

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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2. The work under consideration for publication.

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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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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) Aileen	2. Surname (Last Name) Davis	3. Date 02-September-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Jeffrey N. Katz, MD, MSc
5. Manuscript Title Postoperative Pain Management among Dominican and American Health Care Providers: A Qualitative Analysis		
6. Manuscript Identifying Number (if you know it)		

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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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Dr. Davis has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Amy

2. Surname (Last Name)
Yu

3. Date
05-September-2015

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Jeffrey N. Katz, MD, MSc

5. Manuscript Title
Postoperative Pain Management among Dominican and American Health Care Providers: A Qualitative Analysis

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Rheumatology Research Foundation Medical Student Preceptorship	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Ms. Yu reports grants from Rheumatology Research Foundation Medical Student Preceptorship, during the conduct of the study.

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Section 1. Identifying Information

1. Given Name (First Name) Christopher 2. Surname (Last Name) Devine 3. Date 02-September-2015

4. Are you the corresponding author? Yes No Corresponding Author's Name
Jeffrey N. Katz, MD, MSc

5. Manuscript Title
Postoperative Pain Management among Dominican and American Health Care Providers: A Qualitative Analysis

6. Manuscript Identifying Number (if you know it)

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Section 1. Identifying Information

1. Given Name (First Name) Luis	2. Surname (Last Name) Alcantara-Abreu	3. Date 03-September-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Jeffrey N. Katz, MD, MSc
5. Manuscript Title Postoperative Pain Management among Dominican and American Health Care Providers: A Qualitative Analysis		
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Dr. Alcantara-Abreu 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)

Laura

2. Surname (Last Name)

Bogart

3. Date

02-September-2015

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Jeffrey N. Katz, MD, MSc

5. Manuscript Title

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Dr. Bogart 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) Roya	2. Surname (Last Name) Ghazinouri	3. Date 03-September-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Jeffrey N. Katz, MD, MSc
5. Manuscript Title Postoperative Pain Management among Dominican and American Health Care Providers: A Qualitative Analysis		
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

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Section 6. Disclosure Statement

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Dr. Ghazinouri 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) Rachel	2. Surname (Last Name) Kasdin	3. Date 07-September-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Jeffrey N. Katz, MD, MSc
5. Manuscript Title Postoperative Pain Management among Dominican and American Health Care Providers: A Qualitative Analysis		
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

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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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Ms. Kasdin 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)

Thomas

2. Surname (Last Name)

Thornhill

3. Date

13-September-2015

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Jeffrey N. Katz, MD, MSc

5. Manuscript Title

Postoperative Pain Management among Dominican and American Health Care Providers: A Qualitative Analysis

6. Manuscript Identifying Number (if you know it)

JBJS-D-15-01004

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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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Thornhill has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Jeffrey

2. Surname (Last Name)
Katz

3. Date
21-December-2015

4. Are you the corresponding author? Yes No

5. Manuscript Title
Pain Management among Dominican and American Health Care Providers: A Qualitative Analysis

6. Manuscript Identifying Number (if you know it)
JBJS-D-15-01004R2

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
JBJS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Deputy Editor for Methodology, JBJS

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. Katz reports personal fees from JBJS, outside the submitted work; .

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