual Prope	rty Patents & Copyri	ghts	
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo			

Palmer 2



Section 5.	
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Yes, the follo	wing relationships/conditions/circumstances are present (explain below):
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Section 6.	Disclosure Statement
Based on the abo	ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box
Dr. Palmer has n	othing to disclose.

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Walraven 1



Section 1.	Identifying Inform	nation	
1. Given Name (Fi Cheryl	rst Name)	2. Surname (Last Name) Walraven	3. Date 17-February-2017
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name Gabriel Brat
5. Manuscript Title Post-Surgical Op		he Association with Overd	ose and Abuse
6. Manuscript Idei	ntifying Number (if you kr	now it)	
			-
Section 2.	The Work Under C	onsideration for Public	cation
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 Vo			
	I		
Section 3.	Relevant financial	activities outside the s	submitted work.
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Do you have any	patents, whether plan	ned, pending or issued, br	oadly relevant to the work? Yes V No

Walraven 2



Section 5.	
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Walraven 3



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

patent

Yorkgitis 1



Section 1. Identifying I	nformation		
1. Given Name (First Name) Brian	2. Surname (Last Name) Yorkgitis	3. Date 20-February-2017	
4. Are you the corresponding autho	r? Yes 🗸 No	Corresponding Author's Name	
5. Manuscript Title Post-Surgical Opioid Prescription	Duration and the Association w	ith Overdose and Abuse	
6. Manuscript Identifying Number (i	f you know it)		
		_	
Section 2. The Work Un	der Consideration for Public	ration	
Did you or your institution at any tin	ne receive payment or services from cluding but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation,	
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Section 4. Intellectual P	roperty Patents & Copyric	yhts	
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo			

Yorkgitis 2



Section 5.	Relationships not covered above		
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Dr. Yorkgitis has	nothing to disclose.		

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Yorkgitis 3