

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.

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3. Relevant financial activities outside the submitted work.

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4. Intellectual Property.

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Relationships not covered above.

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Royalties: Funds are coming in to you or your institution due to your patent

Bohm 1



Section 1.	Identifying Inform	ation		
1. Given Name (Fire Michele	st Name)	2. Surname (Last Name) Bohm	3. Da 16-N	ate Лау-2018
4. Are you the corresponding author?		☐ Yes ✓ No	Corresponding Author's Name Emiko Petrosky	
5. Manuscript Title Chronic Pain Amo System		s in 18 U.S. States, 2003-20	14: Findings from the National V	iolent Death Reporting
6. Manuscript Iden M18-0830	tifying Number (if you kn	now it)		
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Section 2.	The Work Under Co	onsideration for Public	ation	
any aspect of the su statistical analysis, e	ubmitted work (including	but not limited to grants, da	a third party (government, commer ta monitoring board, study design, r	
Section 3.	Relevant financial	activities outside the s	submitted work.	
of compensation) clicking the "Add	with entities as descri	bed in the instructions. Use port relationships that we	ether you have financial relations se one line for each entity; add as e present during the 36 month	s many lines as you need by
Section 4.				
Section 4.	Intellectual Proper	ty Patents & Copyri	hts	
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo				

Bohm 2



Section 5.					
Section 3.	Relationships not covered above				
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Dr. Bohm has no	thing to disclose.				

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Betz 1



Section 1.	Identifying Inform	nation	
1. Given Name (Fi Carter	rst Name)	2. Surname (Last Name) Betz	3. Date 22-May-2018
4. Are you the cor	responding author?	☐ Yes ✓ No	Corresponding Author's Name Emiko Petrosky
5. Manuscript Title Chronic Pain Among Suicide Decedents in 18 U.S. States, 2003-2014: Findings from the National Violent Death Reporting System			14: Findings from the National Violent Death Reporting
6. Manuscript Ide M18-0830	ntifying Number (if you kr	now it)	
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Betz 2



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Mr. Betz has nothing to disclose.

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Harpaz 1



Section 1.	dentifying Informa	ation		
1. Given Name (First N Rafael	Name)	2. Surname (Last Name) Harpaz		. Date 22-May-2018
4. Are you the corresponding author?		Yes ✓ No	Corresponding Author's Name Emiko Petrosky	2
5. Manuscript Title Chronic Pain Amon System	g Suicide Decedents	in 18 U.S. States, 2003-20	14: Findings from the Nationa	al Violent Death Reporting
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Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes You				

Harpaz 2



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Royalties: Funds are coming in to you or your institution due to your patent

n-Financial Support: Examples include drugs/equipment

Yuan 1



Section 1.	Identifying Inform	nation	
1. Given Name (Fi Keming	rst Name)	2. Surname (Last Name) Yuan	3. Date 22-May-2018
4. Are you the corresponding author?		Yes ✓ No	Corresponding Author's Name Dr. Emiko Petrosky
5. Manuscript Title Chronic Pain Am System		s in 18 U.S. States, 2003-20	14: Findings from the National Violent Death Reporting
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Yuan 2



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Fowler 1



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Fowler 2



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Helmick 1



Section 1. Identifying Inform	nation		
1. Given Name (First Name) Charles 2. Surname (Last Name) Helmick		3. Date 15-May-2018	
4. Are you the corresponding author? Yes Volume		Corresponding Author's Name	
 5. Manuscript Title Chronic Pain Among Suicide Decedents in 18 U.S. States, 2003-2014: Findings from the National Violent Death Reporting System 6. Manuscript Identifying Number (if you know it) M18-0830 		14: Findings from the National Violent Death Reporting	
Section 2. The Work Under C	onsideration for Public	cation	
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.	
of compensation) with entities as descri	ribed in the instructions. Use port relationships that wer	ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by re present during the 36 months prior to publication.	
Section 4. Intellectual Branch			
Intellectual Prope	rty Patents & Copyrig	ghts	
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo			

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Section 5. 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 statement 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. Helmick 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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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.

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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 **Issued:** The patent has been issued by the agency

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 (First Name) Emiko		2. Surname (Last Name) Petrosky		3. Dato 30-Ma	e ay-2018
4. Are you the corresponding author?		✓ Yes	No		
5. Manuscript Title Chronic Pain Among Suicide Decedents in 18 U.S. States, 2003–2014: Findings from the National Violent Death Reporting System 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 No					
Section 3.	Relevant financial	activities	s outside the submitted work	•	
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Section 4.	Intellectual Proper	ty Pate	ents & Copyrights		
Do you have any	patents, whether plan	ned, pend	ing or issued, broadly relevant to t	the work?	es 🗸 No

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Relationships not covered above					
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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. Petrosky has nothing to disclose.					

Evaluation and Feedback

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