

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Dipak B.

2. Surname (Last Name)

Ramkumar

3. Date

30-May-2017

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Matthew Sabatino

5. Manuscript Title

Excess Opioid Medication and Variation in Prescribing Patterns Following Common Orthopaedic Procedures

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. Ramkumar has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
David

2. Surname (Last Name)
Jevsevar

3. Date
30-May-2017

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Matthew Sabatino, MD MS

5. Manuscript Title
Excess Opioid Medication and Variation in Prescribing Patterns Following Common Orthopaedic Procedures

6. Manuscript Identifying Number (if you know it)

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Dr. Jevsevar has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Matthew

2. Surname (Last Name)
Sabatino

3. Date
28-May-2017

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

5. Manuscript Title
Excess Opioid Medication and Variation in Prescribing Patterns Following Common Orthopaedic Procedures

6. Manuscript Identifying Number (if you know it)

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Dr. Sabatino has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Samuel

2. Surname (Last Name)

Kunkel

3. Date

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name

Matthew J. Sabatino

5. Manuscript Title

Excess Opioid Medication and Variation in Prescribing Patterns Following Common Orthopaedic Procedures

6. Manuscript Identifying Number (if you know it)

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Dr. Kunkel 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) Benjamin	2. Surname (Last Name) Keeney	3. Date 16-November-2017
4. Are you the corresponding author? ☐ Yes ☒ No		Corresponding Author's Name Matthew Sabatino
5. Manuscript Title Excess opioid medication and variation in prescribing patterns following common orthopaedic procedures		
6. Manuscript Identifying Number (if you know it) 		

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

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
NIAMS/NIH	☒	☐	☐	☐	Generic salary support for all research projects, not specific to this particular manuscript

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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Berkley Medical Management Solutions	☐	☒	☐	☐	Consultant for worker's compensation data cleaning and analysis, including orthopaedics and opioids, but with no specific focus on them.

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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Dr. Keeney reports grants from NIAMS/NIH, during the conduct of the study; personal fees from Berkley Medical Management Solutions, outside the submitted work.

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