

#### **Instructions**

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**Pending:** The patent has been filed but not issued **Issued:** The patent has been issued by the agency

Lizanza de The material has been licensed to an

**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

Thorpe 1



Section 1. Identifying Inform	nation		
- Identifying infort	nacion —		
1. Given Name (First Name) Carolyn	2. Surname (Last Name) Thorpe		3. Date 13-December-2018
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Autho	or's Name
5. Manuscript Title Dual Receipt of Prescription Opioids fro	om VA and Medicare Part [	O and Prescription Opi	oid Overdose Death among Veterans
6. Manuscript Identifying Number (if you k M18-2574	now it)		
Section 2. The Work Under C	Consideration for Publi	cation	
any aspect of the submitted work (includin statistical analysis, etc.)?	g but not limited to grants, do		ent, commercial, private foundation, etc.) for udy design, manuscript preparation,
Are there any relevant conflicts of inter			
If yes, please fill out the appropriate inf Excess rows can be removed by pressir		ve more than one enti	ty press the "ADD" button to add a row.
Name of Institution/Company	Grant'	n-Financial Other?	Comments
Department of Veterans Affairs	<b>✓</b>		
Section 3. Relevant financial	activities outside the	submitted work.	
Place a check in the appropriate boxes of compensation) with entities as described clicking the "Add +" box. You should read there any relevant conflicts of interesting the spropriate information of the spropriate in	ribed in the instructions. Usport relationships that we rest?	se one line for each en	ntity; add as many lines as you need by
Name of Entity	Grant'	n-Financial Other?	Comments
Department of Veterans Affairs	<b>✓</b>		
The Donaghue Foundation	<b>✓</b>		
National Institute on Aging	<b>✓</b>		

Thorpe 2



Name of Entity	Grant? Personal Fees?	Non-Financial Support?	Other? Con	mments	
Vasculitis Foundation	<b>✓</b>				
Section 4. Intellectual Propert	y Patents & Co	pyrights			
Do you have any patents, whether plann	ed, pending or issue	ed, broadly releva	nt to the work?	?	
Section 5. Relationships not c	overed above				
Are there other relationships or activities potentially influencing, what you wrote i		•	nfluenced, or tl	that give the appearand	ce of
Yes, the following relationships/cond	itions/circumstance	es are present (exp	olain 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 Statemen	nt				
Based on the above disclosures, this form below.	n will automatically	generate a disclos	sure statement,	t, which will appear in t	he box
Dr. Thorpe reports grants from Departm Veterans Affairs, grants from The Donag Foundation, outside the submitted work	hue Foundation, gra	_			

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Good 1



Section 1.	Identifying Inform	nation			
1. Given Name (Fi Chester	rst Name)	2. Surname (Last Name) Good		3. Date 12-November-2018	
4. Are you the cor	responding author?	☐ Yes ✓ No	Corresponding Author's Nar Gellad	me	
5. Manuscript Title Dual Receipt of F Veterans	Dual Receipt of Prescription Opioids from the VA and Medicare Part D and Prescription Opioid Overdose Death among				
6. Manuscript Ider M18-2574	ntifying Number (if you kr	now it)	_		
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Section 4.	Intellectual Proper	rty Patents & Copyri	ghts		
Do you have any	patents, whether plan	ned, pending or issued, b	roadly relevant to the work?	Yes 🗸 No	

Good 2



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Dr. Good has nothing to disclose.

