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.

1. Identifying information.

2. The work under consideration for publication.

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

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Adil  
2. Surname (Last Name)  Haider  
3. Date  23-August-2016  
4. Are you the corresponding author?  Yes  ✔  No  
5. Manuscript Title  Surgical intensity and risk factors for prolonged opioid use following spine surgery  
6. Manuscript Identifying Number (if you know it)  

Section 2. The Work Under Consideration for Publication

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  
If yes, please fill out the appropriate information below. If you have more than one entity press the “ADD” button to add a row. Excess rows can be removed by pressing the “X” button.

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<td>Department of Defense, Henry M. Jackson Foundation</td>
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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?  No  ✔
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Secretary, Association of Academic Surgery

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Dr. Haider reports grants from Department of Defense, Henry M. Jackson Foundation, during the conduct of the study; and Secretary, Association of Academic Surgery.

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Section 1. Identifying Information

1. Given Name (First Name)  Muhammad
2. Surname (Last Name)  Chaudhary
3. Date  16-August-2016
4. Are you the corresponding author?  Yes  No
   Corresponding Author's Name  Andrew J. Schoenfeld, MD MSc
5. Manuscript Title  Surgical intensity and risk factors for prolonged opioid use following spine surgery
6. Manuscript Identifying Number (if you know it)

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Dr. Chaudhary reports grants from Department of Defense, during the conduct of the study.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Wei

2. Surname (Last Name)  
   Jiang

3. Date  
   16-August-2016

4. Are you the corresponding author?  
   Yes  ✔  No

Corresponding Author’s Name  
Andrew J. Schoenfeld, MD MSc

5. Manuscript Title  
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<td>James</td>
<td>Kang</td>
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4. Are you the corresponding author?  
☐ Yes  ✔ No  

Corresponding Author’s Name  
Andrew J. Schoenfeld, MD MSc

5. Manuscript Title  
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President ISLS

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Section 1. Identifying Information

1. Given Name (First Name) Tracey
2. Surname (Last Name) Koehlmoos
3. Date 16-August-2016
4. Are you the corresponding author? Yes ☑ No

5. Manuscript Title
   Surgical intensity and risk factors for prolonged opioid use following spine surgery

6. Manuscript Identifying Number (if you know it)

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Dr. Koehlmoos reports grants from Department of Defense, during the conduct of the study.

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- Are you the corresponding author? [ ] Yes [✓] No

**Corresponding Author's Name**
Andrew J. Schoenfeld, MD MSc

- Manuscript Title
Surgical intensity and risk factors for prolonged opioid use following spine surgery

- Manuscript Identifying Number (if you know it)

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Dr. Nwosu has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Andrew
2. Surname (Last Name)  Schoenfeld
3. Date  16-August-2016
4. Are you the corresponding author?  Yes  No
5. Manuscript Title
Surgical intensity and risk factors for prolonged opioid use following spine surgery
6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest?  Yes  No
If yes, please fill out the appropriate information below.

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Deputy Editor - The Spine Journal
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Dr. Schoenfeld reports grants from Robert Wood Johnson Foundation, grants from Department of Defense, non-financial support from Center for Medicare and Medicaid Services, personal fees from Arbometrix LLC, other from Wolters Kluwer, other from Springer, outside the submitted work; and Deputy Editor - The Spine Journal
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<td>4. Are you the corresponding author?</td>
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Corresponding Author’s Name
Andrew J. Schoenfeld, MD MSc

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1. Given Name (First Name) Allan
2. Surname (Last Name) Yau
3. Date 16-August-2016

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

   Corresponding Author’s Name
   Andrew J. Schoenfeld, MD MSc

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