

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.

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4. Intellectual Property.

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

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

Davis 1



Section 1. Identifying Inform	nation			
1. Given Name (First Name) 2. Surname (Last Name) Aileen Davis		3. Date 02-September-2015		
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Jeffrey N. Katz, MD, MSc		
5. Manuscript Title Postoperative Pain Management amor	ng Dominican and America	n Health Care Providers: A Qualitative Analysis		
6. Manuscript Identifying Number (if you k	now it)			
Section 2. The Work Under C	Consideration for Public	cation		
Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)? Are there any relevant conflicts of interest? Yes No				
Section 3. Relevant financial	activities outside the s	submitted work.		
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Section 4. Intellectual Prope	rty Patents & Copyri <u>c</u>	ghts		
Do you have any patents, whether plar				

Davis 2



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Dr. Davis has nothing to disclose.

Evaluation and Feedback

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Yu 1



Section 1.	Identifying Inform	ation			
1. Given Name (Fi Amy	rst Name)	2. Surname (Last Name Yu)	3. Date 05-Septem	ber-2015
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Jeffrey N. Kat	g Author's Name tz, MD, MSc	
5. Manuscript Title Postoperative Pa		g Dominican and Amer	ican Health Care P	Providers: A Qualitative A	Analysis
6. Manuscript Ider	ntifying Number (if you kn	ow it)			
Section 2.	The Work Under Co	onsideration for Pub	olication		
any aspect of the s statistical analysis, Are there any rel- If yes, please fill c	ubmitted work (including etc.)? evant conflicts of intere	but not limited to grants, est? Yes No ormation below. If you h	data monitoring bo	overnment, commercial, privoard, study design, manusc	ript preparation,
Name of Institut			Non-Financial Support?	ther? Comments	
Rheumatology Resea Student Preceptorshi	rch Foundation Medical p	V			
Section 3.	Relevant financial	activities outside th	e submitted wo	ork.	
of compensation clicking the "Add) with entities as descri	bed in the instructions. port relationships that v	Use one line for e vere present duri	financial relationships (i each entity; add as many ing the 36 months prion	lines as you need by
Section 4.	Intellectual Proper	ty Patents & Copy	rights		
Do you have any	patents, whether plans	ned, pending or issued,	broadly relevant	to the work? Yes	✓ No

Yu 2



Section 5.					
Decilon 5.	Relationships not covered above				
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Ms. Yu reports g study.	rants from Rheumatology Research Foundation Medical Student Preceptorship, during the conduct of the				

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Devine 1



Section 1. Identifying Inform	ation		
Given Name (First Name) Christopher	2. Surname (Last Name) Devine		3. Date 02-September-2015
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Autho	
5. Manuscript Title Postoperative Pain Management among	Dominican and America	n Health Care Provide	ers: A Qualitative Analysis
6. Manuscript Identifying Number (if you kno	ow it)		
		-	
Section 2. The Work Under Co	nsideration for Public	ation	
Did you or your institution at any time receivany aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of intere If yes, please fill out the appropriate info Excess rows can be removed by pressing	but not limited to grants, da st?	ta monitoring board, stu	udy design, manuscript preparation,
Name of Institution/Company	Grant? Personal Nor	n-Financial Other?	Comments
Rheumatology Research Foundation Medical Student Preceptorship	✓		
Section 3. Relevant financial a	activities outside the s	ubmitted work.	
Place a check in the appropriate boxes in of compensation) with entities as descril clicking the "Add +" box. You should rep Are there any relevant conflicts of intere	oed in the instructions. Us ort relationships that wer	e one line for each en	itity; add as many lines as you need by
Section 4. Intellectual Propert	ty Patents & Copyrig	hts	
Do you have any patents, whether plann	ed, pending or issued, br	oadly relevant to the	work? Yes Vo

Devine 2



Section 5.				
Section 5.	Relationships not covered above			
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Alcantara-Abreu 1



Section 1.	Identifying Inform	nation		
1. Given Name (First Name) 2. Surname (Last Name) Luis Alcantara-Abreu		` '	3. Date 03-September-2015	
4. Are you the corresponding author?		Yes ✓ No	Corresponding Author's Name Jeffrey N. Katz, MD, MSc	
5. Manuscript Title Postoperative Pa		g Dominican and America	n Health Care Providers: A Qualitative Analysis	
6. Manuscript Ider	ntifying Number (if you kr	now it)		
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Section 3.	Relevant financial	activities outside the s	submitted work.	
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Section 4.	Intellectual Prope	rty Patents & Copyric	hts	
Do you have any	patents, whether plan	ned, pending or issued, br	oadly relevant to the work? Yes V No	

Alcantara-Abreu 2



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Dr. Alcantara-Abreu has nothing to disclose.