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Gellad 1



Section 1.	Identifying Inform	ation				
1. Given Name (Fii Walid	rst Name)	2. Surname (Last Nam Gellad	e)		3. Date 12-Novem	ber-2018
4. Are you the cor	responding author?	✓ Yes No				
5. Manuscript Title Dual Receipt of F	e Prescription Opioids fro	m VA and Medicare P	art D and Prescr	iption Opioid	Overdose Dea	ath among Veterans
6. Manuscript Ider M18-2574	ntifying Number (if you kn	ow it)				
Section 2.						
Section 2.	The Work Under Co	onsideration for Pu	Iblication			
any aspect of the s statistical analysis, Are there any rele If yes, please fill c	titution <b>at any time</b> recei ubmitted work (including etc.)? evant conflicts of intere out the appropriate info oe removed by pressing	but not limited to grandest? Yes 16 pormation below. If you	s, data monitorin	g board, study o	design, manusc	ript preparation,
Name of Institut	ion/Company	Grant? Personal Fees?	Non-Financial Support?	Other? Co	omments	
Department of Vetera	ans Affairs	<b>✓</b>				
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Section 3.	Relevant financial	activities outside t	he submitted	work.		
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Section 4.	Intellectual Proper	ty Patents & Cop	yrights			
Do you have any	patents, whether plani	ned, pending or issue	d, broadly releva	ant to the wor	k? Yes	✓ No

Gellad 2



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Dr. Gellad reports grants from the Department of Veterans Affairs, during the conduct of the study.

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hanlon 1



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1. Given Name (Fii joseph	rst Name)	2. Surname (Last Name) hanlon	3. Date 12-November-2018		
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name Patience Mayo		
Veterans.			O and Prescription Opioid Overdose Death among		
Section 2.	Section 2. The Work Under Consideration for Publication				
any aspect of the s statistical analysis,	ubmitted work (including	but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation,		
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Section 4.					
Section 4.	Intellectual Proper	ty Patents & Copyrig	hts		
Do you have any	patents, whether plan	ned, pending or issued, br	oadly relevant to the work? ☐ Yes ✓ No		

hanlon 2



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Hale 1



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4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Walid Gellad, MD, MPH
5. Manuscript Title Dual Receipt of Prescription Opioids fro	om VA and Medicare Part [	and Prescription Opioid Overdose Death among Veterans
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Hale 2



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

Fine 1



Section 1. Identifying Inform	nation		
1. Given Name (First Name) Michael	2. Surname (Last Name) Fine		3. Date 13-November-2018
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Nam Walid F. Gellad, MD, MPH	ne
5. Manuscript Title Dual Receipt of Prescription Opioids fro	m VA and Medicare Part D	and Prescription Opioid Ov	rerdose Death among Veterans
6. Manuscript Identifying Number (if you kn M18-2574	now it)	_	
		_	
Section 2. The Work Under Co	onsideration for Public	ation	
Did you or your institution <b>at any time</b> receing any aspect of the submitted work (including statistical analysis, etc.)?  Are there any relevant conflicts of interest.	but not limited to grants, da		
Section 3. Relevant financial	activities outside the s	submitted work.	
Place a check in the appropriate boxes i of compensation) with entities as descri clicking the "Add +" box. You should rep Are there any relevant conflicts of interes	bed in the instructions. Us port relationships that wer	se one line for each entity; ac	dd as many lines as you need by
Section 4. Intellectual Proper	rty Patents & Copyrig	jhts	
Do you have any patents, whether plan			☐ Yes ✓ No

Fine 2



Section 5. Relationships not severed 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
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Section 6. Disclosure Statement
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### **Evaluation and Feedback**

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Moyo 1



Section 1.	Identifying Inform	ation		
1. Given Name (Fii Patience	rst Name)	2. Surname (Last Name) Moyo	_	3. Date 21-November-2018
4. Are you the cor			Corresponding Author's Name Dr. Walid Gellad	
5. Manuscript Title Dual Receipt of F		m VA and Medicare Part D	and Prescription Opioid Ove	erdose Death among Veterans
6. Manuscript Ider M18-2574	ntifying Number (if you kn	now it)		
			_	
Section 2.	The Work Under Co	onsideration for Public	cation	
any aspect of the s statistical analysis,	ubmitted work (including	but not limited to grants, da	a third party (government, comi ta monitoring board, study desig	mercial, private foundation, etc.) for gn, manuscript preparation,
Section 3.	Relevant financial	activities outside the s	submitted work.	
of compensation clicking the "Add	the appropriate boxes i ) with entities as descri	n the table to indicate who bed in the instructions. Us port relationships that wer	ether you have financial relati	ionships (regardless of amount d as many lines as you need by onths prior to publication.
Section 4.	Intellectual Proper	ty Patents & Copyric	ghts	
Do you have any	•		oadly relevant to the work?	☐ Yes 🗸 No

Moyo 2



Section 5. Relationships not covered above
helationships 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):
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Dr. Moyo has nothing to disclose.

