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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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)  
   Jack  
2. Surname (Last Name)  
   Abboudi  
3. Date  
   01-June-2015  
4. Are you the corresponding author?  
   [ ] Yes  [✓] No  
   Corresponding Author’s Name  
   ASIF ILYAS, MD  
5. Manuscript Title  
   A Prospective Evaluation of Opioid Utilization After Upper Extremity Surgery: Identifying Consumption Patterns and Determining Prescribing Guidelines  
6. Manuscript Identifying Number (if you know it)

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[ ] Yes  [✓] No

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Dr. Abboudi has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Asif

2. Surname (Last Name)  
   Ilyas

3. Date  
   01-June-2015

4. Are you the corresponding author?  
   ✔ Yes   No

5. Manuscript Title  
   A Prospective Evaluation of Opioid Utilization After Upper Extremity Surgery: Identifying Consumption Patterns and Determining Prescribing Guidelines

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Dr. Ilyas has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
Christopher

2. Surname (Last Name)  
Jones

3. Date  
01-June-2015

4. Are you the corresponding author?  
[ ] Yes  [x] No

Corresponding Author’s Name  
ASIF ILYAS, MD

5. Manuscript Title  
A Prospective Evaluation of Opioid Utilization After Upper Extremity Surgery: Identifying Consumption Patterns and Determining Prescribing Guidelines

6. Manuscript Identifying Number (if you know it)

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Dr. Jones has nothing to disclose.

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**Section 1. Identifying Information**

1. **Given Name (First Name)**
   NAYOUNG

2. **Surname (Last Name)**
   KIM

3. **Date**
   01-June-2015

4. **Are you the corresponding author?**
   - Yes
   - No
   ✔

   **Corresponding Author’s Name**
   ASIF ILYAS, MD

5. **Manuscript Title**
   A Prospective Evaluation of Opioid Utilization After Upper Extremity Surgery: Identifying Consumption Patterns and Determining Prescribing Guidelines

6. **Manuscript Identifying Number (if you know it)**

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Dr. KIM has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  William
2. Surname (Last Name)  Kirkpatrick
3. Date  01-June-2015
4. Are you the corresponding author?  Yes  No

5. Manuscript Title
A Prospective Evaluation of Opioid Utilization After Upper Extremity Surgery: Identifying Consumption Patterns and Determining Prescribing Guidelines

6. Manuscript Identifying Number (if you know it)

Corresponding Author’s Name
ASIF ILYAS, MD

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Dr. Kirkpatrick has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Charles

2. Surname (Last Name)  
   Leinberry

3. Date  
   01-June-2015

4. Are you the corresponding author?  
   Yes  ✔  No

   Corresponding Author’s Name  
   ASIF ILYAS, MD

5. Manuscript Title  
   A Prospective Evaluation of Opioid Utilization After Upper Extremity Surgery: Identifying Consumption Patterns and Determining Prescribing Guidelines

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
ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Leinberry has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Fred
2. Surname (Last Name)  Liss
3. Date  01-June-2015

4. Are you the corresponding author?  ❑ Yes  ❑ No
Corresponding Author’s Name  ASIF ILYAS, MD

5. Manuscript Title
A Prospective Evaluation of Opioid Utilization After Upper Extremity Surgery: Identifying Consumption Patterns and Determining Prescribing Guidelines
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Dr. Liss has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Kevin

2. Surname (Last Name)  
   Lutsky

3. Date  
   01-June-2015

4. Are you the corresponding author?  
   [ ] Yes   [x] No

   Corresponding Author’s Name  
   ASIF ILYAS, MD

5. Manuscript Title  
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Mitchell
2. Surname (Last Name) Maltenfort
3. Date 01-June-2015
4. Are you the corresponding author?  Yes ☐ No ☑
Corresponding Author’s Name ASIF ILYAS, MD
5. Manuscript Title
A Prospective Evaluation of Opioid Utilization After Upper Extremity Surgery: Identifying Consumption Patterns and Determining Prescribing Guidelines
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Section 1. Identifying Information

1. Given Name (First Name) Jonas
2. Surname (Last Name) Matzon
3. Date 01-June-2015
4. Are you the corresponding author? No
   Corresponding Author’s Name ASIF ILYAS, MD
5. Manuscript Title
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Section 1. Identifying Information

1. Given Name (First Name)  
Mark

2. Surname (Last Name)  
Wang

3. Date  
01-June-2015

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☑ No

Corresponding Author’s Name  
ASIF ILYAS, MD

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