

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.

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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

Kennedy 1



Section 1.	Identifying Inform	ation		
1. Given Name (Fii Jason	rst Name)	2. Surname (Last Name) Kennedy		3. Date 04-February-2019
4. Are you the cor	ou the corresponding author? Yes Vo Corresponding Author's Name Dr. Julie M. Donohue			
5. Manuscript Title Patterns of opioi		g inpatient stays and asso	ociations with opioid use pos	st-discharge: A cohort study
6. Manuscript Ider M18-2864	ntifying Number (if you kr	now it)		
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Section 2.	The Work Under Co	onsideration for Publi	cation	
any aspect of the s statistical analysis,	ubmitted work (including	but not limited to grants, d	n a third party (government, con 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	the appropriate boxes i) with entities as descri	n the table to indicate wh bed in the instructions. U port relationships that we	nether you have financial rela se one 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 & Copyri	ahts	
Do you have any			roadly relevant to the work?	Yes 🗸 No

Kennedy 2



Section 5.	Delationshing not covered above
	Relationships not covered above
	elationships or activities that readers could perceive to have influenced, or that give the appearance of ncing, what you wrote in the submitted work?
Yes, the follow	wing relationships/conditions/circumstances are present (explain below):
✓ No other relat	tionships/conditions/circumstances that present a potential conflict of interest
	nuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements rnals may ask authors to disclose further information about reported relationships.
Section 6.	Disclosure Statement
Based on the abo below.	ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box
Mr. Kennedy has	nothing to disclose.

Evaluation and Feedback

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Marroquin 1



Section 1.	Identifying Inform	ation		
1. Given Name (First Oscar	Name)	2. Surname (Last Name) Marroquin		3. Date 27-December-2018
4. Are you the corres	sponding author?	Yes ✓ No	Corresponding Author's Nar Julie Donohue	me
5. Manuscript Title Patterns of opioid	administration during	g inpatient stays and asso	ciations with opioid use pos	t-discharge
6. Manuscript Identi M18-2864	fying Number (if you kn	ow it)		
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Section 3.	Relevant financial a	activities outside the s	submitted work.	
of compensation) v clicking the "Add +	with entities as descril	bed in the instructions. Us oort relationships that wer	se one line for each entity; a	ationships (regardless of amount dd as many lines as you need by conths prior to publication.
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Section 4.	ntellectual Proper	ty Patents & Copyric	yhts	
Do you have any p	atents, whether planr	ned, pending or issued, br	oadly relevant to the work?	☐ Yes ✓ No

Marroquin 2



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Dr. Marroquin has nothing to disclose.

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Marroquin 3



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1

Kim



Section 1.	Identifying Inform	nation		
1. Given Name (Fi Catherine	rst Name)	2. Surname (Last Name) Kim	3. Date 31-December-2018	
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name Julie M. Donohue, PhD	
5. Manuscript Title Patterns of opio		g inpatient stays and asso	ciations with opioid use post-discharge	
6. Manuscript Ide	ntifying Number (if you kr	now it)		
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 Yes				
Section 3.	Relevant financial	activities outside the s	submitted work.	
of compensation clicking the "Add	n) with entities as descri	ibed in the instructions. Us 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 Prope	rty Patents & Copyric	ghts	
Do you have any	patents, whether plan	ned, pending or issued, br	oadly relevant to the work? Yes V No	

Kim 2



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Dr. Kim has nothing to disclose.	

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1

Donohue



Section 1.	Identifying Inform	ation		
1. Given Name (Fir Julie	rst Name)	2. Surname Donohue	(Last Name)	3. Date 17-January-2019
4. Are you the cor	responding author?	✓ Yes	No	
5. Manuscript Title Patterns of opioi		g inpatient st	ays and associations with opioid use p	oost-discharge
6. Manuscript Ider MS18-2864	ntifying Number (if you kn	now it)		
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Section 2.	The Work Under Co	onsideratio	on for Publication	
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Section 4.	los de la companya de	to Dodo	to 0 Campuinhta	
	Intellectual Proper	ty Patent	ts & Copyrights	
Do you have any	patents, whether plani	ned, pending	g or issued, broadly relevant to the wor	rk? ☐ Yes ✓ No

Donohue 2



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Lo-Ciganic 1



Section 1. Identifying Inform	nation		
1. Given Name (First Name) Wei-Hsuan	2. Surname (Last Name) Lo-Ciganic	3. Date 27-December-2018	
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name	
5. Manuscript Title Patterns of opioid administration durin	ng inpatient stays and assoc	ciations with opioid use post-discharge	
6. Manuscript Identifying Number (if you k M18-2864	now it)		
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Lo-Ciganic 2



