

Instructions

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Identifying information.

2. The work under consideration for publication.

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4. Intellectual Property.

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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

Waljee 1



Section 1. Identifying Inform	nation			
1. Given Name (First Name) Jennifer	2. Surname (Last Name Waljee	e)	3. Date 01-July-2018	
4. Are you the corresponding author?	Yes ✓ No	Correspond James R. H	ing Author's Name olmes, MD	
5. Manuscript Title New Persistent Opioid Use Following Co	ommon Forefoot Proce	edures for Treatr	nent of Hallux Valgus	
6. Manuscript Identifying Number (if you kr	now it)			
Section 2. The Work Under Co	onsideration for Pu	blication		
Did you or your institution at any time rece any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of intere	but not limited to grants	s, data monitoring		
Section 3. Relevant financial	activities outside th	ne submitted v	work.	
Place a check in the appropriate boxes i of compensation) with entities as descri clicking the "Add +" box. You should rep	ibed in the instructions	. Use one line fo	r each entity; add as many lines as you r	need by
Are there any relevant conflicts of intere		0		
If yes, please fill out the appropriate info	ormation below.			
Name of Entity	Grant? Personal Fees?	Non-Financial Support?	Other? Comments	
R01 DA042859	✓			
NIAMS P50 AR070600	✓			
AHRQ K08HS023313	✓			
University of Michigan Dean's Office - Michigar Genomics Initiative and Precision Health Initiative			Institutional Funding	
American College of Surgeons	\checkmark			
American Foundation for Surgery of the Hand	✓			

Waljee 2



Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments	
Substance Abuse and Mental Health Services Administration (SAMHSA)	✓					
Michigan Department of Health and Human Services	✓					
University of Michigan Precision Health nitative				✓	Institutional Funding	
Section 4. Intellectual Property	2	. 0.5				
Do you have any patents, whether plann	•			nt to the	work? ☐ Yes ✓ No	
Section 5. Relationships not c	overed	above				
Are there other relationships or activities potentially influencing, what you wrote it				nfluence	d, or that give the appearance of	
Yes, the following relationships/cond	litions/cir	cumstance	s are present (exp	olain belo	w):	
✓ No other relationships/conditions/cir	cumstan	ces that pre	esent a potential (conflict o	finterest	
At the time of manuscript acceptance, jo On occasion, journals may ask authors to					• •	its.
Section 6. Disclosure Stateme	nt					
Based on the above disclosures, this forn below.	n will auto	omatically (generate a disclos	sure state	ment, which will appear in the box	
Dr. Waljee reports grants from R01 DA04 from University of Michigan Dean's Offic American College of Surgeons, grants from Mental Health Services Administrati	e - Michie om Amer	gan Genom ican Found	nics Initiative and lation for Surgery	Precision of the Ha	Health Initiative, grants from and, grants from Substance Abuse	

Waljee 3

other from University of Michigan Precision Health Initiative, outside the submitted work; .



Evaluation and Feedback

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Waljee 4



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



Section 1. Identifying Information	ation				
1. Given Name (First Name) Chad	2. Surname (Last Name Brummett	e)		3. Date 25-June-2018	
4. Are you the corresponding author?	Yes ✓ No	•	ding Author's Nan Holmes, MD	ne	
5. Manuscript Title New Persistent Opioid Use Following Co	mmon Forefoot Proce	dures for Treatr	ment of Hallux \	/algus	
6. Manuscript Identifying Number (if you kno	ow it)				
Section 2. The Work Under Co	nsideration for Pul	olication			
Did you or your institution at any time received any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of interest	but not limited to grants	, data monitoring			c.) for
Section 3. Relevant financial a	activities outside th	e submitted	work.		
Place a check in the appropriate boxes in of compensation) with entities as described clicking the "Add +" box. You should report there any relevant conflicts of interest lf yes, please fill out the appropriate info	oed in the instructions ort relationships that v st?	. Use one line fo were present d	or each entity; a	dd as many lines as you need	d by
Name of Entity	Grant? Personal Fees?	Non-Financial Support?	Other? Com	nments	
Recro Pharma Inc			Consu	lting/ Advisory Board	
Heron Therapeutics			Consu	lting/ Advisory Board	
NIH-DHHS-US-17-PAF02680 (R01 DA042859-05	✓				
NIH-DHHS-US-16-PAF06270 (R01 HD088712-05)	✓				
NIH0DHHS-US-16 PAF 07628 (R01 NR017096-05)	✓				
NIH-DHHS-US (K23 DA038718-04)					
MDHHS (Sub K Michigan OPEN)					



Name of Entity	Gran	Personal Fees?	Non-Financial Support?	Other?	Comments
NIH-DHHS (P50 AR070600-05 CORT)	✓				
NIDA (Centralized Pain Opioid Non- Responsiveness R01 DA038261-05)	✓				
UM Michigan Genomics Initiative				✓	Institutional funding
Section 4. Intellectual	Property Pa	atents & Co	pyrights		
Do you have any patents, wheth If yes, please fill out the appropr Excess rows can be removed by	riate informatio	n below. If yo	•		work? 🕢 Yes 🔲 No ty press the "ADD" button to add a ro
Patent?	Pending? Is	sued <mark>?</mark> Licens	sed? Royalties?	License	Comments
Peripheral Perineural Dexmedetomidine (no royalties)		√			
	ps not covere				
Are there other relationships or potentially influencing, what yo			•	influence	d, or that give the appearance of
Yes, the following relationsh No other relationships/cond	•				
At the time of manuscript accep On occasion, journals may ask a	•				sary, update their disclosure statemer elationships.



