

## ICMJE DISCLOSURE FORM

Date: 3/24/2021  
 Your Name: Charles Green Jr.  
 Manuscript Title: Treatment of Acute Pain in Adults with Sickle Cell Disease in an Infusion Center versus the Emergency Department: Results from a Multi-center Prospective Cohort Study  
 Manuscript number (if known): M20-7171

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

|   |  | Name all entities with whom you have this relationship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|--|--|---|
| <b>Time frame: Since the initial planning of the work</b> |  |  |   |
| 1   | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | Patient-Centered Outcomes Research Institute (PCORI)   | Funding for project   |
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| <b>Time frame: past 36 months</b>                         |  |  |   |
| 2   | Grants or contracts from any entity (if not indicated in item #1 above).   | <input checked="" type="checkbox"/> None   |   |
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|   |  |  |   |
| 3   | Royalties or licenses  | <input checked="" type="checkbox"/> None   |   |
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|----|--|---|--|
| 4  | Consulting fees  | <input checked="" type="checkbox"/> <u>X</u> None |  |
|    |  |   |  |
|    |  |   |  |
| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> <u>X</u> None |  |
|    |  |   |  |
|    |  |   |  |
| 6  | Payment for expert testimony   | <input checked="" type="checkbox"/> <u>X</u> None |  |
|    |  |   |  |
|    |  |   |  |
| 7  | Support for attending meetings and/or travel   | <input checked="" type="checkbox"/> <u>X</u> None |  |
|    |  |   |  |
|    |  |   |  |
| 8  | Patents planned, issued or pending   | <input checked="" type="checkbox"/> <u>X</u> None |  |
|    |  |   |  |
|    |  |   |  |
| 9  | Participation on a Data Safety Monitoring Board or Advisory Board  | <input checked="" type="checkbox"/> <u>X</u> None |  |
|    |  |   |  |
|    |  |   |  |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | <input checked="" type="checkbox"/> <u>X</u> None |  |
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|    |  |   |  |
| 11 | Stock or stock options   | <input checked="" type="checkbox"/> <u>X</u> None |  |
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| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services                             | <input checked="" type="checkbox"/> <u>X</u> None |  |
|    |  |   |  |
|    |  |   |  |
| 13 | Other financial or non-financial interests   | <input checked="" type="checkbox"/> <u>X</u> None |  |
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Please place an "X" next to the following statement to indicate your agreement:

X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

## ICMJE DISCLOSURE FORM

Date: 4/2/2021

Your Name: Mustapha Saheed

Manuscript Title: Treatment of Acute Pain in Adults with Sickle Cell Disease in an Infusion Center versus the Emergency Department: Results from a Multi-center Prospective Cohort Study"

Manuscript number (if known): \_\_\_\_\_

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

|   |  | Name all entities with whom you have this relationship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|--|--|---|
| <b>Time frame: Since the initial planning of the work</b> |  |  |   |
| 1   | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <input checked="" type="checkbox"/> None   |   |
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| <b>Time frame: past 36 months</b>                         |  |  |   |
| 2   | Grants or contracts from any entity (if not indicated in item #1 above).   | <input checked="" type="checkbox"/> None   |   |
|   |  |  |   |
| 3   | Royalties or licenses  | <input checked="" type="checkbox"/> None   |   |
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| 4   | Consulting fees  | <input checked="" type="checkbox"/> None   |   |

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| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> None |  |
| 6  | Payment for expert testimony   | <input checked="" type="checkbox"/> None |  |
| 7  | Support for attending meetings and/or travel   | <input checked="" type="checkbox"/> None |  |
| 8  | Patents planned, issued or pending   | <input checked="" type="checkbox"/> None |  |
| 9  | Participation on a Data Safety Monitoring Board or Advisory Board  | <input checked="" type="checkbox"/> None |  |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | <input checked="" type="checkbox"/> None |  |
| 11 | Stock or stock options   | <input checked="" type="checkbox"/> None |  |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services                             | <input checked="" type="checkbox"/> None |  |
| 13 | Other financial or non-financial interests   | <input checked="" type="checkbox"/> None |  |

Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

## ICMJE DISCLOSURE FORM

Date: 5 April 2021

Your Name: Rebecca Seufert

Manuscript Title: Treatment of Acute Pain in Adults with Sickle Cell Disease in an Infusion Center versus the Emergency Department: Results from a Multi-center Prospective Cohort Study

Manuscript number (if known): \_\_\_\_\_

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

|   |  | Name all entities with whom you have this relationship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|--|--|---|
| <b>Time frame: Since the initial planning of the work</b> |  |  |   |
| 1   | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <input checked="" type="checkbox"/> None   |   |
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| <b>Time frame: past 36 months</b>                         |  |  |   |
| 2   | Grants or contracts from any entity (if not indicated in item #1 above).   | <input checked="" type="checkbox"/> None   |   |
|   |  |  |   |
| 3   | Royalties or licenses  | <input checked="" type="checkbox"/> None   |   |
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| 4   | Consulting fees  | <input checked="" type="checkbox"/> None   |   |

