

Instructions

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SCHAFFNER 1



4. Are you the corresponding author? Yes No Corres ANDR 5. Manuscript Title OPOIOD ANALGESIC USE AND RISK OF INVASIVE PNEUMOCOCCAL DISEAS 6. Manuscript Identifying Number (if you know it) M17-1907 Section 2. The Work Under Consideration for Publication Did you or your institution at any time receive payment or services from a third pany aspect of the submitted work (including but not limited to grants, data monite 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 texcess rows can be removed by pressing the "X" button. Name of Institution/Company MERCK Personal Non-Finance Support MERCK WHOMANAX WHONOGI WITHOUGH Foresteen 2	
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SCHAFFNER 2



Section 4. Intellectual Property Patents & Copyrights
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo
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Dr. SCHAFFNER reports personal fees from MERCK, personal fees from PFIZER, personal fees from DYNAVAX, personal fees from SEQIRUS, personal fees from SUTROVAX, personal fees from SHIONOGI, during the conduct of the study; .

Evaluation and Feedback

 $Please\ visit\ \underline{http://www.icmje.org/cgi-bin/feedback}\ to\ provide\ feedback\ on\ your\ experience\ with\ completing\ this\ form.$

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Wiese 1



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4. Are you the cor	responding author?	✓ Yes No		
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6. Manuscript lder M17-1907	ntifying Number (if you kr	now it)		
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Section 3.	Relevant financial	activities outside the submitted work.		
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Do you have any	patents, whether plan	ned, pending or issued, broadly relevant to the work	? ☐ Yes ✓ No	

Wiese 2



Section 5. Relationship	
Relationship	s not covered above
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Yes, the following relationship	os/conditions/circumstances are present (explain below):
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	ance, journals will ask authors to confirm and, if necessary, update their disclosure statements thors to disclose further information about reported relationships.
Section 6. Disclosure Sta	atement
Based on the above disclosures, to below.	his form will automatically generate a disclosure statement, which will appear in the box
Dr. Wiese has nothing to disclose	

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Section 1. Identifying Inform	nation		
Given Name (First Name) Carlos	2. Surname (Last Name) Grijalva		3. Date 04-December-2017
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author Andrew Wiese	r's Name
5. Manuscript Title Opioid analgesic use and the risk of inv	asive pneumococcal dise	ase: a nested case-conti	rol study
6. Manuscript Identifying Number (if you k M17-1907	now it)		
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Did you or your institution at any time rece any aspect of the submitted work (includin- statistical analysis, etc.)?			
Are there any relevant conflicts of inter			
If yes, please fill out the appropriate inf Excess rows can be removed by pressir	•	ive more than one entity	y press the "ADD" button to add a row.
Name of Institution/Company	Grant'	on-Financial Support?	Comments
National Institutes of Health	✓		
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Name of Entity	Grant	on-Financial Support?	Comments
Pfizer			Consultant
Merck			Consultant
Sanofi-Pasteur	✓		



Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments	
Campbell Alliance	✓					
Centers for Disease Control and Prevention	✓					
Agency for HealthCare Research and Quality	✓					
Section 4						
Section 4. Intellectual Propert	y Pate	ents & Cop	oyrights			
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Dr. Grijalva reports grants from National Merck, grants from Sanofi-Pasteur, grant grants from Agency for HealthCare Rese	s from Ca	ampbell All	iance, grants fron	n Centers	for Disease Control and Prevention	



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Griffin 1



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4. Are you the cor	responding author?	Yes 🗸 No	Corresponding Author's Nam	e
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Do you have any	patents, whether plan	ned, pending or issued, b	oadly relevant to the work?	Yes ✓ No

Griffin 2



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patent

Mitchel 1



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4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name Andrew Wiese	e
5. Manuscript Title Opioid analgesic		e pneumococcal diseases:	a nested case-control study	
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Mitchel 2



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Mitchel 3



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.

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".

3. Relevant financial activities outside the submitted work.

This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

4. Intellectual Property.

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

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.

Definitions.

Entity: government agency, foundation, commercial sponsor, academic institution, etc.

Grant: A grant from an entity, generally [but not always] paid to your organization

Personal Fees: Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

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

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Section 1.	Identifying Inform	ation		
1. Given Name (Fi Charles	rst Name)	2. Surname (Last N Stein	Name) 3. Date 10-January-2018	
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name Wiese	
5. Manuscript Title REF: "Opioid ana		vasive pneumoco	ccal diseases: a nested case-control study"	-
6. Manuscript Idei	ntifying Number (if you kr	now it)		
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Section 2.	The Work Under Co	onsideration for	Publication	
any aspect of the s statistical analysis, Are there any rel If yes, please fill o	ubmitted work (including etc.)? evant conflicts of intere	but not limited to gest? Yes cormation below. If	ces from a third party (government, commercial, private foundation, etc.) for rants, data monitoring board, study design, manuscript preparation, No you have more than one entity press the "ADD" button to add a row	
Name of Institut	ion/Company	Grant? Person	Other• Comments	
NIH		✓	The RO1 cited as supporting the work	
	ı			
Section 3.	Relevant financial	activities outsid	le the submitted work.	
of compensation clicking the "Adc Are there any rel	n) with entities as descri I +" box. You should rep evant conflicts of intere	bed in the instruct port relationships t est? Yes	cate whether you have financial relationships (regardless of amoun tions. Use one line for each entity; add as many lines as you need by that were present during the 36 months prior to publication .	
Section 4.	Intellectual Proper	ty Patents & C	Copyrights	
Do you have any	patents, whether plan	ned, pending or iss	sued, broadly relevant to the work? Yes V No	

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Section 5. Polationships not sovered above
Relationships not covered above
Are there 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?
Yes, the following relationships/conditions/circumstances are present (explain below):
✓ No other relationships/conditions/circumstances that present a potential conflict of interest
At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements On occasion, journals may ask authors to disclose further information about reported relationships.
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. Stein reports grants from NIH, during the conduct of the study; .

Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.

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Greevy 1



Section 1. Identifying Inform	nation	
1. Given Name (First Name) Robert	2. Surname (Last Name) Greevy	3. Date 01-January-2018
4. Are you the corresponding author?	☐ Yes 🗸 No	Corresponding Author's Name Andrew Weise
5. Manuscript Title Opioid analgesic use and risk of invasiv	e pneumococcal diseases:	a nested case-control study
6. Manuscript Identifying Number (if you ki M17-1907	now it)	
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 s	submitted work.
Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to publication . Are there any relevant conflicts of interest? Yes Vo		
Section 4. Intellectual Prope	rty Patents & Copyric	ghts
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo		

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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. Greevy has nothing to disclose.

Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.

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