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. Brummett reports personal fees from Recro Pharma Inc, personal fees from Heron Therapeutics, grants from NIH-DHHS-US-17-PAF02680 (R01 DA042859-05, grants from NIH-DHHS-US-16-PAF06270 (R01 HD088712-05), grants from NIH0DHHS-US-16 PAF 07628 (R01 NR017096-05), grants from NIH-DHHS-US (K23 DA038718-04), grants from MDHHS (Sub K Michigan OPEN), grants from NIH-DHHS (P50 AR070600-05 CORT), grants from NIDA (Centralized Pain Opioid Non-Responsiveness R01 DA038261-05), other from UM Michigan Genomics Initiative, outside the submitted work; In addition, Dr. Brummett has a patent Peripheral Perineural Dexmedetomidine (no royalties) issued.

Evaluation and Feedback

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Finney 1



Section 1.	Identifying Inform	nation	
1. Given Name (Fi	rst Name)	2. Surname (Last Name) Finney	3. Date 04-July-2018
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name James R. Holmes, MD
5. Manuscript Title New Persistent C		ommon Forefoot Procedu	res for Treatment of Hallux Valgus
6. Manuscript Ider	ntifying Number (if you kr	now it)	
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, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation,
Section 3.	Relevant financial	activities outside the s	submitted work.
of compensation clicking the "Add) with entities as descri	ibed in the instructions. Us port relationships that wer	ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by re present during the 36 months prior to publication.
Section 4.	Intellectual Proper	rty Patents & Copyric	ghts
Do you have any			oadly relevant to the work? Yes V No

Finney 2



Section 5. Relationships not covered above
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
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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. Finney has nothing to disclose.

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Finney 3



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Gossett 1



Section 1. Identifying Inform	nation	
Given Name (First Name) Timothy	2. Surname (Last Name) Gossett	3. Date 04-July-2018
4. Are you the corresponding author?	☐ Yes 🗸 No	Corresponding Author's Name James R. Holmes, MD
5. Manuscript Title New Persistent Opioid Use Following C	ommon Forefoot Procedu	res for Treatment of Hallux Valgus
6. Manuscript Identifying Number (if you k	now it)	
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Do you have any patents, whether plan	ned, pending or issued, br	oadly relevant to the work? Yes V No

Gossett 2



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Holmes 1



Section 1.	Identifying Inform	ation		
1. Given Name (Fi	rst Name)	2. Surname (Last Name) Holmes		3. Date 27-June-2018
4. Are you the cor	responding author?	✓ Yes No		
5. Manuscript Title New Persistent C		ommon Forefoot Procedures fo	r Treatment of Hallux	Valgus
6. Manuscript Ider	ntifying Number (if you kr	ow it)		
Section 2.	The Work Under C	onsideration for Publicatio	n	
any aspect of the s statistical analysis,	stitution at any time rece ubmitted work (including	ive payment or services from a thir but not limited to grants, data mo	d party (government, co	ommercial, private foundation, etc.) for esign, manuscript preparation,
Section 3.	Relevant financial	activities outside the subn	nitted work.	
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Do you have any		ned, pending or issued, broadly	relevant to the work	? ☑ Yes 📝 No

Holmes 2



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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.

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

Talusan 1



Section 1. Identifying Inform	nation	
1. Given Name (First Name) Paul	2. Surname (Last Name) Talusan	3. Date 27-June-2018
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Name James R. Holmes, MD
5. Manuscript Title New Persistent Opioid Use Following Co	ommon Forefoot Procedu	res for Treatment of Hallux Valgus
6. Manuscript Identifying Number (if you kn	now it)	
		_
Section 2. The Work Under Co	onsideration for Public	cation
		a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation,
Are there any relevant conflicts of interes	est? Yes ✓ No	
Section 3. Palement financial		
Relevant financial	activities outside the s	ubmitted work.
of compensation) with entities as descri	bed in the instructions. Us	ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by re present during the 36 months prior to publication.
Are there any relevant conflicts of intere		
If yes, please fill out the appropriate info		
Name of Entity	Grant? Personal Fees? S	n-Financial other? Comments
Paragon 28	✓	Research grant
Paragon 28	□ ✓	Honorarium for lecture
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 V No

Talusan 2



Section 5.	
	Relationships not covered above
	lationships or activities that readers could perceive to have influenced, or that give the appearance of ncing, what you wrote in the submitted work?
Yes, the follow	ving relationships/conditions/circumstances are present (explain below):
✓ No other relat	ionships/conditions/circumstances that present a potential conflict of interest
	nuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements nals may ask authors to disclose further information about reported relationships.
Section 6.	Disclosure Statement
Based on the aborbelow.	ve disclosures, this form will automatically generate a disclosure statement, which will appear in the box
Dr. Talusan repor	ts grants from Paragon 28, personal fees from Paragon 28, outside the submitted work; .

Evaluation and Feedback

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

Talusan 3



Evaluation and Feedback

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

Waljee 4



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.

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.

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4. Intellectual Property.

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

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.

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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

Hu 1



Section 1. Identifying Inform	nation		
1. Given Name (First Name) Hsou Mei	2. Surname (Last Name) Hu	3. Date 23-June-2018	
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name James R. Holmes	
5. Manuscript Title New Persistent Opioid Use Following C	Common Forefoot Procedu	res for Treatment of Hallux Valgus	
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.	
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 Vo			
Section 4. Intellectual Prope	rty Patents & Copyri	ghts	
Do you have any patents, whether plar	nned, pending or issued, br	roadly relevant to the work? Yes V No	

Hu 2



Section 5.	Delationships not sovered above	
	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. Hu has nothi	ng to disclose.	

Evaluation and Feedback

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

Hu 3