

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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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) Alexander	2. Surname (Last Name) Walley	3. Date 27-February-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Simeon Kimmel
5. Manuscript Title Letter to the Editor		
6. Manuscript Identifying Number (if you know it) L19-0040		

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

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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Walley has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)

Tamar

2. Surname (Last Name)

Barlam

3. Date

27-February-2019

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Simeon Kimmel

5. Manuscript Title

Actions to Integrate Treatment of Opioid and Infectious Disease Epidemics

6. Manuscript Identifying Number (if you know it)

L19-0040

Section 2. The Work Under Consideration for Publication

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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Barlam has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Simeon 2. Surname (Last Name) Kimmel 3. Date 23-January-2019

4. Are you the corresponding author? Yes No

5. Manuscript Title
A Training Model to Address Infectious Complications of Opioid Use Disorder: Response to Springer et al's Call to Action

6. Manuscript Identifying Number (if you know it)

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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
American Society of Addiction Medicine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Annual Fellowship Award
Research in Addiction Medicine Scholars Program	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NIH R25DA033211
Boston University Clinical HIV/AIDS Research Training Program	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NIH 5T32AI052074

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Dr. Kimmel reports grants from American Society of Addiction Medicine , grants and non-financial support from Research in Addiction Medicine Scholars Program, grants from Boston University Clinical HIV/AIDS Research Training Program , outside the submitted work; .

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Section 1. Identifying Information

1. Given Name (First Name)
Raagini

2. Surname (Last Name)
Jawa

3. Date
27-February-2019

4. Are you the corresponding author? Yes No

5. Manuscript Title
Actions to Integrate Treatment of Opioid and Infectious Disease Epidemics

6. Manuscript Identifying Number (if you know it)
L19-0040

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Dr. Jawa has nothing to disclose.

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