

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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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.

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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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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

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 Author's Name
Walid Gellad

5. Manuscript Title
Dual Receipt of Prescription Opioids from VA and Medicare Part D and Prescription Opioid Overdose Death among Veterans

6. Manuscript Identifying Number (if you know it)
M18-2574

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

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
Department of Veterans Affairs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

Are there any relevant conflicts of interest? Yes No

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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Department of Veterans Affairs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The Donaghue Foundation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
National Institute on Aging	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Vasculitis Foundation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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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Section 6. Disclosure Statement

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Dr. Thorpe reports grants from Department of Veterans Affairs, during the conduct of the study; grants from Department of Veterans Affairs, grants from The Donaghue Foundation, grants from National Institute on Aging, grants from Vasculitis Foundation, outside the submitted work; .

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ICMJJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Chester	2. Surname (Last Name) Good	3. Date 12-November-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Gellad
5. Manuscript Title Dual Receipt of Prescription Opioids from the VA and Medicare Part D and Prescription Opioid Overdose Death among Veterans		
6. Manuscript Identifying Number (if you know it) M18-2574		

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Dr. Good has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Walid

2. Surname (Last Name)
Gellad

3. Date
12-November-2018

4. Are you the corresponding author? Yes No

5. Manuscript Title
Dual Receipt of Prescription Opioids from VA and Medicare Part D and Prescription Opioid Overdose Death among Veterans

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

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

joseph

2. Surname (Last Name)

hanlon

3. Date

12-November-2018

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Patience Mayo

5. Manuscript Title

"Dual Receipt of Prescription Opioids from VA and Medicare Part D and Prescription Opioid Overdose Death among Veterans.

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Dr. hanlon has nothing to disclose.

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1. Given Name (First Name) Jennifer	2. Surname (Last Name) Hale	3. Date 13-November-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Walid Gellad, MD, MPH
5. Manuscript Title Dual Receipt of Prescription Opioids from VA and Medicare Part D and Prescription Opioid Overdose Death among Veterans		
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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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Michael	2. Surname (Last Name) Fine	3. Date 13-November-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Walid F. Gellad, MD, MPH
5. Manuscript Title Dual Receipt of Prescription Opioids from VA and Medicare Part D and Prescription Opioid Overdose Death among Veterans		
6. Manuscript Identifying Number (if you know it) M18-2574		

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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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Patience	2. Surname (Last Name) Moyo	3. Date 21-November-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Dr. Walid Gellad
5. Manuscript Title Dual Receipt of Prescription Opioids from VA and Medicare Part D and Prescription Opioid Overdose Death among Veterans		
6. Manuscript Identifying Number (if you know it) M18-2574		

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. Moyo 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)
Leslie

2. Surname (Last Name)
Hausmann

3. Date
30-January-2019

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

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 know it)
M18-2574

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

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
Department of Veterans Affairs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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
Department of Veterans Affairs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
NIH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

ICMJE Form for Disclosure of Potential Conflicts of Interest

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. 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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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Maria

2. Surname (Last Name)
Mor

3. Date
31-January-2019

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

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 know it)
M18-2574

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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
VA HSR&D	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Julie	2. Surname (Last Name) Donohue	3. Date 24-January-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Patience Moyo or Walid Gellad
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		
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Are there any relevant conflicts of interest? Yes No

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Dr. Donohue 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)

Xinhua

2. Surname (Last Name)

Zhao

3. Date

18-December-2018

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Dual Receipt of Prescription Opioids from VA and Medicare Part D and Prescription Opioid Overdose Death among Veterans

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 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. Zhao 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) Thomas	2. Surname (Last Name) Radomski	3. Date 17-January-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author'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 know it) M18-2574		

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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Are there any relevant conflicts of interest? Yes No

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Joshua 2. Surname (Last Name) Thorpe 3. Date 2/8/2019

4. Are you the corresponding author? Yes No

5. Manuscript Title
"Dual Receipt of Prescription Opioids from VA and Medicare Part D and Prescription Opioid Overdose Death among Veterans"

6. Manuscript Identifying Number (if you know it)
M18-2574

Section 2. The Work Under Consideration for Publication

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 Are there any relevant conflicts of interest? Yes No

VA HSR&D Merit Award (IIR 14-297) ADD

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Are there any relevant conflicts of interest? Yes No

VA HSR&D Merit Award (IIR 12-379) ADD

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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Date: 2019.02.08 13:11:53 -05'00'

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
FLORENTINA

2. Surname (Last Name)
SILEANU

3. Date
24-January-2019

4. Are you the corresponding author? Yes No Corresponding Author'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 know it)
M18-2574

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) John	2. Surname (Last Name) Cashy	3. Date 24-January-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author'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 know it) M18-2574		

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