

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.

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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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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) Alvin | 2. Surname (Last Name) Thomas | 3. Date 08-March-2018 |
| 4. Are you the corresponding author? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name Christine Durand |
| 5. Manuscript Title A National Registry Study of the Drug-Overdose Epidemic and Deceased-Donor Transplantation in the United States | | |
| 6. Manuscript Identifying Number (if you know it) M17-2451 | | |

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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Dr. Thomas 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)
Mary

2. Surname (Last Name)
Bowring

3. Date
08-March-2018

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Christine M Durand, MD

5. Manuscript Title

A National Registry Study of the Drug-Overdose Epidemic and Deceased-Donor Transplantation in the United States

6. Manuscript Identifying Number (if you know it)

M17-2451

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Dr. Bowring 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)
Christine

2. Surname (Last Name)
Durand

3. Date
08-March-2018

4. Are you the corresponding author? Yes No

5. Manuscript Title
A National Registry Study of the Drug-Overdose Epidemic and Deceased-Donor Transplantation in the United States

6. Manuscript Identifying Number (if you know it)
M17-2451

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Dr. Durand 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) Dorry | 2. Surname (Last Name) Segev | 3. Date 08-March-2018 |
| 4. Are you the corresponding author? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name Christine M. Durand, MD |
| 5. Manuscript Title A National Registry Study of the Drug-Overdose Epidemic and Deceased-Donor Transplantation in the United States | | |
| 6. Manuscript Identifying Number (if you know it) M17-2451 | | |

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Dr. Segev 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)
Niraj

2. Surname (Last Name)
Desai

3. Date
08-March-2018

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

5. Manuscript Title
A National Registry Study of the Drug-Overdose Epidemic and Deceased-Donor Transplantation in the United States

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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 |
|----------------|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|----------|
| Merck | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |

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. Desai reports grants, personal fees and non-financial support from Merck, outside the submitted work; .

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Pending: The patent has been filed but not issued

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Section 1. Identifying Information

1. Given Name (First Name)
Andrew

2. Surname (Last Name)
Cameron

3. Date
09-March-2018

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Durand

5. Manuscript Title

A national Registry Study of the Drug Overdose Epidemic and Deceased Donor Transplantation in the US

6. Manuscript Identifying Number (if you know it)

M17-2451

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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Dr. Cameron has nothing to disclose.

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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

ICMJJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

| | | |
|--|---|---------------------------------------|
| 1. Given Name (First Name) Mark | 2. Surname (Last Name) Sulkowski | 3. Date 13-March-2018 |
| 4. Are you the corresponding author? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name Durand |
| 5. Manuscript Title "A National Registry Study of the Drug-Overdose Epidemic and Deceased-Donor Transplantation in the United States" | | |
| 6. Manuscript Identifying Number (if you know it) M17-2451 | | |

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

If yes, please fill out the appropriate information below.

| Name of Entity | Grant? | Personal Fees? | Non-Financial Support? | Other? | Comments |
|----------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|--|
| AbbVie | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Research grant with funds to Johns Hopkins |
| Gilead | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Research grant with funds to Johns Hopkins |
| Merck | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Research grant with funds to Johns Hopkins |
| Janssen | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Research grant with funds to Johns Hopkins |
| Trek | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| NIH | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | R01DA16065; K24DA034621 |

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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

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Dr. Sulkowski reports grants and personal fees from AbbVie, grants and personal fees from Gilead, grants and personal fees from Merck, grants and personal fees from Janssen, personal fees from Trek, grants from NIH , outside the submitted work; .

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Section 1. Identifying Information

1. Given Name (First Name)

Allan

2. Surname (Last Name)

Massie

3. Date

22-March-2018

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Dorry L. Segev

5. Manuscript Title

A National Registry Study of the Drug-Overdose Epidemic and Deceased-Donor Transplantation in the United States

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

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Dr. Massie has nothing to disclose.

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Section 1. Identifying Information

| | | |
|--|---|---|
| 1. Given Name (First Name) Lauren | 2. Surname (Last Name) Kucirka | 3. Date 28-March-2018 |
| 4. Are you the corresponding author? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name Christine Durand |
| 5. Manuscript Title A National Registry Study of the Drug-Overdose Epidemic and Deceased-Donor Transplantation in the United States | | |
| 6. Manuscript Identifying Number (if you know it) M17-2451 | | |

Section 2. The Work Under Consideration for Publication

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Dr. Kucirka has nothing to disclose.

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