

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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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) Michael	2. Surname (Last Name) Brown	3. Date 03-November-2017
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name A. Shin, MD
5. Manuscript Title Team Approach: Multimodal perioperative pain management in Upper Extremity Surgery – Combating the Opioid Epidemic		
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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Dr. Brown 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) Timothy	2. Surname (Last Name) Curry	3. Date 03-November-2017
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name A. Shin, MD
5. Manuscript Title Team Approach: Multimodal perioperative pain management in Upper Extremity Surgery – Combating the Opioid Epidemic		
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Section 1. Identifying Information

1. Given Name (First Name)

Halena

2. Surname (Last Name)

Gazelka

3. Date

03-November-2017

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name

A. Shin MD

5. Manuscript Title

Team Approach: Multimodal perioperative pain management in Upper Extremity Surgery – Combating the Opioid Epidemic

6. Manuscript Identifying Number (if you know it)

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1. Given Name (First Name) Nicholas	2. Surname (Last Name) Pulos	3. Date 03-November-2017
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Alexander Y. Shin
5. Manuscript Title Team Approach: Multimodal perioperative pain management in Upper Extremity Surgery – Combating the Opioid Epidemic		
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Section 1. Identifying Information

1. Given Name (First Name)

Alexander

2. Surname (Last Name)

Shin

3. Date

03-November-2017

4. Are you the corresponding author?

☒ Yes ☐ No

5. Manuscript Title

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Section 1. Identifying Information

1. Given Name (First Name)

Thomas

2. Surname (Last Name)

Stewart

3. Date

03-November-2017

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

A. Shin, MD

5. Manuscript Title

Team Approach: Multimodal perioperative pain management in Upper Extremity Surgery – Combating the Opioid Epidemic

6. Manuscript Identifying Number (if you know it)

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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.)?

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Dr. Stewart has nothing to disclose.

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