

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.

5. Relationships not covered above.

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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)
Horton

3. Date
25-March-2019

4. Are you the corresponding author? Yes No

5. Manuscript Title
Unacknowledged limitations of the analysis and data source

6. Manuscript Identifying Number (if you know it)
L19-0214

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

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Bristol-Myers Squibb	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Unrelated to the topic

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. Horton reports grants from Bristol-Myers Squibb, outside the submitted work; .

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)
Tobias

2. Surname (Last Name)
Gerhard

3. Date
25-March-2019

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Daniel Horton

5. Manuscript Title
Unacknowledged limitations of the analysis and data source

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If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Bristol-Myers Squibb	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	unrelated to the work under consideration
Eli Lilly	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	unrelated to the work under consideration

Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Gerhard reports grants and personal fees from Bristol-Myers Squibb, personal fees from Eli Lilly, outside the submitted work; .

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Section 1. Identifying Information

1. Given Name (First Name) Matthew	2. Surname (Last Name) Taylor	3. Date 25-March-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Daniel Horton
5. Manuscript Title Unacknowledged limitations of the analysis and data source		
6. Manuscript Identifying Number (if you know it)		

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Section 1. Identifying Information

1. Given Name (First Name) Theresa	2. Surname (Last Name) Juliano	3. Date 16-August-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Daniel B Horton
5. Manuscript Title Documented Pain Diagnoses in Adults Prescribed Opioids		
6. Manuscript Identifying Number (if you know it)		

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