ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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1. Identifying information.

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**Section 1. Identifying Information**

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<tr>
<th>1. Given Name (First Name)</th>
<th>2. Surname (Last Name)</th>
<th>3. Date</th>
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</thead>
<tbody>
<tr>
<td>Megan</td>
<td>Reams</td>
<td>11-October-2019</td>
</tr>
</tbody>
</table>

4. Are you the corresponding author?  
   - Yes  
   - No [✓]  

3. Date: 11-October-2019  
Corresponding Author’s Name: Deborah Bohn

5. Manuscript Title  
**Evaluation of Quality Improvement Methods in Altering Opioid Prescribing Behavior in Hand Surgery**

6. Manuscript Identifying Number (if you know it)  
**JBJS-D-19-01052**

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

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- No [✓]

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Megan Reams has nothing to disclose.

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</thead>
<tbody>
<tr>
<td>Natalie</td>
<td>Scholz</td>
<td>11-October-2019</td>
</tr>
</tbody>
</table>

4. Are you the corresponding author?  
   - Yes [ ]  
   - No [x]  

Corresponding Author’s Name  
Deborah Bohn

5. Manuscript Title  
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Natalie Scholz 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)  
   **Scott**

2. Surname (Last Name)  
   **Allen**

3. Date  
   **23-October-2019**

4. Are you the corresponding author?  
   Yes [ ]  
   No [X]

   Corresponding Author's Name  
   **Deborah Bohn**

5. Manuscript Title  
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6. Manuscript Identifying Number (if you know it)  
   **JBJS-D-19-01052**

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Are there any relevant conflicts of interest?  
Yes [ ]  
No [X]

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Dr. Allen has nothing to disclose.

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Schommer
ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. Given Name (First Name)  
   Jillian  
2. Surname (Last Name)  
   Schommer  
3. Date  
   10-October-2019  

4. Are you the corresponding author?  
   - [ ] Yes  
   - [x] No  
   Corresponding Author's Name  
   Deborah Bohn  

5. Manuscript Title  
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6. Manuscript Identifying Number (if you know it)  
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Mrs. Schommer has nothing to disclose.

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1. Given Name (First Name)  Deborah
2. Surname (Last Name)  Bohn
3. Date  11-October-2019
4. Are you the corresponding author?  Yes  No

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Are there any relevant conflicts of interest?  Yes  No

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