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| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> None |  |
| 6  | Payment for expert testimony   | <input checked="" type="checkbox"/> None |  |
| 7  | Support for attending meetings and/or travel   | <input checked="" type="checkbox"/> None |  |
| 8  | Patents planned, issued or pending   | <input checked="" type="checkbox"/> None |  |
| 9  | Participation on a Data Safety Monitoring Board or Advisory Board  | <input checked="" type="checkbox"/> None |  |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | <input checked="" type="checkbox"/> None |  |
| 11 | Stock or stock options   | <input checked="" type="checkbox"/> None |  |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services                             | <input checked="" type="checkbox"/> None |  |
| 13 | Other financial or non-financial interests   | <input checked="" type="checkbox"/> None |  |

Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

## ICMJE DISCLOSURE FORM

Date: 04-02-2021  
 Your Name: Hang Wang  
 Manuscript Title: Treatment of Acute Pain in Adults with Sickle Cell Disease in an Infusion Center versus the Emergency Department: Results from a Multi-center Prospective Cohort Study  
 Manuscript number (if known): M20-7171

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

|   |  | Name all entities with whom you have this relationship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|--|--|---|
| <b>Time frame: Since the initial planning of the work</b> |  |  |   |
| 1   | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | Dr. Sophie Lanzkron's PCORI grant. Award number: HIS-1403-118881                             |   |
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| <b>Time frame: past 36 months</b>                         |  |  |   |
| 2   | Grants or contracts from any entity (if not indicated in item #1 above).   | <input checked="" type="checkbox"/> None   |   |
|   |  |  |   |
| 3   | Royalties or licenses  | <input checked="" type="checkbox"/> None   |   |
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| 4  | Consulting fees  | <input checked="" type="checkbox"/> None                         |  |
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| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> None                         |  |
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| 6  | Payment for expert testimony   | <input checked="" type="checkbox"/> None                         |  |
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| 7  | Support for attending meetings and/or travel   | Dr. Sophie Lanzkron's PCORI grant. Award number: HIS-1403-118881 |  |
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| 8  | Patents planned, issued or pending   | <input checked="" type="checkbox"/> None                         |  |
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| 9  | Participation on a Data Safety Monitoring Board or Advisory Board  | <input checked="" type="checkbox"/> None                         |  |
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| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | <input checked="" type="checkbox"/> None                         |  |
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| 11 | Stock or stock options   | <input checked="" type="checkbox"/> None                         |  |
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| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services                             | <input checked="" type="checkbox"/> None                         |  |
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| 13 | Other financial or non-financial interests   | <input checked="" type="checkbox"/> None                         |  |
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Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.



## ICMJE DISCLOSURE FORM

**Date:** 04/07/2021

**Your Name:** Nebras Abu Al Hamayel

**Manuscript Title:** "Treatment of Acute Pain in Adults with Sickle Cell Disease in an Infusion Center versus the Emergency Department: Results from a Multi-center Prospective Cohort Study"

**Manuscript number (if known):** M20-7171

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

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|   |  | Name all entities with whom you have this relationship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|--|--|---|
| <b>Time frame: Since the initial planning of the work</b> |  |  |   |
| 1   | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | None   | None  |
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| <b>Time frame: past 36 months</b>                         |  |  |   |
| 2   | Grants or contracts from any entity (if not indicated in item #1 above).   | None   | None  |
|   |  |  |   |
| 3   | Royalties or licenses  | None   | None  |
|   |  |  |   |
| 4   | Consulting fees  | None   | None  |

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|----|--|------|------|
|    |  |      |      |
| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None | None |
| 6  | Payment for expert testimony   | None | None |
| 7  | Support for attending meetings and/or travel   | None | None |
| 8  | Patents planned, issued or pending   | None | None |
| 9  | Participation on a Data Safety Monitoring Board or Advisory Board  | None | None |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | None | None |
| 11 | Stock or stock options   | None | None |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services                             | None | None |
| 13 | Other financial or non-financial interests   | None | None |

Please place an "X" next to the following statement to indicate your agreement:

**X** I certify that I have answered every question and have not altered the wording of any of the questions on this form.

## ICMJE DISCLOSURE FORM

Date: 3/24/2021 \_\_\_\_\_

Your Name:

Brandi Griffin, BSN, RN \_\_\_\_\_

Manuscript Title: "Treatment of Acute Pain in Adults with Sickle Cell Disease in Infusion Center vs. Emergent