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

Hausmann 1



Section 1. Identifying Information	ation				
Given Name (First Name)  Leslie	2. Surname (Last Name) Hausmann		3. Date 30-January-2019		
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Autho	or's Name		
5. Manuscript Title Dual Receipt of Prescription Opioids from VA and Medicare Part D and Prescription Opioid Overdose Death among Veterans: A Nested Case-Control Study					
6. Manuscript Identifying Number (if you known M18-2574	ow it)				
		-			
Section 2. The Work Under Co	nsideration for Public	ation			
Did you or your institution <b>at any time</b> received any aspect of the submitted work (including statistical analysis, etc.)?  Are there any relevant conflicts of interests	but not limited to grants, da			:.) for	
If yes, please fill out the appropriate info		e more than one enti	ty press the "ADD" button to add a	row.	
Name of Institution/Company	Grant'	n-Financial Other?	Comments		
Department of Veterans Affairs	<b>✓</b>				
Section 3. Relevant financial a	activities outside the s	ubmitted work.			
Place a check in the appropriate boxes in of compensation) with entities as described clicking the "Add +" box. You should report there any relevant conflicts of interest lf yes, please fill out the appropriate information.	oed in the instructions. Us ort relationships that wer st?	e one line for each en	itity; add as many lines as you need		
Name of Entity	Grant	n-Financial Other?	Comments		
Department of Veterans Affairs				-	
NIH	<b>✓</b>				

Hausmann 2



Section 4. Intellectual Property Patents & Copyrights
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo
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?
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Dr. Hausmann reports grants from Department of Veterans Affairs, during the conduct of the study; grants from Department of Veterans Affairs, grants from NIH, outside the submitted work; .

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Mor 1



Section 1.	Identifying Inform	nation			
1. Given Name (Fii Maria	rst Name)	2. Surname (Last Name Mor	e)	3. Date 31-January-2019	
4. Are you the cor	responding author?	☐ Yes ✓ No	o Corresponding Author's Name Patient Moyo		
<ol><li>Manuscript Title Dual Receipt of F A Nested Case-C</li></ol>	Prescription Opioids fro	m VA and Medicare Pa	rt D and Prescription	n Opioid Overdose Death among Veterans:	
6. Manuscript Ider M18-2574	ntifying Number (if you kn	now it)			
	ı				
Section 2.	The Work Under Co	onsideration for Pul	olication		
any aspect of the s statistical analysis, Are there any rel- If yes, please fill c	ubmitted work (including etc.)? evant conflicts of intere	ubut not limited to grants est? Yes No estromation below. If you	, data monitoring boa	ernment, commercial, private foundation, etc.) for rd, study design, manuscript preparation, etc.) entity press the "ADD" button to add a row.	
Name of Institut	ion/Company	Grant? Personal Fees?	Non-Financial Oth	ner? Comments	
/A HSR&D		<b>✓</b>			
	ı				
Section 3.	Relevant financial	activities outside th	e submitted wor	k.	
of compensation clicking the "Add	) with entities as descri	bed in the instructions port relationships that v	. Use one line for each were <b>present durin</b>	nancial relationships (regardless of amount ch entity; add as many lines as you need by <b>g the 36 months prior to publication</b> .	
Section 4.	Intellectual Proper	ty Patents & Copy	rights		
Do you have any	patents, whether plans	ned, pending or issued	, broadly relevant to	the work? Yes V	

Mor 2



Section 5. Polationships not severed 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?
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Dr. Mor reports grants from VA HSR&D, during the conduct of the study; .

