ICMJE INTERNATIONAL COMMITTEE of MEDICAL JOURNAL EDITORS

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.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name): Megan
2. Surname (Last Name): Reams
3. Date: 11-October-2019

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

Corresponding Author's Name: Deborah Bohn

5. Manuscript Title: Evaluation of Quality Improvement Methods in Altering Opioid Prescribing Behavior in Hand Surgery

6. Manuscript Identifying Number (if you know it): JBJS-D-19-01052

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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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Megan Reams has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name): Natalie
2. Surname (Last Name): Scholz
3. Date: 11-October-2019

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

Corresponding Author's Name: Deborah Bohn

5. Manuscript Title: Evaluation of Quality Improvement Methods in Altering Opioid Prescribing Behavior in Hand Surgery

6. Manuscript Identifying Number (if you know it): JBJS-D-19-01052

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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Natalie Scholz has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name): Scott
2. Surname (Last Name): Allen
3. Date: 23-October-2019

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

Corresponding Author's Name: Deborah Bohn

5. Manuscript Title: Evaluation of Quality Improvement Methods in Altering Opioid Prescribing Behavior in Hand Surgery

6. Manuscript Identifying Number (if you know it): JBJS-D-19-01052

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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

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Dr. Allen 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): Jillian
2. Surname (Last Name): Schommer
3. Date: 10-October-2019

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

Corresponding Author's Name: Deborah Bohn

5. Manuscript Title: Evaluation of Quality Improvement Methods in Altering Opioid Prescribing Behavior in Hand Surgery

6. Manuscript Identifying Number (if you know it): JBJS-D-19-01052

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Mrs. Schommer has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name): Deborah
2. Surname (Last Name): Bohn
3. Date: 11-October-2019

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

5. Manuscript Title: Evaluation of Quality Improvement Methods in Altering Opioid Prescribing Behavior in Hand Surgery

6. Manuscript Identifying Number (if you know it): JBJS-D-19-01052

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Dr. Bohn has nothing to disclose.

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