Department: Results from a Multi-center Perspective Cohort Study" \_\_\_\_\_

Manuscript number (if known): \_\_\_\_\_

M20-7171 \_\_\_\_\_

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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|   |  | Name all entities with whom you have this relationship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|--|--|---|
| <b>Time frame: Since the initial planning of the work</b> |  |  |   |
| 1   | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <input checked="" type="checkbox"/> None   |   |
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| <b>Time frame: past 36 months</b>                         |  |  |   |
| 2   | Grants or contracts from any entity (if not indicated in item #1 above).   | <input type="checkbox"/> None  |   |
|   |  |  |   |
| 3   | Royalties or licenses  | <input type="checkbox"/> None  |   |
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|    |  |   |  |
| 4  | Consulting fees  | <input type="checkbox"/> <u>X</u> <input type="checkbox"/> None                                     |  |
|    |  |   |  |
|    |  |   |  |
| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> <input type="checkbox"/> <u>X</u> <input type="checkbox"/> None |  |
|    |  |   |  |
|    |  |   |  |
| 6  | Payment for expert testimony   | <input type="checkbox"/> <u>X</u> <input type="checkbox"/> None                                     |  |
|    |  |   |  |
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| 7  | Support for attending meetings and/or travel   | <input checked="" type="checkbox"/> <input type="checkbox"/> <u>X</u> <input type="checkbox"/> None |  |
|    |  |   |  |
|    |  |   |  |
| 8  | Patents planned, issued or pending   | <input type="checkbox"/> <u>X</u> <input type="checkbox"/> None                                     |  |
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| 9  | Participation on a Data Safety Monitoring Board or Advisory Board  | <input checked="" type="checkbox"/> <input type="checkbox"/> <u>X</u> <input type="checkbox"/> None |  |
|    |  |   |  |
|    |  |   |  |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | <input checked="" type="checkbox"/> <input type="checkbox"/> <u>X</u> <input type="checkbox"/> None |  |
|    |  |   |  |
|    |  |   |  |
| 11 | Stock or stock options   | <input checked="" type="checkbox"/> <input type="checkbox"/> <u>X</u> <input type="checkbox"/> None |  |
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|    |  |   |  |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services                             | <input type="checkbox"/> <u>X</u> <input type="checkbox"/> None                                     |  |
|    |  |   |  |
|    |  |   |  |
| 13 | Other financial or non-financial interests   | <input type="checkbox"/> <u>X</u> <input type="checkbox"/> None                                     |  |
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Please place an "X" next to the following statement to indicate your agreement:

X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

## ICMJE DISCLOSURE FORM

Date: 4/18/2021  
 Your Name: Sophie Lanzkron  
 Manuscript Title: Treatment of Acute Pain in Adults with Sickle Cell Disease in an Infusion Center versus the Emergency Department: Results from a Multi-center Prospective Cohort Study  
 Manuscript number (if known): M20-7171

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|   |  | Name all entities with whom you have this relationship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|--|--|---|
| <b>Time frame: Since the initial planning of the work</b> |  |  |   |
| 1   | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | PCORI  | Paid to institution   |
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| <b>Time frame: past 36 months</b>                         |  |  |   |
| 2   | Grants or contracts from any entity (if not indicated in item #1 above).   | HRSA   | Paid to institution   |
|   |  | NHLBI  | Paid to institution   |
|   |  | Imara  | Research funding paid to institution  |
|   |  | Global Blood Therapeutics  | Research funding paid to institution  |
|   |  | Shire  | Research funding paid to institution  |
|   |  | Novartis   | Research funding paid to institution  |

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|----|--|--|---|
| 3  | Royalties or licenses  | <input checked="" type="checkbox"/> None |   |
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|    |  |  |   |
| 4  | Consulting fees  | Bluebird Bio                             |   |
|    |  | Novo Nordisk                             |   |
|    |  | Pfizer                                   |   |
| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | Novartis                                 |   |
|    |  |  |   |
|    |  |  |   |
| 6  | Payment for expert testimony   | <input checked="" type="checkbox"/> None |   |
|    |  |  |   |
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| 7  | Support for attending meetings and/or travel   | <input checked="" type="checkbox"/> None |   |
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| 8  | Patents planned, issued or pending   | <input checked="" type="checkbox"/> None |   |
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| 9  | Participation on a Data Safety Monitoring Board or Advisory Board  | Forma                                    |   |
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| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | <input checked="" type="checkbox"/> None |   |
|    |  |  |   |
|    |  |  |   |
| 11 | Stock or stock options   | Pfizer                                   | Owned by my mother in a trust for whom I am the trustee |
|    |  | Teva                                     | Owned by my mother in a trust for whom I am the trustee |
|    |  |  |   |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services                             | <input checked="" type="checkbox"/> None |   |
|    |  |  |   |
|    |  |  |   |
| 13 | Other financial or non-financial interests   | <input checked="" type="checkbox"/> None |   |
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Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

## ICMJJE DISCLOSURE FORM

Date: 6/7/2021  
 Your Name: Adrienne Kincaid  
 Manuscript Title: Treatment of Acute Pain in Adults with Sickle Cell Disease in an Infusion Center  
 Manuscript number (if known): M20-7171

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

|   |  | Name all entities with whom you have this relationship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|--|--|---|
| <b>Time frame: Since the initial planning of the work</b> |  |  |   |
| 1   | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | __x__ None   |   |
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| <b>Time frame: past 36 months</b>                         |  |  |   |
| 2   | Grants or contracts from any entity (if not indicated in item #1 above).   | __x__ None   |   |
|   |  |  |   |
| 3   | Royalties or licenses  | x_ None  |   |
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| 4  | Consulting fees  | <input checked="" type="checkbox"/> None |  |
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| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> None |  |
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| 6  | Payment for expert testimony   | <input checked="" type="checkbox"/> None |  |
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| 7  | Support for attending meetings and/or travel   | <input checked="" type="checkbox"/> None |  |
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| 8  | Patents planned, issued or pending   | <input checked="" type="checkbox"/> None |  |
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| 9  | Participation on a Data Safety Monitoring Board or Advisory Board  | <input checked="" type="checkbox"/> None |  |
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|    |  |  |  |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | <input checked="" type="checkbox"/> None |  |
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| 11 | Stock or stock options   | <input checked="" type="checkbox"/> None |  |
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|    |  |  |  |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services                             | <input checked="" type="checkbox"/> None |  |
|    |  |  |  |
|    |  |  |  |
| 13 | Other financial or non-financial interests   | <input checked="" type="checkbox"/> None |  |
|    |  |  |  |
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Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.



