

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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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)
Mohamed

2. Surname (Last Name)
Awad

3. Date
09-February-2018

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Dr. Khaled J. Saleh

5. Manuscript Title
Pharmacogenomics Testing before TKA and THA for Post-Operative Pain Optimization

6. Manuscript Identifying Number (if you know it)
REVIEWS-D-17-00184

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Dr. Awad has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Leila

2. Surname (Last Name)

Abaab

3. Date

05-June-2018

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Khaled J. Saleh

5. Manuscript Title

Pharmacogenomics Testing for Postoperative Pain Optimization Before Total Knee and Total Hip Arthroplasty

6. Manuscript Identifying Number (if you know it)

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Section 1. Identifying Information

1. Given Name (First Name) Mouhanad	2. Surname (Last Name) El-Othmani	3. Date 09-February-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Dr. Khaled J. Saleh
5. Manuscript Title Pharmacogenomics Testing before TKA and THA for Post-Operative Pain Optimization		
6. Manuscript Identifying Number (if you know it) REVIEWS-D-17-00184		

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1. Given Name (First Name) Muhammad	2. Surname (Last Name) Padela	3. Date 09-February-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Dr. Khaled J. Saleh
5. Manuscript Title Pharmacogenomics Testing before TKA and THA for Post-Operative Pain Optimization		
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Khaled

2. Surname (Last Name)
Saleh

3. Date
09-February-2018

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ICMJE Form for Disclosure of Potential Conflicts of Interest

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1. Given Name (First Name)

Zain

2. Surname (Last Name)

Sayeed

3. Date

09-February-2018

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Dr. Khaled J. Saleh

5. Manuscript Title

Pharmacogenomics Testing before TKA and THA for Post-Operative Pain Optimization

6. Manuscript Identifying Number (if you know it)

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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.)?

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Dr. Sayeed has nothing to disclose.

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