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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)  
   Aileen

2. Surname (Last Name)  
   Davis

3. Date  
   02-September-2015

4. Are you the corresponding author?  
   ✔ No

   Corresponding Author’s Name  
   Jeffrey N. Katz, MD, MSc

5. Manuscript Title  
   Postoperative Pain Management among Dominican and American Health Care Providers: A Qualitative Analysis

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest?  
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Dr. Davis 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)  Amy
2. Surname (Last Name)  Yu
3. Date  05-September-2015
4. Are you the corresponding author?  No
Corresponding Author’s Name  Jeffrey N. Katz, MD, MSc
5. Manuscript Title  Postoperative Pain Management among Dominican and American Health Care Providers: A Qualitative Analysis
6. Manuscript Identifying Number (if you know it)  

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<td>Rheumatology Research Foundation Medical Student Preceptorship</td>
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Ms. Yu reports grants from Rheumatology Research Foundation Medical Student Preceptorship, during the conduct of the study.

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<td>Christopher</td>
<td>Devine</td>
<td>02-September-2015</td>
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Devine
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1. Given Name (First Name) Luis
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   Jeffrey N. Katz, MD, MSc
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Dr. Alcantara-Abreu has nothing to disclose.

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1. Given Name (First Name)  
Laura

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Bogart

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4. Are you the corresponding author?  
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Dr. Bogart has nothing to disclose.

Evaluation and Feedback

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**Royalties:** Funds are coming in to you or your institution due to your patent

Ghazinouri
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Roya
2. Surname (Last Name) Ghazinouri
3. Date 03-September-2015
4. Are you the corresponding author? ☑ No
   Corresponding Author’s Name Jeffrey N. Katz, MD, MSc
5. Manuscript Title
   Postoperative Pain Management among Dominican and American Health Care Providers: A Qualitative Analysis
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? ☑ No

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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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Dr. Ghazinouri has nothing to disclose.

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>Rachel</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Surname (Last Name)</td>
<td>Kasdin</td>
</tr>
<tr>
<td>3. Date</td>
<td>07-September-2015</td>
</tr>
<tr>
<td>4. Are you the corresponding author?</td>
<td>Yes ☑  No</td>
</tr>
<tr>
<td>Corresponding Author's Name</td>
<td>Jeffrey N. Katz, MD, MSc</td>
</tr>
<tr>
<td>5. Manuscript Title</td>
<td>Postoperative Pain Management among Dominican and American Health Care Providers: A Qualitative Analysis</td>
</tr>
<tr>
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<td></td>
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</tbody>
</table>

## Section 2. The Work Under Consideration for Publication

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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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Ms. Kasdin has nothing to disclose.

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Thomas

2. Surname (Last Name)  
   Thornhill

3. Date  
   13-September-2015

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

   Corresponding Author’s Name  
   Jeffrey N. Katz, MD, MSc

5. Manuscript Title  
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6. Manuscript Identifying Number (if you know it)  
   JBJS-D-15-01004

**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?  
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Dr. Thornhill 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)  
   Jeffrey

2. Surname (Last Name)  
   Katz

3. Date  
   21-December-2015

4. Are you the corresponding author?  
   Yes ☑   No

5. Manuscript Title  
   Pain Management among Dominican and American Health Care Providers: A Qualitative Analysis

6. Manuscript Identifying Number (if you know it)  
   JBJS-D-15-01004R2

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Are there any relevant conflicts of interest?  
Yes ☑   No

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Yes ☑   No

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<td>Deputy Editor for Methodology, JBJS</td>
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Dr. Katz reports personal fees from JBJS, outside the submitted work.

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