**ICMJE DISCLOSURE FORM**

Date: 6/4/2021

Your Name: Sophie Lanzkron for Lorri Burgess

Manuscript Title: Treatment of Acute Pain in Adults With Sickle Cell Disease in an Infusion Center Versus the Emergency Department  
A Multicenter Prospective Cohort Study

Manuscript number (if known): M20-7171.03

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

|   |  | Name all entities with whom you have this relationship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|--|--|---|
| <b>Time frame: Since the initial planning of the work</b> |  |  |   |
| 1   | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | Received funding from PCORI for participation in the grant including travel to team meetings | Paid to me  |
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| <b>Time frame: past 36 months</b>                         |  |  |   |
| 2   |  | <input checked="" type="checkbox"/> None   |   |

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|----|--|---|--|
|    | Grants or contracts from any entity (if not indicated in item #1 above).                                     |   |  |
| 3  | Royalties or licenses  | <input checked="" type="checkbox"/> None                              |  |
| 4  | Consulting fees  | <input checked="" type="checkbox"/> None                              |  |
| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> None                              |  |
| 6  | Payment for expert testimony   | <input checked="" type="checkbox"/> None                              |  |
| 7  | Support for attending meetings and/or travel   | As above  |  |
| 8  | Patents planned, issued or pending   | <input checked="" type="checkbox"/> None                              |  |
| 9  | Participation on a Data Safety Monitoring Board or Advisory Board  | <input checked="" type="checkbox"/> None                              |  |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | Chief Operating Officer at Sickle Cell Association of South Louisiana |  |
| 11 | Stock or stock options   | <input checked="" type="checkbox"/> None                              |  |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services                             | <input checked="" type="checkbox"/> None                              |  |
| 13 | Other financial or non-financial interests   | <input checked="" type="checkbox"/> None                              |  |

Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### 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.

#### 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.

This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

#### 4. Intellectual Property.

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

#### 5. Relationships not covered above.

Use this section to report 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.

#### Definitions.

**Entity:** government agency, foundation, commercial sponsor, academic institution, etc.

**Grant:** A grant from an entity, generally [but not always] paid to your organization

**Personal Fees:** Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

**Non-Financial Support:** Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

**Other:** Anything not covered under the previous three boxes

**Pending:** The patent has been filed but not issued

**Issued:** The patent has been issued by the agency

**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

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

joseph

2. Surname (Last Name)

shows

3. Date

02-June-2021

4. Are you the corresponding author?

Yes  No

5. Manuscript Title

"Treatment of Acute Pain in Adults with Sickle Cell Disease in an Infusion Center versus the Emergency Department: Results from a Multi-center Prospective Cohort Stud

6. Manuscript Identifying Number (if you know it)

M20-7171

### 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.

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

### Section 4. Intellectual Property -- Patents & Copyrights

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

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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### 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?

- Yes, the following relationships/conditions/circumstances are present (explain 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 Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. shows has nothing to disclose.

### Evaluation and Feedback

Please visit <http://www.icmje.org/cgi-bin/feedback> to provide feedback on your experience with completing this form.

## ICMJE DISCLOSURE FORM

**Date:** June 2, 2021

**Your Name:** Steven G. Frymark

**Manuscript Title:** "Treatment of Acute Pain in Adults with Sickle Cell Disease in an Infusion Center versus the Emergency Department: Results from a Multi-center Prospective Cohort Study"

**Manuscript number (if known):** M20-7171

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

|   |  | Name all entities with whom you have this relationship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|--|--|---|
| <b>Time frame: Since the initial planning of the work</b> |  |  |   |
| 1   | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | None   |   |
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| <b>Time frame: past 36 months</b>                         |  |  |   |
| 2   | Grants or contracts from any entity (if not indicated in item #1 above).   | None   |   |
|   |  |  |   |
| 3   | Royalties or licenses  | None   |   |
|   |  |  |   |
| 4   | Consulting fees  | None   |   |
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|    |  |      |  |
| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None |  |
|    |  |      |  |
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| 6  | Payment for expert testimony   | None |  |
|    |  |      |  |
|    |  |      |  |
| 7  | Support for attending meetings and/or travel   | None |  |
|    |  |      |  |
|    |  |      |  |
| 8  | Patents planned, issued or pending   | None |  |
|    |  |      |  |
|    |  |      |  |
| 9  | Participation on a Data Safety Monitoring Board or Advisory Board  | None |  |
|    |  |      |  |
|    |  |      |  |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | None |  |
|    |  |      |  |
|    |  |      |  |
| 11 | Stock or stock options   | None |  |
|    |  |      |  |
|    |  |      |  |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services                             | None |  |
|    |  |      |  |
|    |  |      |  |
| 13 | Other financial or non-financial interests   | None |  |
|    |  |      |  |
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Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

## ICMJJE DISCLOSURE FORM

Date:                     June 3, 2021                    

Your Name:             Marcus Wallace                    

Manuscript Title:           Treatment of Acute Pain in Adults with Sickle Cell Disease in an Infusion Center versus the  
Emergency Department: Results from a Multi-center Prospective Cohort Study                    