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Donohue 1



Section 1.	Identifying Inform	ation	
1. Given Name (Fii Julie	rst Name)	2. Surname (Last Name) Donohue	3. Date 24-January-2019
4. Are you the cor	the corresponding author?  Yes  You  You  You  You  You  You  You  Yo		
A Nested Case-C	Prescription Opioids fro		and Prescription Opioid Overdose Death among Veterans:
Section 2.			
Section 2.	The Work Under Co	onsideration for Public	ation
any aspect of the s statistical analysis,	ubmitted work (including	but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation,
Section 3.	Relevant financial	activities outside the s	ubmitted work.
of compensation clicking the "Add	he appropriate boxes i ) with entities as descri	n the table to indicate who bed in the instructions. Us port relationships that wer	ether you have financial relationships (regardless of amount e one line for each entity; add as many lines as you need by e <b>present during the 36 months prior to publication</b> .
Section 4.			
Section 4.	Intellectual Proper	ty Patents & Copyrig	hts
Do you have any	patents, whether plan	ned, pending or issued, bro	oadly relevant to the work? Yes V No

Donohue 2



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Dr. Donohue has nothing to disclose.

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

Zhao 1



Section 1.	Identifying Inform	nation			
1. Given Name (Fi	rst Name)	2. Surname (Last Name) Zhao		3. Date 18-December-2018	
4. Are you the cor	responding author?	✓ Yes No			
<ul> <li>5. Manuscript Title         Dual Receipt of Prescription Opioids from VA and Medicare Part D and Prescription Opioid Overdose Death among Veterans     </li> <li>6. Manuscript Identifying Number (if you know it)</li> </ul>					
Section 2.	The Work Under Co	onsideration for Publicatio	n		
any aspect of the s statistical analysis,	ubmitted work (including	but not limited to grants, data mo		mmercial, private foundation, etc.) for sign, manuscript preparation,	
Section 3.	Relevant financial	activities outside the subn	nitted work.		
of compensation clicking the "Add Are there any rel	ı) with entities as descri	bed in the instructions. Use on port relationships that were <b>pr</b> o	e line for each entity; a	ationships (regardless of amount add as many lines as you need by nonths prior to publication.	
Section 4.	Intellectual Proper	ty Patents & Copyrights			
Do you have any	patents, whether plan	ned, pending or issued, broadl	relevant to the work?	Yes 🗸 No	

Zhao 2



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

patent

Radomski 1



Section 1. Ide	entifying Informati	ion				
1. Given Name (First Na Thomas	•	. Surname (Last Name) adomski		3. Date 17-January-2019		
4. Are you the correspo	nding author?	Yes ✓ No	Corresponding Author's Nar	me		
A Nested Case-Contro			O and Prescription Opioid O	verdose Death among Veterans:		
M18-2574	ig Namber (ii you know	Tt)	_			
Section 2						
The Work Under Consideration for Publication						
	tted work (including but	t not limited to grants, da	a third party (government, cou ata monitoring board, study de	mmercial, private foundation, etc.) for sign, manuscript preparation,		
Section 3. Rel	evant financial act	ivities outside the	submitted work.			
of compensation) wit clicking the "Add +" b	h entities as described ox. You should report	d in the instructions. U t relationships that we	se one line for each entity; a	ationships (regardless of amount add as many lines as you need by nonths prior to publication.		
Are there any relevan	t conflicts of interest?	Yes ✓ No				
Section 4. Into	ellectual Property -	Patents & Copyri	ghts			
Do you have any pate	nts, whether planned	l, pending or issued, b	oadly relevant to the work?	Yes 🗸 No		

Radomski 2



Section 5. Polationships not severed above
Relationships not covered above
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Section 6. Disalogues Statement
Disclosure Statement
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**Royalties:** Funds are coming in to you or your institution due to your patent



