

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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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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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Lisa

2. Surname (Last Name)

Chiodo

3. Date

8/22/2018

4. Are you the corresponding author?

Yes XNo

5. Manuscript Title

The Next Stage of Buprenorphine Care for Opioid Use Disorder: A Narrative Review

6. Manuscript Identifying Number (if you know it)

M18-1652

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes XNo

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Are there any relevant conflicts of interest? Yes XNo

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Section 6. Disclosure Statement

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My Spouse has stock in CleanSlate Addiction Treatment Centers.

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Section 1. Identifying Information

1. Given Name (First Name)

Amanda

2. Surname (Last Name)

Wilson

3. Date

8/22/2018

4. Are you the corresponding author?

Yes XNo

5. Manuscript Title

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Section 1. Identifying Information

1. Given Name (First Name) Jordon	2. Surname (Last Name) Bosse	3. Date 09-August-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Martin, Stephen
5. Manuscript Title The Next Stage of Buprenorphine Care for Opioid Use Disorder: A Narrative Review		
6. Manuscript Identifying Number (if you know it) M18-1652		

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Section 1. Identifying Information

1. Given Name (First Name)
Stephen

2. Surname (Last Name)
Martin

3. Date
13-September-2018

4. Are you the corresponding author? Yes No

5. Manuscript Title
The Next Stage of Buprenorphine Care for Opioid Use Disorder: A Narrative Review

6. Manuscript Identifying Number (if you know it)

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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
Addiction Research and Education Foundation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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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
CleanSlate Centers	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Educational consultant

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Dr. Martin reports personal fees from Addiction Research and Education Foundation, during the conduct of the study; personal fees from CleanSlate Centers, outside the submitted work; .

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