

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.

2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

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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.

Use this section to report 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.

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Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

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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) Jane | 2. Surname (Last Name) Liebschutz | 3. Date 19-August-2015 |
| 4. Are you the corresponding author? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name Marc LaRochelle |
| 5. Manuscript Title Opioid prescribing after nonfatal overdose and association with repeat overdose" | | |
| 6. Manuscript Identifying Number (if you know it) M15-0038 | | |

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

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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. Liebschutz has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Marc

2. Surname (Last Name)
Larochelle

3. Date
31-August-2015

4. Are you the corresponding author? Yes No

5. Manuscript Title
Opioid prescribing after nonfatal overdose and association with repeat overdose

6. Manuscript Identifying Number (if you know it)
M15-0038

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

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

| Name of Institution/Company | Grant? | Personal Fees? | Non-Financial Support? | Other? | Comments |
|---------------------------------------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|---|
| HRSA | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | General fellowship support |
| Ryoichi Sasakawa Fellowship Fund | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | General fellowship support |
| Harvard Pilgrim Health Care Institute | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | General administrative support (e.g. computer, workspace) |

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Dr. Larochelle reports grants from HRSA, grants from Ryoichi Sasakawa Fellowship Fund, non-financial support from Harvard Pilgrim Health Care Institute , during the conduct of the study; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

| | | |
|--|---|--|
| 1. Given Name (First Name) James | 2. Surname (Last Name) Wharam | 3. Date 02-September-2015 |
| 4. Are you the corresponding author? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name Marc Larochelle |
| 5. Manuscript Title Opioid prescribing after nonfatal overdose and association with repeat overdose | | |
| 6. Manuscript Identifying Number (if you know it) M15-0038 | | |

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Are there any relevant conflicts of interest? Yes No

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Dr. Wharam 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)
Dennis

2. Surname (Last Name)
Ross-Degnan

3. Date
03-September-2015

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Marc LaRochelle

5. Manuscript Title
Opioid prescribing after nonfatal overdose and association with repeat overdose

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Dr. Ross-Degnan has nothing to disclose.

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Section 1. Identifying Information

| | | |
|--|---|--|
| 1. Given Name (First Name) Fang | 2. Surname (Last Name) Zhang | 3. Date 24-August-2015 |
| 4. Are you the corresponding author? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name LaRoche, Marc |
| 5. Manuscript Title Opioid prescribing after nonfatal overdose and association with repeat overdose | | |
| 6. Manuscript Identifying Number (if you know it) | | |

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