

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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2. The work under consideration for publication.

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

5. Relationships not covered above.

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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)

Jason

2. Surname (Last Name)

Kennedy

3. Date

04-February-2019

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Dr. Julie M. Donohue

5. Manuscript Title

Patterns of opioid administration during inpatient stays and associations with opioid use post-discharge: A cohort study

6. Manuscript Identifying Number (if you know it)

M18-2864

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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Mr. Kennedy has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Oscar	2. Surname (Last Name) Marroquin	3. Date 27-December-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Julie Donohue
5. Manuscript Title Patterns of opioid administration during inpatient stays and associations with opioid use post-discharge		
6. Manuscript Identifying Number (if you know it) M18-2864		

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Marroquin 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) Catherine	2. Surname (Last Name) Kim	3. Date 31-December-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Julie M. Donohue, PhD
5. Manuscript Title Patterns of opioid administration during inpatient stays and associations with opioid use post-discharge		
6. Manuscript Identifying Number (if you know it)		

Section 2. The Work Under Consideration for Publication

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Dr. Kim 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)
Julie

2. Surname (Last Name)
Donohue

3. Date
17-January-2019

4. Are you the corresponding author? Yes No

5. Manuscript Title
Patterns of opioid administration during inpatient stays and associations with opioid use post-discharge

6. Manuscript Identifying Number (if you know it)
MS18-2864

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Dr. Donohue has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Wei-Hsuan	2. Surname (Last Name) Lo-Ciganic	3. Date 27-December-2018
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Corresponding Author's Name _____		
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Section 1. Identifying Information

1. Given Name (First Name) Patience	2. Surname (Last Name) Moyo	3. Date 28-December-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Julie Donohue
5. Manuscript Title Patterns of opioid administration during inpatient stays and associations with opioid use post-discharge		
6. Manuscript Identifying Number (if you know it) M18-2864		

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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Section 5. Relationships not covered above

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Section 6. Disclosure Statement

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Dr. Moyo has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) 2. Surname (Last Name) 3. Date

4. Are you the corresponding author? Yes No

5. Manuscript Title

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
National Institutes of Health	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. 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 associations with opioid use post-discharge

6. Manuscript Identifying Number (if you know it)

M18-2864

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

Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Girard 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) Derek	2. Surname (Last Name) Angus	3. Date 22-January-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Julie Marie Donohue
5. Manuscript Title Patterns of opioid administration during inpatient stays and associations with opioid use post-discharge		
6. Manuscript Identifying Number (if you know it) M18-2864		

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

Section 4. Intellectual Property -- Patents & Copyrights

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Chung-Chou	2. Surname (Last Name) Chang	3. Date 18-January-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Julie M. Donohue
5. Manuscript Title Patterns of opioid administration during inpatient stays and associations with opioid use post-discharge		
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Are there any relevant conflicts of interest? Yes No

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