Section 1.	Identifying Inform	ation				
1. Given Name (First Name)  Joshua		2. Surname (La <b>Thorpe</b>	ast Name)		3. Date 2/8/2019	
4. Are you the corr	esponding author?	Yes X	No			
5. Manuscript Title "Dual Receipt of		om VA and Med	dicare Part D and Pre	escription Opioid Ov	erdose Death among Ve	eterans"
6. Manuscript Ider M18-2574	ntifying Number (if you kn	ow it)				
Section 2.	The Work Under C	onsideration	for Publication			
any aspect of the s statistical analysis, e	ubmitted work (including	but not limited	•		nmercial, private foundatic sign, manuscript preparati	
			,	VA HSR&D Merit A	vard (IIR 14-297)	ADD
Section 3.	Relevant financial	activities out	side the submitte	ed work.		
of compensation clicking the "Add	he appropriate boxes i ) with entities as descr	n the table to in ibed in the inst port relationsh	ndicate whether you ructions. Use one li	u have financial rela ne for each entity; ont during the 36 m	ationships (regardless o add as many lines as you nonths prior to publicat GR&D Merit Award (IIR 1	u need by <b>tion</b> .
	l			VAIR	onad Ment Award (IIK 1	2-318)
Section 4.	Intellectual Proper	ty Patents	& Copyrights			
Do you have any	patents, whether planr	ned, pending o	r issued, broadly rel	evant to the work?	Yes X No	



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Cooking				
Section 6. Disclosure Statement				
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Digitally signed by Joshua M. Thorpe 484766 Date: 2019.02.08 13:11:53 -05'00'

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SILEANU 1



Section 1.	Identifying Inform	nation				
Given Name (Fire FLORENTINA)	rst Name)	2. Surname (Last Name) SILEANU	3. Date 24-January-2019			
4. Are you the cor	u the corresponding author? Yes Vo		Corresponding Author's Name			
5. Manuscript Title Dual Receipt of Prescription Opioids from VA and Medicare Part D and Prescription Opioid Overdose Death among Veter A Nested Case-Control Study 6. Manuscript Identifying Number (if you know it) M18-2574				verdose Death among Veterans:		
			_			
Section 2. The Work Under Consideration for Publication						
any aspect of the s statistical analysis,	ubmitted work (including	but not limited to grants, d	n a third party (government, coi ata monitoring board, study de	mmercial, private foundation, etc.) for sign, manuscript preparation,		
Section 3.	Relevant financial	activities outside the	submitted work.			
of compensation clicking the "Add	) with entities as descri	ibed in the instructions. Uport relations hips that we	se one line for each entity; a	ationships (regardless of amount dd as many lines as you need by nonths prior to publication.		
Section 4.	Intellectual Proper	ty Patents & Copyri	ghts			
Do you have any	patents, whether plan	ned, pending or issued, b	roadly relevant to the work?	Yes 🗸 No		

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Relationships not covered above				
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Cashy 1



Section 1. Identifying Inform	nation			
1. Given Name (First Name) John	2. Surname (Last Name) Cashy		3. Date 24-January-2019	
4. Are you the corresponding author? Yes Vo		Corresponding Author's Name		
5. Manuscript Title Dual Receipt of Prescription Opioids from VA and Medicare Part D and Prescription Opioid Overdose Death among A Nested Case-Control Study 6. Manuscript Identifying Number (if you know it) M18-2574		erdose Death among Veterans:		
Section 2. The Work Under Co	onsideration for Public	ation		
Did you or your institution <b>at any time</b> rece any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of intere	ive payment or services from but not limited to grants, da	a third party (government, com		
Section 3. Relevant financial	activities outside the s	ubmitted work.		
Place a check in the appropriate boxes i of compensation) with entities as descri clicking the "Add +" box. You should rep Are there any relevant conflicts of interes	ibed in the instructions. Us port relationships that wer	e one line for each entity; ad	d as many lines as you need by	
Section 4. Intellectual Proper	rty Patents & Copyrig	ıhts		
Do you have any patents, whether plan			☐ Yes ✓ No	

Cashy 2



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