

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.

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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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Pending: The patent has been filed but not issued

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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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
John

2. Surname (Last Name)
Brock

3. Date
27-July-2018

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name
Safdar N. Khan

5. Manuscript Title

Prediction of Complications, Readmission and Revision Surgery Based on Duration of Pre-operative Opioid Use: Analysis of Major Joint Replacement and Lumbar Fusion

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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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

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John Brock 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)

Nikhil

2. Surname (Last Name)

Jain

3. Date

27-July-2018

4. Are you the corresponding author?

☐

Yes

☒

No

Corresponding Author's Name

Safdar N. Khan

5. Manuscript Title

Prediction of Complications, Readmission and Revision Surgery Based on Duration of Pre-operative Opioid Use: Analysis of Major Joint Replacement and Lumbar Fusion

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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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

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Section 6. Disclosure Statement

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Dr. Jain 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)
Safdar

2. Surname (Last Name)
Khan

3. Date
27-July-2018

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

5. Manuscript Title
Prediction of Complications, Readmission and Revision Surgery Based on Duration of Pre-operative Opioid Use: Analysis of Major Joint Replacement and Lumbar Fusion

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

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Spinal Kinetics	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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. Khan reports grants from Spinal Kinetics, outside the submitted work; .

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Section 1. Identifying Information

1. Given Name (First Name)
Azeem

2. Surname (Last Name)
Malik

3. Date
27-July-2018

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Safdar N. Khan

5. Manuscript Title
Prediction of Complications, Readmission and Revision Surgery Based on Duration of Pre-operative Opioid Use: Analysis of Major Joint Replacement and Lumbar Fusion

6. Manuscript Identifying Number (if you know it)

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Dr. Malik has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Frank	2. Surname (Last Name) Phillips	3. Date 27-July-2018
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Safdar N. Khan
5. Manuscript Title Prediction of Complications, Readmission and Revision Surgery Based on Duration of Pre-operative Opioid Use: Analysis of Major Joint Replacement and Lumbar Fusion		
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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Are there any relevant conflicts of interest? ☒ Yes ☐ No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Nuvasive	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Stock, financial support
Stryker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
DePuy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Theracell	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Stock
SI-Bone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Stock
Expanding Orthopaedics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Stock
Providence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Stock
CarboFix	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Stock

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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

Section 5. Relationships not covered above

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Dr. Phillips reports personal fees and other from Nuvasive, from Stryker, personal fees from DePuy, other from Theracell, other from SI-Bone, other from Expanding Orthopaedics, other from Providence, other from CarboFix, outside the submitted work; .

Evaluation and Feedback

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