

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.

1. Identifying information.

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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)
Mark

2. Surname (Last Name)
Liberatore

3. Date
11-December-2018

4. Are you the corresponding author? ☒ Yes ☐ No

5. Manuscript Title
FDA Response: Storing and Disposing of Opioid Analgesics: What Does Our Medicine Tell Us?

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Section 6. Disclosure Statement

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Dr. Liberatore has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)
douglas

2. Surname (Last Name)
throckmorton

3. Date
10-December-2018

4. Are you the corresponding author?

☐ Yes☒ No

Corresponding Author's Name
Mark Libertore

5. Manuscript Title

FDA Response: Storing and Disposing of Opioid Analgesics: What Does Our Medicine Tell Us?

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Not known

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1. Given Name (First Name)
Judith

2. Surname (Last Name)
Racoosin

3. Date
11-December-2018

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☐ Yes ☒ No

Corresponding Author's Name
Mark Liberatore

5. Manuscript Title
FDA Response: Storing and Disposing of Opioid Analgesics: What Does Our Medicine Tell Us?

6. Manuscript Identifying Number (if you know it)
L18-0694

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