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Alcantara-Abreu 3



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Bogart 1



Section 1. Identifying Inform	nation			
1. Given Name (First Name) 2. Surname (Last Name) Laura Bogart		3. Date 02-September-2015		
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Jeffrey N. Katz, MD, MSc		
5. Manuscript Title Postoperative Pain Management amor	ng Dominican and America	n Health Care Providers: A Qualitative Analysis		
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Bogart 2



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Ghazinouri 1



Section 1. Identifying Inform	nation			
1. Given Name (First Name) Roya	2. Surname (Last Name) Ghazinouri	3. Date 03-September-2015		
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Name Jeffrey N. Katz, MD, MSc		
5. Manuscript Title Postoperative Pain Management amon	g Dominican and America	n Health Care Providers: A Qualitative Analysis		
6. Manuscript Identifying Number (if you kr	now it)			
Section 2. The Work Under Co	onsideration for Public	cation		
Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)? Are there any relevant conflicts of interest? Yes Vo				
Section 3. Relevant financial	activities outside the s	submitted work.		
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Section 4. Intellectual Proper	rty Patents & Copyric	ghts		
Do you have any patents, whether plan				

Ghazinouri 2



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Kasdin 1



Section 1.	Identifying Inform	nation			
1. Given Name (First Name) Rachel		2. Surname (Last Name) Kasdin	3. Date 07-September-2015		
4. Are you the corresponding author?		Yes ✓ No	Corresponding Author's Name Jeffrey N. Katz, MD, MSc		
5. Manuscript Title Postoperative Pain Management among Dominican and American		g Dominican and America	n Health Care Providers: A Qualitative Analysis		
6. Manuscript Identifying Number (if you know it)					
Section 2.	The Work Under Co	onsideration for Public	tation		
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Section 3.	Relevant financial	activities outside the s	submitted work.		
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Section 4.	Intellectual Proper	rty Patents & Copyric	ghts		
Do you have any	•		oadly relevant to the work? Yes V No		

Kasdin 2



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Relationships not covered above				
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Thornhill 1



Section 1.	Identifying Inform	ation			
1. Given Name (First Name) Thomas		2. Surname (Last Name) Thornhill		3. Date 13-September-2015	
4. Are you the corresponding author?		Yes ✓ No	Corresponding Author's Nam Jeffrey N. Katz, MD, MSc	ne	
5. Manuscript Title Postoperative Pain Management among Dominican and American		n Health Care Providers: A Q	ualitative Analysis		
6. Manuscript Identifying Number (if you know it) JBJS-D-15-01004					
Section 2.	The Work Under Co	onsideration for Public	cation		
any aspect of the s statistical analysis,	ubmitted work (including	but not limited to grants, da	a third party (government, com ita monitoring board, study desi	nmercial, private foundation, etc.) for ign, manuscript preparation,	
Section 3.	Relevant financial	activities outside the s	submitted work.		
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Section 4.	Intellectual Proper	ty Patents & Copyric	ghts		
Do you have any	patents, whether plan	ned, pending or issued, br	oadly relevant to the work?	☐ Yes ✓ No	

Thornhill 2



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Katz 1



Section 1. Identifying Info	rmation				
1. Given Name (First Name) Jeffrey	2. Surname (Last Name) Katz	3. Date 21-December-2015			
4. Are you the corresponding author?	✓ Yes No				
5. Manuscript Title Pain Management among Dominical	n and American Health Care Providers: A	Qualitative Analysis			
6. Manuscript Identifying Number (if you JBJS-D-15-01004R2	ı know it)				
Section 2. The Work Under	Consideration for Publication				
Did you or your institution at any time re	eceive payment or services from a third party ing but not limited to grants, data monitoring	(government, commercial, private foundation, etc.) for g board, study design, manuscript preparation,			
Section 3. Relevant financi	al activities outside the submitted	work.			
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Name of Entity	Grant? Personal Non-Financial Support?	Other? Comments			
BJS		Deputy Editor for Methodology, JBJS			
Section 4. Intellectual Prop	perty Patents & Copyrights				
Do you have any patents, whether pl	anned, pending or issued, broadly releva	ant to the work? Yes V			

Katz 2



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