Manuscript number (if known):           M20-7171                    

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

|   |  | Name all entities with whom you have this relationship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|--|--|---|
| <b>Time frame: Since the initial planning of the work</b> |  |  |   |
| 1   | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <input checked="" type="checkbox"/> None   |   |
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| <b>Time frame: past 36 months</b>                         |  |  |   |
| 2   | Grants or contracts from any entity (if not indicated in item #1 above).   | <input type="checkbox"/> None  |   |
|   |  |  |   |
| 3   | Royalties or licenses  | <input checked="" type="checkbox"/> None   |   |
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| 4  | Consulting fees  | <input checked="" type="checkbox"/> None |  |
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| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> None |  |
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| 6  | Payment for expert testimony   | <input checked="" type="checkbox"/> None |  |
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|    |  |  |  |
| 7  | Support for attending meetings and/or travel   | <input checked="" type="checkbox"/> None |  |
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|    |  |  |  |
| 8  | Patents planned, issued or pending   | <input checked="" type="checkbox"/> None |  |
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|    |  |  |  |
| 9  | Participation on a Data Safety Monitoring Board or Advisory Board  | <input checked="" type="checkbox"/> None |  |
|    |  |  |  |
|    |  |  |  |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | <input checked="" type="checkbox"/> None |  |
|    |  |  |  |
|    |  |  |  |
| 11 | Stock or stock options   | <input checked="" type="checkbox"/> None |  |
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|    |  |  |  |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services                             | <input checked="" type="checkbox"/> None |  |
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|    |  |  |  |
| 13 | Other financial or non-financial interests   | <input checked="" type="checkbox"/> None |  |
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Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

## ICMJE DISCLOSURE FORM

Date: June 3<sup>rd</sup> 2021

Your Name: Jane Little MD

Manuscript Title: "Treatment of Acute Pain in Adults with Sickle Cell Disease in an Infusion Center versus the Emergency Department: Results from a Multi-center Prospective Cohort Study"

Manuscript number (if known): M20-7171

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the **current manuscript only**.

The author's relationships/activities/interests should be **defined broadly**. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

|   |  | Name all entities with whom you have this relationship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|--|--|---|
| <b>Time frame: Since the initial planning of the work</b> |  |  |   |
| 1   | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <u>None</u>  |   |
|   |  | PCORI award, now complete  | I was a co-investigator on the ESCAPED study  |
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|   |  |  |   |
| <b>Time frame: past 36 months</b>                         |  |  |   |
| 2   | Grants or contracts from any entity (if not indicated in item #1 above).   | <u>None</u>  |   |
|   |  | NHLBI  | RO1 and Cure Sci Awards   |
|   |  | Bluebird Bio   | Contract for data analysis  |
| 3   | Royalties or licenses  | <u>None</u>  |   |
|   |  | SCD Biochip  | No money received from this entity  |
|   |  |  |   |

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|----|--|---------------------------|-------------------------------|
| 4  | Consulting fees  | X None                    |                               |
| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | ___ None                  |                               |
|    |  | University of Cincinnati  | Lectures                      |
|    |  | Scripps                   |                               |
| 6  | Payment for expert testimony   | X None                    |                               |
| 7  | Support for attending meetings and/or travel   | X None                    |                               |
| 8  | Patents planned, issued or pending   | ___ None                  |                               |
|    |  | Heme Chip and SCD Biochip |                               |
| 9  | Participation on a Data Safety Monitoring Board or Advisory Board  | ___ None                  |                               |
|    |  | FORMA Therapeutics        | Ongoing                       |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | ___ None                  |                               |
|    |  | ASH                       | Red Cell Scientific Committee |
|    |  | GRNDaD Registry           | Executive Committee           |
|    |  | NASCC                     | Advisory Board                |
| 11 | Stock or stock options   | X None                    |                               |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services                             | X None                    |                               |
| 13 | Other financial or non-financial interests   | X None                    |                               |

Please place an "X" next to the following statement to indicate your agreement:

**X I certify that I have answered every question and have not altered the wording of any of the questions on this form.**

## ICMJE DISCLOSURE FORM

Date: 4/2/2021 \_\_\_\_\_  
 Your Name: Ravi Varadhan \_\_\_\_\_  
 Manuscript Title: Treatment of Acute Pain in Adults with Sickle Cell Disease in an Infusion Center versus the Emergency Department: Results from a Multi-center Prospective Cohort Study \_\_\_\_\_  
 Manuscript number (if known): M20-7171 \_\_\_\_\_

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

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|   |  | Name all entities with whom you have this relationship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|--|--|---|
| <b>Time frame: Since the initial planning of the work</b> |  |  |   |
| 1   | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <input type="checkbox"/> None  |   |
|   |  | Patient Centered Outcomes Institute funded this study  |   |
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| <b>Time frame: past 36 months</b>                         |  |  |   |
| 2   | Grants or contracts from any entity (if not indicated in item #1 above).   | <input checked="" type="checkbox"/> None   |   |
|   |  |  |   |
| 3   | Royalties or licenses  | <input checked="" type="checkbox"/> None   |   |
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| 4  | Consulting fees  | <input type="checkbox"/> None            |  |
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| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input type="checkbox"/> None            |  |
|    |  |  |  |
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| 6  | Payment for expert testimony   | <input type="checkbox"/> None            |  |
|    |  |  |  |
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| 7  | Support for attending meetings and/or travel   | <input checked="" type="checkbox"/> None |  |
|    |  |  |  |
|    |  |  |  |
| 8  | Patents planned, issued or pending   | <input type="checkbox"/> None            |  |
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|    |  |  |  |
| 9  | Participation on a Data Safety Monitoring Board or Advisory Board  | <input type="checkbox"/> None            |  |
|    |  |  |  |
|    |  |  |  |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | <input type="checkbox"/> None            |  |
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| 11 | Stock or stock options   | <input type="checkbox"/> None            |  |
|    |  |  |  |
|    |  |  |  |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services                             | <input type="checkbox"/> None            |  |
|    |  |  |  |
|    |  |  |  |
| 13 | Other financial or non-financial interests   | <input type="checkbox"/> None            |  |
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Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### 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.

