

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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1. Identifying information.

2. The work under consideration for publication.

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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.

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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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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) Todd	2. Surname (Last Name) Albert	3. Date 12-March-2018
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Jeffrey Stepan
5. Manuscript Title Development of an Institutional Opioid Prescriber Education Program and Opioid Prescribing Guidelines: Impact on Prescribing Practices		
6. Manuscript Identifying Number (if you know it) D-17-01645		

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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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
Zimmer Biomet	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Royalties
DePuy Synthes	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Royalties/ Consulting
Nuvasive	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Royalties/ Consulting
JP Medical Publishers	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Royalties
Saunders/Mosby-Elsevier	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Royalties
Thieme	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Royalties
Facet Link	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant

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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Gentis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Medical Advisory Board/ Stock Options
Vital 5	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stock/Investment interests
Bonovo Orthopedics Inc.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stock/Investment interests
Biomerix	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stock/Investment interests
InVivo Therapeutics	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stock/Investment interests
Spinicity	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stock/Investment interests
Crosstrees Medical	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stock/Investment interests
Paradigm Spine LLC	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stock/Investment interests
Invuity	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stock/Investment interests
ASIP	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stock/Investment interests
PMIG	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stock/Investment interests
Pioneer	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stock/Investment interests
Scoliosis Research Society	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	President
Cervical Spine Research Society	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Past- President
IMAST	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Past Chair
United Health Care	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Medical Advisory Board
Hospital For Special Surgery	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Surgeon in Chief and Medical Director
Weill Cornell Medical College	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Korein-Wilson Professor of Orthopaedic Surgery
PCORI	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ISSG	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
NIH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AO-ASIF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Past
National Institute of Arthritis and Musculoskeletal and Skin Diseases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Past

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. Albert reports personal fees from Zimmer Biomet, personal fees from DePuy Synthes, personal fees from Nuvasive , personal fees from JP Medical Publishers, personal fees from Saunders/Mosby-Elsevier, personal fees from Thieme, personal fees from Facet Link, personal fees from Gentis , personal fees from Vital 5, personal fees from Bonovo Orthopedics Inc. , personal fees from Biomerix, personal fees from InVivo Therapeutics, personal fees from Spinicity, personal fees from Crosstrees Medical, personal fees from Paradigm Spine LLC, personal fees from InVuity, personal fees from ASIP, personal fees from PMIG, personal fees from Pioneer, non-financial support from Scoliosis Research Society , non-financial support from Cervical Spine Research Society , non-financial support from IMAST, personal fees from United Health Care , personal fees from Hospital For Special Surgery, personal fees from Weill Cornell Medical College, grants from PCORI, grants from ISSG, grants from NIH, outside the submitted work; .

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Section 1. Identifying Information

1. Given Name (First Name)
Cynthia

2. Surname (Last Name)
Kahlenberg

3. Date
07-March-2018

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Jeffrey Stepan

5. Manuscript Title
Development of an Institutional Opioid Prescriber Education Program and Opioid Prescribing Guidelines: Impact on Prescribing Practices

6. Manuscript Identifying Number (if you know it)
D-17-01645

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Dr. Kahlenberg has nothing to disclose.

Evaluation and Feedback

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1. Given Name (First Name)
Benedict

2. Surname (Last Name)
Nwachukwu

3. Date
07-March-2018

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Jeffrey Stepan

5. Manuscript Title
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Dr. Nwachukwu has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Ajay

2. Surname (Last Name)

Premkumar

3. Date

11-March-2018

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Jeffrey Stepan

5. Manuscript Title

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Dr. Premkumar has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Jeffrey

2. Surname (Last Name)

Stepan

3. Date

07-March-2018

4. Are you the corresponding author?

☒ Yes ☐ No

5. Manuscript Title

Development of an Institutional Opioid Prescriber Education Program and Opioid Prescribing Guidelines: Impact on Prescribing Practices

6. Manuscript Identifying Number (if you know it)

D-17-01645

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

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Dr. Stepan has nothing to disclose.

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1. 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".

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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.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) James	2. Surname (Last Name) Baurley	3. Date 08-July-2018
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Jeffrey Stepan
5. Manuscript Title Development of an Institutional Opioid Prescriber Education Program and Opioid Prescribing Guidelines: Impact on Prescribing Practices		
6. Manuscript Identifying Number (if you know it) D-17-01645		

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

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If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
National Institute on Drug Abuse	<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. Baurley reports grants from National Institute on Drug Abuse, outside the submitted work; .

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Section 1. Identifying Information

1. Given Name (First Name)
Francis

2. Surname (Last Name)
Lovecchio

3. Date
07-March-2018

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Jeffrey Stepan

5. Manuscript Title
Development of an Institutional Opioid Prescriber Education Program and Opioid Prescribing Guidelines: Impact on Prescribing Practices

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