

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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Other: Anything not covered under the previous three boxes

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Licensed: The patent has been licensed to an entity, whether earning royalties or not

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)

Halena

2. Surname (Last Name)

Gazelka

3. Date

17-June-2019

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Tad M Mabry MD

5. Manuscript Title

Implementation of Procedure-Specific Opioid Guidelines: A Facile Strategy to Improve Consistency and Decrease Excess Prescribing Following Orthopedic Surgery

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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Dr. Gazelka 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)
Elizabeth

2. Surname (Last Name)
Habermann

3. Date
18-June-2019

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Tad M Mabry MD

5. Manuscript Title
Implementation of Procedure-Specific Opioid Guidelines: A Facile Strategy to Improve Consistency and Decrease Excess Prescribing Following Orthopedic Surgery

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Section 1. Identifying Information

1. Given Name (First Name)
Mario

2. Surname (Last Name)
Hevesi

3. Date
14-June-2019

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Tad M Mabry MD

5. Manuscript Title
Implementation of Procedure-Specific Opioid Guidelines: A Facile Strategy to Improve Consistency and Decrease Excess Prescribing Following Orthopedic Surgery

6. Manuscript Identifying Number (if you know it)

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Dr. Hevesi has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Tad

2. Surname (Last Name)
Mabry

3. Date
14-June-2019

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Yes No

Corresponding Author's Name
Tad M Mabry MD

5. Manuscript Title
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Section 1. Identifying Information

1. Given Name (First Name)
Mark

2. Surname (Last Name)
Pagnano

3. Date
24-June-2019

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Tad M Mabry MD

5. Manuscript Title
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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
DePuy Synthes	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Royalties
Stryker	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Royalties
KCI	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Royalties

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Dr. Pagnano reports personal fees from DePuy Synthes, personal fees from Stryker, personal fees from KCI, outside the submitted work; .

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Pending: The patent has been filed but not issued

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Robert

2. Surname (Last Name) Trousdale

3. Date 19-June-2019

4. Are you the corresponding author? Yes No

Corresponding Author's Name Tad M Mabry MD

5. Manuscript Title Implementation of Procedure-Specific Opioid Guidelines: A Facile Strategy to Improve Consistency and Decrease Excess Prescribing Following Orthopedic Surgery

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.

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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
DePuy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Royalties

Section 4. Intellectual Property -- Patents & Copyrights

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

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?

- Yes, the following relationships/conditions/circumstances are present (explain below):
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Section 6. Disclosure Statement

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Dr. Trousdale reports personal fees from DePuy, 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.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Norman	2. Surname (Last Name) Turner	3. Date 14-June-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Tad M Mabry MD
5. Manuscript Title Implementation of Procedure-Specific Opioid Guidelines: A Facile Strategy to Improve Consistency and Decrease Excess Prescribing Following Orthopedic Surgery		
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.

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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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 5. Relationships not covered above

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Dr. Turner 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) Daniel	2. Surname (Last Name) Ubl	3. Date 17-June-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Tad M Mabry MD
5. Manuscript Title Implementation of Procedure-Specific Opioid Guidelines: A Facile Strategy to Improve Consistency and Decrease Excess Prescribing Following Orthopedic Surgery		
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

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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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Mr. Ubl 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)
Cody

2. Surname (Last Name)
Wyles

3. Date
14-June-2019

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Tad M Mabry MD

5. Manuscript Title
Implementation of Procedure-Specific Opioid Guidelines: A Facile Strategy to Improve Consistency and Decrease Excess Prescribing Following Orthopedic Surgery

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Are there any relevant conflicts of interest? Yes No

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