

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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1. Identifying information.

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This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

3. Relevant financial activities outside the submitted work.

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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

Pending: The patent has been filed but not issued

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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) _____ Jennifer _____

2. Surname (Last Name) _____ Waljee _____

3. Date _____ 01-July-2018 _____

4. Are you the corresponding author? Yes No

Corresponding Author's Name _____ James R. Holmes, MD _____

5. Manuscript Title _____ New Persistent Opioid Use Following Common Forefoot Procedures for Treatment of Hallux Valgus _____

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

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
R01 DA042859	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
NIAMS P50 AR070600	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AHRQ K08HS023313	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
University of Michigan Dean's Office - Michigan Genomics Initiative and Precision Health Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Institutional Funding
American College of Surgeons	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
American Foundation for Surgery of the Hand	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Substance Abuse and Mental Health Services Administration (SAMHSA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Michigan Department of Health and Human Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
University of Michigan Precision Health Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Institutional Funding

Section 4. Intellectual Property -- Patents & Copyrights

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

Section 5. Relationships not covered above

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Section 6. Disclosure Statement

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Dr. Waljee reports grants from R01 DA042859, grants from NIAMS P50 AR070600 , grants from AHRQ K08HS023313 , other from University of Michigan Dean's Office - Michigan Genomics Initiative and Precision Health Initiative, grants from American College of Surgeons, grants from American Foundation for Surgery of the Hand, grants from Substance Abuse and Mental Health Services Administration (SAMHSA), grants from Michigan Department of Health and Human Services, other from University of Michigan Precision Health Initiative, outside the submitted work; .

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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) Chad 2. Surname (Last Name) Brummett 3. Date 25-June-2018

4. Are you the corresponding author? Yes No Corresponding Author's Name
James R. Holmes, MD

5. Manuscript Title
New Persistent Opioid Use Following Common Forefoot Procedures for Treatment of Hallux Valgus

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

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Recro Pharma Inc	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consulting/ Advisory Board
Heron Therapeutics	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consulting/ Advisory Board
NIH-DHHS-US-17-PAF02680 (R01 DA042859-05)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
NIH-DHHS-US-16-PAF06270 (R01 HD088712-05)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
NIH-DHHS-US-16 PAF 07628 (R01 NR017096-05)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
NIH-DHHS-US (K23 DA038718-04)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
MDHHS (Sub K Michigan OPEN)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
NIH-DHHS (P50 AR070600-05 CORT)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
NIDA (Centralized Pain Opioid Non-Responsiveness R01 DA038261-05)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
UM Michigan Genomics Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Institutional funding

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? 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.

Patent?	Pending?	Issued?	Licensed?	Royalties?	Licensee?	Comments
Peripheral Perineural Dexmedetomidine (no royalties)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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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Dr. Brummett reports personal fees from Recro Pharma Inc, personal fees from Heron Therapeutics, grants from NIH-DHHS-US-17-PAF02680 (R01 DA042859-05, grants from NIH-DHHS-US-16-PAF06270 (R01 HD088712-05) , grants from NIH0DHHS-US-16 PAF 07628 (R01 NR017096-05), grants from NIH-DHHS-US (K23 DA038718-04) , grants from MDHHS (Sub K Michigan OPEN), grants from NIH-DHHS (P50 AR070600-05 CORT), grants from NIDA (Centralized Pain Opioid Non-Responsiveness R01 DA038261-05), other from UM Michigan Genomics Initiative, outside the submitted work; In addition, Dr. Brummett has a patent Peripheral Perineural Dexmedetomidine (no royalties) issued.

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) Fred	2. Surname (Last Name) Finney	3. Date 04-July-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name James R. Holmes, MD
5. Manuscript Title New Persistent Opioid Use Following Common Forefoot Procedures for Treatment of Hallux Valgus		
6. Manuscript Identifying Number (if you know it)		

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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Finney 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)
Timothy

2. Surname (Last Name)
Gossett

3. Date
04-July-2018

4. Are you the corresponding author? Yes No

Corresponding Author's Name
James R. Holmes, MD

5. Manuscript Title
New Persistent Opioid Use Following Common Forefoot Procedures for Treatment of Hallux Valgus

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Dr. Gossett has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
James

2. Surname (Last Name)
Holmes

3. Date
27-June-2018

4. Are you the corresponding author? Yes No

5. Manuscript Title
New Persistent Opioid Use Following Common Forefoot Procedures for Treatment of Hallux Valgus

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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Dr. Holmes has nothing to disclose.

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1. Identifying information.

2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

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Personal Fees: Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

Other: Anything not covered under the previous three boxes

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1. Given Name (First Name) Paul 2. Surname (Last Name) Talusan 3. Date 27-June-2018

4. Are you the corresponding author? Yes No Corresponding Author's Name
James R. Holmes, MD

5. Manuscript Title
New Persistent Opioid Use Following Common Forefoot Procedures for Treatment of Hallux Valgus

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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
Paragon 28	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Research grant
Paragon 28	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Honorarium for lecture

Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Talusan reports grants from Paragon 28, personal fees from Paragon 28, outside the submitted work; .

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Section 1. Identifying Information

1. Given Name (First Name) Hsou Mei	2. Surname (Last Name) Hu	3. Date 23-June-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name James R. Holmes
5. Manuscript Title New Persistent Opioid Use Following Common Forefoot Procedures for Treatment of Hallux Valgus		
6. Manuscript Identifying Number (if you know it) 		

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