#### 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.

This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

#### 4. Intellectual Property.

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

#### 5. Relationships not covered above.

Use this section to report 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.

#### Definitions.

**Entity:** government agency, foundation, commercial sponsor, academic institution, etc.

**Grant:** A grant from an entity, generally [but not always] paid to your organization

**Personal Fees:** Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

**Non-Financial Support:** Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

**Other:** Anything not covered under the previous three boxes

**Pending:** The patent has been filed but not issued

**Issued:** The patent has been issued by the agency

**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

## ICMJJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Allie

2. Surname (Last Name)

Piehet

3. Date

03-June-1989

4. Are you the corresponding author?

Yes  No

5. Manuscript Title

Treatment of Acute Pain in Adults with Sickle Cell Disease in an Infusion Center versus the Emergency Department: Results from a Multi-center Prospective Cohort Study

6. Manuscript Identifying Number (if you know it)

M20-7171

### 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.

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

### Section 4. Intellectual Property -- Patents & Copyrights

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

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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### 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?

- Yes, the following relationships/conditions/circumstances are present (explain 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 Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Mrs. Piehet has nothing to disclose.

### Evaluation and Feedback

Please visit <http://www.icmje.org/cgi-bin/feedback> to provide feedback on your experience with completing this form.



## ICMJE DISCLOSURE FORM

3/24/2021

**Date:** \_\_\_\_\_

**Your Name:** Jasmine Brooks

**Manuscript Title:** Treatment of Acute Pain in Adults with Sickle Cell Disease in an Infusion

**Manuscript number (if known):** ICMJE vs the Emergency Department: Results from a Multi-center Prospective Cohort Study

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

|   |  | Name all entities with whom you have this relationship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|--|--|---|
| <b>Time frame: Since the initial planning of the work</b> |  |  |   |
| 1   | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <input checked="" type="checkbox"/> None   |   |
|   |  |  |   |
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| <b>Time frame: past 36 months</b>                         |  |  |   |
| 2   | Grants or contracts from any entity (if not indicated in item #1 above).   | <input checked="" type="checkbox"/> None   |   |
|   |  |  |   |
| 3   | Royalties or licenses  | <input checked="" type="checkbox"/> None   |   |
|   |  |  |   |
|   |  | <input checked="" type="checkbox"/>  |   |
| 4   | Consulting fees  | <input checked="" type="checkbox"/> None   |   |
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|    |  | X                  |  |
| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <u>      </u> None |  |
|    |  | X                  |  |
| 6  | Payment for expert testimony   | <u>      </u> None |  |
|    |  | X                  |  |
| 7  | Support for attending meetings and/or travel   | <u>      </u> None |  |
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|    |  |                    |  |
| 8  | Patents planned, issued or pending   | <u>  X  </u> None  |  |
|    |  |                    |  |
|    |  |                    |  |
| 9  | Participation on a Data Safety Monitoring Board or Advisory Board  | <u>  X  </u> None  |  |
|    |  | X                  |  |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | <u>      </u> None |  |
|    |  | X                  |  |
| 11 | Stock or stock options   | <u>      </u> None |  |
|    |  |                    |  |
|    |  |                    |  |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services                             | <u>  X  </u> None  |  |
|    |  | X                  |  |
| 13 | Other financial or non-financial interests   | <u>      </u> None |  |
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Please place an "X" next to the following statement to indicate your agreement:

  X   I certify that I have answered every question and have not altered the wording of any of the questions on this form.

## ICMJE DISCLOSURE FORM

Date: 3/23/2021

Your Name: Chiung-Yu Huang

Manuscript Title: Treatment of Acute Pain in Adults with Sickle Cell Disease in an Infusion Center versus the Emergency Department: Results from a Multi-center Prospective Cohort Study

Manuscript number (if known): \_\_\_\_\_

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

|   |  | Name all entities with whom you have this relationship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|--|--|---|
| <b>Time frame: Since the initial planning of the work</b> |  |  |   |
| 1   | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | ___ None   |   |
|   |  | PCORI  | HIS-1403-11888 (I was a statistician on Dr. Lanzkron's PCORI grant)                 |
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| <b>Time frame: past 36 months</b>                         |  |  |   |
| 2   | Grants or contracts from any entity (if not indicated in item #1 above).   | __X__ None   |   |
| 3   | Royalties or licenses  | __X__ None   |   |
| 4   | Consulting fees  | __X__ None   |   |

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|    |  |  |  |
| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> None |  |
| 6  | Payment for expert testimony   | <input checked="" type="checkbox"/> None |  |
| 7  | Support for attending meetings and/or travel   | <input checked="" type="checkbox"/> None |  |
| 8  | Patents planned, issued or pending   | <input checked="" type="checkbox"/> None |  |
| 9  | Participation on a Data Safety Monitoring Board or Advisory Board  | <input checked="" type="checkbox"/> None |  |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | <input checked="" type="checkbox"/> None |  |
| 11 | Stock or stock options   | <input checked="" type="checkbox"/> None |  |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services                             | <input checked="" type="checkbox"/> None |  |
| 13 | Other financial or non-financial interests   | <input checked="" type="checkbox"/> None |  |

Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

## ICMJE DISCLOSURE FORM

Date: 4/2/2021

Your Name: Nicole Arnold

Manuscript Title: Treatment of Acute Pain in Adults with Sickle Cell Disease in an Infusion Center versus the Emergency Department: Results from a Multi-center Prospective Cohort Study

Manuscript number (if known): M20-7171

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

|   |  | Name all entities with whom you have this relationship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|--|--|---|
| <b>Time frame: Since the initial planning of the work</b> |  |  |   |
| 1   | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <input checked="" type="checkbox"/> None   |   |
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| <b>Time frame: past 36 months</b>                         |  |  |   |
| 2   | Grants or contracts from any entity (if not indicated in item #1 above).   | <input checked="" type="checkbox"/> None   |   |
|   |  |  |   |
| 3   | Royalties or licenses  | <input type="checkbox"/> None  |   |
|   |  |  |   |
| 4   | Consulting fees  | <input checked="" type="checkbox"/> None   |   |
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| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | X__None   |  |
|    |  |           |  |
|    |  |           |  |
| 6  | Payment for expert testimony   | __X__None |  |
|    |  |           |  |
|    |  |           |  |
| 7  | Support for attending meetings and/or travel   | __X__None |  |
|    |  |           |  |
|    |  |           |  |
| 8  | Patents planned, issued or pending   | __X__None |  |
|    |  |           |  |
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| 9  | Participation on a Data Safety Monitoring Board or Advisory Board  | X__None   |  |
|    |  |           |  |
|    |  |           |  |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | __X__None |  |
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| 11 | Stock or stock options   | X None    |  |
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|    |  |           |  |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services                             | __X__None |  |
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|    |  |           |  |
| 13 | Other financial or non-financial interests   | __X__None |  |
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Please place an "X" next to the following statement to indicate your agreement:

X\_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

## ICMJE DISCLOSURE FORM

Date: April 5, 2021

Your Name: Derek Robertson

Manuscript Title: Treatment of Acute Pain in Adults with Sickle Cell Disease in an Infusion Center versus the Emergency Department: Results from a Multi-center Prospective Cohort Study

Manuscript number (if known): M20-7171

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

|   |  | Name all entities with whom you have this relationship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|--|--|---|
| <b>Time frame: Since the initial planning of the work</b> |  |  |   |
| 1   | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <input checked="" type="checkbox"/> None   |   |
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| <b>Time frame: past 36 months</b>                         |  |  |   |
| 2   | Grants or contracts from any entity (if not indicated in item #1 above).   | <input checked="" type="checkbox"/> None   |   |
|   |  |  |   |
| 3   | Royalties or licenses  | <input checked="" type="checkbox"/> None   |   |
|   |  |  |   |
| 4   | Consulting fees  | <input checked="" type="checkbox"/> None   |   |
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| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> None                                     |  |
| 6  | Payment for expert testimony   | <input checked="" type="checkbox"/> None                                     |  |
| 7  | Support for attending meetings and/or travel   | <input checked="" type="checkbox"/> None                                     |  |
| 8  | Patents planned, issued or pending   | <input checked="" type="checkbox"/> None                                     |  |
| 9  | Participation on a Data Safety Monitoring Board or Advisory Board  | <input checked="" type="checkbox"/> None                                     |  |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | <input type="checkbox"/> President, Maryland Sickle Cell Disease Association |  |
| 11 | Stock or stock options   | <input checked="" type="checkbox"/> None                                     |  |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services                             | <input checked="" type="checkbox"/> None                                     |  |
| 13 | Other financial or non-financial interests   | <input checked="" type="checkbox"/> None                                     |  |

Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.



## ICMJE DISCLOSURE FORM

Date: 4/7/21

Your Name: Joshua Field

Manuscript Title: Treatment of Acute Pain in Adults with Sickle Cell Disease in an Infusion Center versus the Emergency Department: Results from a Multi-center Prospective Cohort Study

Manuscript number (if known): \_\_\_\_\_

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

|   |  | Name all entities with whom you have this relationship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|--|--|---|
| <b>Time frame: Since the initial planning of the work</b> |  |  |   |
| 1   | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <u>  x  </u> None  |   |
| <b>Time frame: past 36 months</b>                         |  |  |   |
| 2   | Grants or contracts from any entity (if not indicated in item #1 above).   | <u>      </u> None   | NIH, ironwood, Riegel, Shire  |
| 3   | Royalties or licenses  | <u>      </u> None   | UpToDate  |
| 4   | Consulting fees  | <u>      </u> None   | Ironwood  |

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|----|--|--|-------|
|    |  |  |       |
| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> None |       |
| 6  | Payment for expert testimony   | <input checked="" type="checkbox"/> None |       |
| 7  | Support for attending meetings and/or travel   | <input checked="" type="checkbox"/> None |       |
| 8  | Patents planned, issued or pending   | <input checked="" type="checkbox"/> None |       |
| 9  | Participation on a Data Safety Monitoring Board or Advisory Board  | <input type="checkbox"/> None            | Bayer |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | <input checked="" type="checkbox"/> None |       |
| 11 | Stock or stock options   | <input checked="" type="checkbox"/> None |       |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services                             | <input type="checkbox"/> None            |       |
| 13 | Other financial or non-financial interests   | <input checked="" type="checkbox"/> None |       |

Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

## ICMJE DISCLOSURE FORM

Date: 03/24/2021  
 Your Name: Jodi Segal, MD, MPH  
 Manuscript Title: Treatment of Acute Pain in Adults with Sickle Cell Disease in an Infusion Center versus the Emergency Department: Results from a Multi-center Prospective Cohort  
 Stud \_\_\_\_\_  
 Manuscript number (if known): M20-7171

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the **current manuscript only**.

