

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 1. Identifying information.

#### 2. The work under consideration for publication.

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

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Amin

2. Surname (Last Name)  
Mohamadi

3. Date  
19-December-2017

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Risk Factors and Pooled Rate of Prolonged Opioid Use Following Trauma or Surgery: a Systematic Review and Meta-(Regression)Analysis

6. Manuscript Identifying Number (if you know it)  
JBJS-D-17-01239R1

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Dr. Mohamadi has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

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1. Given Name (First Name) Arden	2. Surname (Last Name) Marin	3. Date 19-December-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Amin Mohamadi
5. Manuscript Title Risk Factors and Pooled Rate of Prolonged Opioid Use Following Trauma or surgery: A Systematic Review and Meta-(Regression) Analysis		
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Dr. Marin has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name) Ara	2. Surname (Last Name) Nazarian	3. Date 19-December-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Amin Mohamadi
5. Manuscript Title Risk Factors and Pooled Rate of Prolonged Opioid Use Following Trauma or Surgery: a Systematic Review and Meta-(Regression)Analysis		
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Dr. Nazarian 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)

Arvind

2. Surname (Last Name)

von Keudell

3. Date

19-December-2017

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Amin Mohamadi

5. Manuscript Title

Risk Factors and Pooled Rate of Prolonged Opioid Use Following Trauma or surgery: A Systematic Review and Meta-(Regression) Analysis

6. Manuscript Identifying Number (if you know it)

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1. Given Name (First Name) Casey	2. Surname (Last Name) Wright	3. Date 19-December-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Amin Mohamadi
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#### 5. Relationships not covered above.

Use this section to report 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.

#### Definitions.

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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) Edward	2. Surname (Last Name) Rodriguez	3. Date 19-December-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Amin Mohamadi
5. Manuscript Title Risk Factors and Pooled Rate of Prolonged Opioid Use Following Trauma or surgery: A Systematic Review and Meta-(Regression) Analysis		
6. Manuscript Identifying Number (if you know it) JBJS-D-17-01239R1		

### 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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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

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### 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

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Rodriguez has nothing to disclose.

### Evaluation and Feedback

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### Instructions

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#### 1. Identifying information.

#### 2. The work under consideration for publication.

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This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

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For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Jimmy

2. Surname (Last Name)

Chan

3. Date

19-December-2017

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Amin Mohamadi

5. Manuscript Title

Risk Factors and Pooled Rate of Prolonged Opioid Use Following Trauma or surgery: A Systematic Review and Meta-(Regression) Analysis

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JBJS-D-17-01239R1

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Dr. Chan 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) Jayson	2. Surname (Last Name) Lian	3. Date 13-September-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Amin Mohamadi
5. Manuscript Title Risk Factors and Pooled Rate of Prolonged Opioid Use Following Trauma or surgery: A Systematic Review and Meta-(Regression) Analysis		
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Dr. Lian has nothing to disclose.

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