ICMJE INTERNATIONAL COMMITTEE of MEDICAL JOURNAL EDITORS

# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Instructions

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## 4. Intellectual Property.

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

## 5. Relationships not covered above.

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. Given Name (First Name): Jack
2. Surname (Last Name): Abboudi
3. Date: 01-June-2015

4. Are you the corresponding author? ☐ Yes ☑ No

Corresponding Author's Name: ASIF ILYAS, MD

5. Manuscript Title: A Prospective Evaluation of Opioid Utilization After Upper Extremity Surgery: Identifying Consumption Patterns and Determining Prescribing Guidelines

6. Manuscript Identifying Number (if you know it)

## Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? ☐ Yes ☑ No

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

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

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## Section 6. Disclosure Statement

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Dr. Abboudi has nothing to disclose.

## Evaluation and Feedback

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. Given Name (First Name): Asif
2. Surname (Last Name): Ilyas
3. Date: 01-June-2015

4. Are you the corresponding author? [✓] Yes [ ] No

5. Manuscript Title
A Prospective Evaluation of Opioid Utilization After Upper Extremity Surgery: Identifying Consumption Patterns and Determining Prescribing Guidelines

6. Manuscript Identifying Number (if you know it)

## Section 2. The Work Under Consideration for Publication

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Dr. Ilyas has nothing to disclose.

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. Given Name (First Name): Christopher
2. Surname (Last Name): Jones
3. Date: 01-June-2015

4. Are you the corresponding author? ☐ Yes ☑ No

Corresponding Author's Name: ASIF ILYAS, MD

5. Manuscript Title: A Prospective Evaluation of Opioid Utilization After Upper Extremity Surgery: Identifying Consumption Patterns and Determining Prescribing Guidelines

6. Manuscript Identifying Number (if you know it):

## Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? ☐ Yes ☑ No

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Dr. Jones has nothing to disclose.

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. Given Name (First Name): NAYOUNG
2. Surname (Last Name): KIM
3. Date: 01-June-2015

4. Are you the corresponding author? ☐ Yes ☑ No

Corresponding Author's Name: ASIF ILYAS, MD

5. Manuscript Title: A Prospective Evaluation of Opioid Utilization After Upper Extremity Surgery: Identifying Consumption Patterns and Determining Prescribing Guidelines

6. Manuscript Identifying Number (if you know it):

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Dr. KIM has nothing to disclose.

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. Given Name (First Name): William
2. Surname (Last Name): Kirkpatrick
3. Date: 01-June-2015

4. Are you the corresponding author? ☐ Yes ☑ No

Corresponding Author's Name: ASIF ILYAS, MD

5. Manuscript Title: A Prospective Evaluation of Opioid Utilization After Upper Extremity Surgery: Identifying Consumption Patterns and Determining Prescribing Guidelines

6. Manuscript Identifying Number (if you know it):

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Dr. Kirkpatrick has nothing to disclose.

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## 4. Intellectual Property.

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

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. Given Name (First Name): Charles
2. Surname (Last Name): Leinberry
3. Date: 01-June-2015

4. Are you the corresponding author? ☐ Yes ☑ No

Corresponding Author's Name: ASIF ILYAS, MD

5. Manuscript Title: A Prospective Evaluation of Opioid Utilization After Upper Extremity Surgery: Identifying Consumption Patterns and Determining Prescribing Guidelines

6. Manuscript Identifying Number (if you know it):

## Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? ☐ Yes ☑ No

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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 INTERNATIONAL COMMITTEE of MEDICAL JOURNAL EDITORS

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## Section 6. Disclosure Statement

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Dr. Leinberry has nothing to disclose.

## Evaluation and Feedback

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. Given Name (First Name): Fred
2. Surname (Last Name): Liss
3. Date: 01-June-2015

4. Are you the corresponding author? ☐ Yes ☑ No

Corresponding Author's Name: ASIF ILYAS, MD

5. Manuscript Title: A Prospective Evaluation of Opioid Utilization After Upper Extremity Surgery: Identifying Consumption Patterns and Determining Prescribing Guidelines

6. Manuscript Identifying Number (if you know it):

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Are there any relevant conflicts of interest? ☐ Yes ☑ No

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Dr. Liss has nothing to disclose.

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. Given Name (First Name): Kevin
2. Surname (Last Name): Lutsky
3. Date: 01-June-2015

4. Are you the corresponding author? ☐ Yes ☑ No

Corresponding Author's Name: ASIF ILYAS, MD

5. Manuscript Title: A Prospective Evaluation of Opioid Utilization After Upper Extremity Surgery: Identifying Consumption Patterns and Determining Prescribing Guidelines

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Are there any relevant conflicts of interest? ☐ Yes ☑ No

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Are there any relevant conflicts of interest? ☐ Yes ☑ No

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

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Dr. Lutsky has nothing to disclose.

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. Given Name (First Name): Mitchell
2. Surname (Last Name): Maltenfort
3. Date: 01-June-2015

4. Are you the corresponding author? ☐ Yes ☑ No

Corresponding Author's Name: ASIF ILYAS, MD

5. Manuscript Title: A Prospective Evaluation of Opioid Utilization After Upper Extremity Surgery: Identifying Consumption Patterns and Determining Prescribing Guidelines

6. Manuscript Identifying Number (if you know it):

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Dr. Maltenfort has nothing to disclose.

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. Given Name (First Name): Jonas
2. Surname (Last Name): Matzon
3. Date: 01-June-2015

4. Are you the corresponding author? ☐ Yes ☑ No

Corresponding Author's Name: ASIF ILYAS, MD

5. Manuscript Title: A Prospective Evaluation of Opioid Utilization After Upper Extremity Surgery: Identifying Consumption Patterns and Determining Prescribing Guidelines

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Dr. Matzon has nothing to disclose.

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**Entity:** government agency, foundation, commercial sponsor, academic institution, etc.
**Grant:** A grant from an entity, generally [but not always] paid to your organization
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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. Given Name (First Name): Mark
2. Surname (Last Name): Wang
3. Date: 01-June-2015

4. Are you the corresponding author? ☐ Yes ☑ No

Corresponding Author's Name: ASIF ILYAS, MD

5. Manuscript Title: A Prospective Evaluation of Opioid Utilization After Upper Extremity Surgery: Identifying Consumption Patterns and Determining Prescribing Guidelines

6. Manuscript Identifying Number (if you know it):

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Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? ☐ Yes ☑ No

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

Dr. Wang has nothing to disclose.

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