

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 1. Identifying information.

#### 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.

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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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**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)  
Fred

2. Surname (Last Name)  
Finney

3. Date  
03-June-2019

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Rate of Opioid Prescriptions for Patients with Acute Ankle Sprain

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.)?

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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 6. Disclosure Statement

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Dr. Finney 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) James	2. Surname (Last Name) Holmes	3. Date 03-June-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Fred Finney, MD
5. Manuscript Title Rate of Opioid Prescriptions for Patients with Acute Ankle Sprain: A Cross-sectional Analysis		
6. Manuscript Identifying Number (if you know it)		

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Dr. Holmes 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)  
Chad

2. Surname (Last Name)  
Brummett

3. Date  
23-May-2019

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Rate of Opioid Prescriptions for Patients with Acute Ankle Sprain: A Cross-sectional Analysis

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

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
Heron Therapeutics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consulting/Advisory Board

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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Recro Pharma Inc	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consulting/ Advisory Board



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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
NIH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NIH-DHHS-US-17-PAF02680 (R01 DA042859-05); NIH-DHHS-US-17-PAF02680 (R01 DA042859-05); NIH0DHHS-US-16 PAF 07628 (R01 NR017096-05); NIH-DHHS-US (K23 DA038718-04) ; NIH-DHHS (P50 AR070600-05 CORT);
MDHHS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sub K Michigan OPEN
NIDA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NIDA (Centralized Pain Opioid Non-Responsiveness R01 DA038261-05);

### 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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Patent?	Pending?	Issued?	Licensed?	Royalties?	Licensee?	Comments
Peripheral Perineural Dexmedetomidine (no royalties) Application number 12/791,506; Issue Date 4/2/13; Patent Number 8410140	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Current but no royalties

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Dr. Brummett reports grants from NIH , grants from MDHHS, from NIDA, outside the submitted work; In addition, Dr. Brummett has a patent Peripheral Perineural Dexmedetomidine (no royalties) Application number 12/791,506; Issue Date 4/2/13; Patent Number 8410140 licensed.

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### Section 1. Identifying Information

1. Given Name (First Name)

Hsou Mei

2. Surname (Last Name)

Hu

3. Date

31-May-2019

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

5. Manuscript Title

Rate of Opioid Prescriptions for Patients with Acute Ankle Sprain: A Cross-sectional Analysis

6. Manuscript Identifying Number (if you know it)

M19-0679

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Timothy	2. Surname (Last Name) Gossett	3. Date 02-June-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Fred Finney
5. Manuscript Title Rate of Opioid Prescriptions for Patients with Acute Ankle Sprain: A Cross-sectional Analysis		
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#### 1. Identifying information.

#### 2. The work under consideration for publication.

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#### 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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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Jennifer

2. Surname (Last Name)  
Waljee

3. Date  
02-June-2019

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Dr. Bert Finney

5. Manuscript Title  
Rate of Opioid Prescriptions for Patients with Acute Ankle Sprain: A Cross-sectional Analysis

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

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

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Dr. Waljee has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Paul

2. Surname (Last Name)  
Talusan

3. Date  
03-June-2019

4. Are you the corresponding author?  Yes  No  
Corresponding Author's Name  
Fred Finney MD

5. Manuscript Title  
Rate of Opioid Prescriptions for Patients with Acute Ankle Sprain

6. Manuscript Identifying Number (if you know it)

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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

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Paragon28	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Paragon28	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Honorarium for Speaking Engagement
Arthrex	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Honorarium for Speaking Engagement

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Dr. Talusan reports grants from Paragon28, personal fees from Paragon28, personal fees from Arthrex , 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) David	2. Surname (Last Name) Walton	3. Date 03-June-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name
5. Manuscript Title Rate of Opioid Prescriptions for Patients with Acute Ankle Sprain		
6. Manuscript Identifying Number (if you know it) M19-0679		

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