The author's relationships/activities/interests should be **defined broadly**. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

|   |  | Name all entities with whom you have this relationship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|--|--|---|
| <b>Time frame: Since the initial planning of the work</b> |  |  |   |
| 1   | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | PCORI  | paid to my institution  |
|   |  |  |   |
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| <b>Time frame: past 36 months</b>                         |  |  |   |
| 2   | Grants or contracts from any entity (if not indicated in item #1 above).   | As above   |   |
|   |  |  |   |
| 3   | Royalties or licenses  | <input checked="" type="checkbox"/> None   |   |
|   |  |  |   |
| 4   | Consulting fees  | <input checked="" type="checkbox"/> None   |   |

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|    |  |  |  |
| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input type="checkbox"/> None            |  |
| 6  | Payment for expert testimony   | <input type="checkbox"/> None            |  |
| 7  | Support for attending meetings and/or travel   | <input type="checkbox"/> None            |  |
| 8  | Patents planned, issued or pending   | <input type="checkbox"/> None            |  |
| 9  | Participation on a Data Safety Monitoring Board or Advisory Board  | <input type="checkbox"/> None            |  |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | <input type="checkbox"/> None            |  |
| 11 | Stock or stock options   | <input checked="" type="checkbox"/> None |  |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services                             | <input checked="" type="checkbox"/> None |  |
| 13 | Other financial or non-financial interests   | <input type="checkbox"/> None            |  |

Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

## ICMJE DISCLOSURE FORM

Date: June 7, 2021

Your Name: Marc V. Proudford

Manuscript Title: Treatment of Acute Pain in Adults with Sickle Cell Disease in an Infusion Center versus the Emergency Department: Results from a Multi-center Prospective Cohort Study

Manuscript number (if known): \_\_\_\_\_

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

|  |  | Name all entities with whom you have this relationship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|--|--|--|---|
| Time frame: Since the initial planning of the work |  |  |   |
| 1  | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | __x__ None   |   |
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| Time frame: past 36 months |  |  |  |
|----------------------------|--|--|--|
| 2                          | Grants or contracts from any entity (if not indicated in item #1 above).                                     | <input checked="" type="checkbox"/> None |  |
| 3                          | Royalties or licenses  | <input type="checkbox"/> None            |  |
| 4                          | Consulting fees  | <input type="checkbox"/> None            |  |
| 5                          | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input type="checkbox"/> None            |  |
| 6                          | Payment for expert testimony   | <input type="checkbox"/> None            |  |
| 7                          | Support for attending meetings and/or travel   | <input checked="" type="checkbox"/>      |  |
| 8                          | Patents planned, issued or pending   | <input checked="" type="checkbox"/>      |  |
| 9                          | Participation on a Data  | <input checked="" type="checkbox"/>      |  |

|    |   |   |  |
|----|---|---|--|
|    | Safety Monitoring Board or Advisory Board   |   |  |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | <input type="checkbox"/> None<br><br>William E. Proudford<br>Sickle Cell Fund |  |
| 11 | Stock or stock options  | <input checked="" type="checkbox"/> None                                      |  |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services                  | <input checked="" type="checkbox"/>   |  |
| 13 | Other financial or non-financial interests  | <input checked="" type="checkbox"/>   |  |

Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

## ICMJE DISCLOSURE FORM

Date: June 6, 2021

Your Name: Carlton Haywood Jr.

Manuscript Title: "Treatment of Acute Pain in Adults with Sickle Cell Disease in an Infusion Center versus the Emergency Department: Results from a Multi-center Prospective Cohort Study"

Manuscript number (if known): M20-7171

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

|   |  | Name all entities with whom you have this relationship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|--|--|---|
| <b>Time frame: Since the initial planning of the work</b> |  |  |   |
| 1   | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <u> X </u> None  |   |
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| <b>Time frame: past 36 months</b>                         |  |  |   |
| 2   | Grants or contracts from any entity (if not indicated in item #1 above).   | <u> X </u> None  |   |
|   |  |  |   |
| 3   | Royalties or licenses  | <u> X </u> None  |   |
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|    |  |  |  |
| 4  | Consulting fees  | <input checked="" type="checkbox"/> None |  |
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| 8  | Patents planned, issued or pending   | <input checked="" type="checkbox"/> None |  |
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| 9  | Participation on a Data Safety Monitoring Board or Advisory Board  | <input checked="" type="checkbox"/> None |  |
|    |  |  |  |
|    |  |  |  |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | <input checked="" type="checkbox"/> None |  |
|    |  |  |  |
|    |  |  |  |
| 11 | Stock or stock options   | <input checked="" type="checkbox"/> None |  |
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