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Moyo 1



Section 1. Identifying Inform	nation		
Given Name (First Name) Patience	2. Surname (Last Name) Moyo		3. Date 28-December-2018
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Nar Julie Donohue	me
5. Manuscript Title Patterns of opioid administration during	g inpatient stays and asso	ciations with opioid use pos	st-discharge
6. Manuscript Identifying Number (if you kr M18-2864	now it)		
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Section 2. The Work Under Co	onsideration for Publi	cation	
Did you or your institution at any time rece any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of intere	but not limited to grants, do		
Section 3. Relevant financial	activities outside the	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	ibed in the instructions. U port relationships that we	se one line for each entity; a	dd as many lines as you need by
Section 4. Intellectual Proper	rty Patents & Copyri	ghts	
Do you have any patents, whether plan		-	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?
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Dr. Moyo has nothing to disclose.

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Definitions.

Seymour

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

1

administrative support, etc.



Section 1.	Identifying Inform	nation		
1. Given Name (First Name) Chris		2. Surname (Last Name) Seymour		3. Date 30-December-2018
4. Are you the corresponding author?		Yes ✓ No	Corresponding	Author's Name
5. Manuscript Title Patterns of opioid administration during inpatient stays and associations with opioid use post-discharge				oid use post-discharge
6. Manuscript Ider	ntifying Number (if you kr	now it)		
Section 2.	The Work Under Co	onsideration for Pul	blication	
any aspect of the s statistical analysis, Are there any rel- If yes, please fill o	ubmitted work (including etc.)? evant conflicts of intere out the appropriate info be removed by pressing	est? Yes No prmation below. If you g the "X" button.	, data monitoring boa o have more than one	ernment, commercial, private foundation, etc.) for ard, study design, manuscript preparation, e entity press the "ADD" button to add a row.
National Institutes of	Health	✓ Fees	Support	
Section 3.	Relevant financial	activities outside th	e submitted wo	rk.
of compensation clicking the "Add Are there any rel) with entities as descri +" box. You should rep evant conflicts of intere	ibed in the instructions port relationships that v est? Yes 🗸 No	. Use one line for ea were present durin o	inancial relationships (regardless of amount ach entity; add as many lines as you need by ag the 36 months prior to publication.
Section 4.	Intellectual Proper	ty Patents & Copy	rights .	
Do you have any	patents, whether plan	ned, pending or issued	, broadly relevant to	o the work? ☐ Yes ✓ No

Seymour 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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Section 6. Disclosure Statement			
Disclosure Statement			
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Dr. Seymour reports grants from National Institutes of Health, during the conduct of the study; .			

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

Girard 1



Section 1.	lentifying Informa	ation			
Given Name (First Name) Timothy		2. Surname (Last Name) Girard		3. Date 02-January-2019	
4. Are you the corresponding author?		Yes ✓ No	Corresponding Author's Name Julie M. Donohue		
5. Manuscript Title Patterns of opioid administration during inpatient stays and assoc		ciations with opioid use post	t-discharge		
6. Manuscript Identify M18-2864	ring Number (if you kno	ow it)			
Section 2. Th	ne Work Under Co	nsideration for Publi	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. Re	elevant financial a	activities outside the s	submitted work.		
of compensation) wi	ith entities as descrik box. You should rep	oed in the instructions. Us ort relationships that we		tionships (regardless of amount dd as many lines as you need by onths prior to publication.	
Section 4. In	tellectual Propert	ty Patents & Copyri	ghts		
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo					

Girard 2



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ert testimony, employment, or other affiliations patent **1-Financial Support:** Examples include drugs/equipment

Angus 1



Section 1. Identifying Infor	mation				
1. Given Name (First Name) Derek	2. Surname (Last Name) Angus	3. Date 22-January-2019			
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Julie Marie Donohue			
5. Manuscript Title Patterns of opioid administration during inpatient stays and assoc		iations with opioid use post-discharge			
6. Manuscript Identifying Number (if you M18-2864	know it)				
Section 2. The Work Under	Consideration for Publi	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 financia	al activities outside the	submitted work.			
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Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo					

Angus 2



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

Chang 1



Section 1.	Identifying Inform	nation		
Given Name (First Name) Chung-Chou		2. Surname (Last Name) Chang		Date January-2019
4. Are you the corresponding author?		Yes ✓ No	Corresponding Author's Name Julie M. Donohue	
5. Manuscript Title Patterns of opioid administration during inpatient stays and assoc		ciations with opioid use post-dis	scharge	
6. Manuscript Ider M18-2864	ntifying Number (if you kr	now it)		
			-	
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Chang 2



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