

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".

3. Relevant financial activities outside the submitted work.

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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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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) Thomas	2. Surname (Last Name) Land	3. Date 16-February-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Marc LaRochelle
5. Manuscript Title Medication for opioid use disorder following nonfatal opioid overdose and association with mortality: a cohort study		
6. Manuscript Identifying Number (if you know it) M17-3107		

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

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. Land 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) Jane	2. Surname (Last Name) Liebschutz	3. Date 15-February-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Marc LaRochelle
5. Manuscript Title Medication for opioid use disorder following nonfatal opioid overdose and association with mortality: a cohort study		
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Dr. Liebschutz has nothing to disclose.

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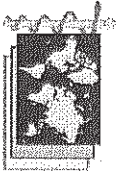
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1.

Identifying Information

1. Given Name (First Name) Dana 2. Surname (Last Name) Bernson 3. Date 01-March-2018

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

Marc Larochelle

5. Manuscript Title Medication for opioid use disorder following nonfatal opioid overdose and association with mortality: a cohort study

6. Manuscript Identifying Number (if you know it) M17-3107

Section 2.

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Intellectual Property — Patents & Copyrights

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Disclosure Statement

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Dr. Bernson has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name) Thomas

2. Surname (Last Name) Stopka

3. Date 16-February-2018

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

5. Manuscript Title Medication for opioid use disorder following nonfatal opioid overdose and association with mortality: a cohort study

6. Manuscript Identifying Number (if you know it) M17-3107

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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
GE Foundation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I received grant funding to study factors associated with opioid overdose in Massachusetts.

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Dr. Stopka reports grants from GE Foundation, during the conduct of the study; .

Evaluation and Feedback

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1. Given Name (First Name) Na	2. Surname (Last Name) Wang	3. Date 15-February-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Dr. Larochelle, Marc
5. Manuscript Title Medication for opioid use disorder following nonfatal opioid overdose and association with mortality: a cohort study		
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Ms. Wang has nothing to disclose.

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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) Ziming	2. Surname (Last Name) Xuan	3. Date 15-February-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Marc LaRochelle
5. Manuscript Title Medication for opioid use disorder following nonfatal opioid overdose and association with mortality: a cohort study		
6. Manuscript Identifying Number (if you know it) M17-3107		

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

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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Section 5. Relationships not covered above

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4. Intellectual Property.

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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 19-February-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Marc LaRochelle
5. Manuscript Title Medication for opioid use disorder following nonfatal opioid overdose and association with mortality: a cohort study		
6. Manuscript Identifying Number (if you know it) M17-3107		

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. Walley has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Sarah 2. Surname (Last Name) Bagley 3. Date May 22, 2018

4. Are you the corresponding author? Yes XXNo

5. Manuscript Title
Medication for Opioid Use Disorder Following Nonfatal Opioid Overdose and Association With Mortality: A Cohort Study

6. Manuscript Identifying Number (if you know 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 xxNo

ADD

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Are there any relevant conflicts of interest? Yes xxNo

ADD

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes xxNo



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Section 5.

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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
01-March-2018

4. Are you the corresponding author? Yes No

5. Manuscript Title
Medication for opioid use disorder following nonfatal opioid overdose and association with mortality: a cohort study

6. Manuscript Identifying Number (if you know it)
M17-3107

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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
National Center for Advancing Translational Sciences, National Institutes of Health	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BU-CTSI Grant Number 1UL1TR001430
National Institute on Drug Abuse, National Institutes of Health	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dr. Larochelle, (K23 DA042168)
GE Foundation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dr. Stopka
Boston University School of Medicine Department of Medicine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dr. Larochelle, Career Investment Award

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Dr. Larochelle reports grants from National Center for Advancing Translational Sciences, National Institutes of Health, grants from National Institute on Drug Abuse, National Institutes of Health, grants from GE Foundation (for coauthor Dr. Stopka), grants from Boston University School of Medicine Department of Medicine , during the conduct of the study; .

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