

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### 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.

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#### 4. Intellectual Property.

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) Philip	2. Surname (Last Name) Blazar	3. Date 11-December-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Brandon Earp
5. Manuscript Title Implementation of a Post-Operative Opioid Prescribing Protocol Significantly Reduces Total Morphine Milligram Equivalents Prescribed		
6. Manuscript Identifying Number (if you know it)		

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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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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

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Dr. Blazar 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)  
Brandon

2. Surname (Last Name)  
Earp

3. Date  
11-December-2017

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Implementation of a Post-Operative Opioid Prescribing Protocol Significantly Reduces Total Morphine Milligram Equivalents Prescribed

6. Manuscript Identifying Number (if you know it)

### Section 2. The Work Under Consideration for Publication

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Dr. Earp has nothing to disclose.

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1. Given Name (First Name) Ariana	2. Surname (Last Name) Mora	3. Date 11-December-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Brandon Earp
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Ms. Mora has nothing to disclose.

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4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Brandon Earp
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Mr. Silver has nothing to disclose.

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