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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   BRIAN

2. Surname (Last Name)  
   BADMAN

3. Date  
   14-May-2020

4. Are you the corresponding author?  
   ✔ Yes  
   No

5. Manuscript Title  
   Single-shot liposomal bupivacaine reduces post-operative narcotic use following outpatient rotator cuff surgery: a prospective double-blinded randomized controlled trial

6. Manuscript Identifying Number (if you know it)  
   JBJS-D-20-00225

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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

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. BADMAN 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) AARON
2. Surname (Last Name) BAESSLER
3. Date 14-May-2020
4. Are you the corresponding author? Yes ☑ No
5. Manuscript Title
Single-shot liposomal bupivacaine reduces post-operative narcotic use following outpatient rotator cuff surgery: a prospective double-blinded randomized controlled trial
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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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. BAESSLER 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)  DAVID  
2. Surname (Last Name)  CONRAD  
3. Date  14-May-2020  
4. Are you the corresponding author?  ☑ No  
   Corresponding Author’s Name  BRIAN BADMAN  
5. Manuscript Title  Single-shot liposomal bupivacaine reduces post-operative narcotic use following outpatient rotator cuff surgery: a prospective double-blinded randomized controlled trial  
6. Manuscript Identifying Number (if you know it)  JBJS-D-20-00225  

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Are there any relevant conflicts of interest?  ☑ No  

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Dr. CONRAD 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)  JAMES
2. Surname (Last Name)       CREIGHTON
3. Date                     14-May-2020
4. Are you the corresponding author?  Yes  ✔  No

Corresponding Author’s Name
BRIAN BADMAN

5. Manuscript Title
Single-shot liposomal bupivacaine reduces post-operative narcotic use following outpatient rotator cuff surgery: a prospective double-blinded randomized controlled trial

6. Manuscript Identifying Number (if you know it)
JBJS-D-20-00225

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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. CREIGHTON has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name) | 2. Surname (Last Name) | 3. Date
--- | --- | ---
MOLLY | MOOR | 14-May-2020

4. Are you the corresponding author? | (choices: Yes, No) | Yes

Corresponding Author’s Name

BRIAN BADMAN

5. Manuscript Title

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6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest? | (choices: Yes, No) | Yes

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Are there any relevant conflicts of interest? | (choices: Yes, No) | Yes

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? | (choices: Yes, No) | Yes
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