

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.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

3. Relevant financial activities outside the submitted work.

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4. Intellectual Property.

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

5. Relationships not covered above.

Use this section to report other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work.

Definitions.

Entity: government agency, foundation, commercial sponsor, academic institution, etc.

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Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

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Licensed: The patent has been licensed to an entity, whether earning royalties or not

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)
Adil

2. Surname (Last Name)
Haider

3. Date
23-August-2016

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Andrew Schoenfeld

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.

| Name of Institution/Company | Grant? | Personal Fees? | Non-Financial Support? | Other? | Comments |
|--|-------------------------------------|--------------------------|--------------------------|--------------------------|---------------------|
| Department of Defense, Henry M. Jackson Foundation | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Paid to institution |

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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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Secretary, Association of Academic Surgery

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Section 6. Disclosure Statement

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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.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

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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ICMJE Form for Disclosure of Potential Conflicts of Interest

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

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

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

| | | |
|---|---|---|
| 1. Given Name (First Name) James | 2. Surname (Last Name) Kang | 3. Date 16-August-2016 |
| 4. Are you the corresponding author? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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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President ISLS

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Dr. Kang reports President ISLS .

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1. Given Name (First Name) _____ Tracey

2. Surname (Last Name) _____ Koehlmoos

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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4. Intellectual Property.

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

5. Relationships not covered above.

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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) Kenneth | 2. Surname (Last Name) Nwosu | 3. Date 16-August-2016 |
| 4. Are you the corresponding author? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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) | | |

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

Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

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

Section 5. Relationships not covered above

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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Nwosu has nothing to disclose.

Evaluation and Feedback

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Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

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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) 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)

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

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

| Name of Entity | Grant? | Personal Fees? | Non-Financial Support? | Other? | Comments |
|---|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|---------------------|
| Robert Wood Johnson Foundation | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Paid to institution |
| Department of Defense | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Paid to institution |
| Center for Medicare and Medicaid Services | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| Arbormetrix LLC | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Wolters Kluwer | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Royalties |
| Springer | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Royalties |

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

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Deputy Editor - The Spine Journal
Section Editor - Journal of Orthopaedic Trauma

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Section 6. Disclosure Statement

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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 Arbormetrix LLC, other from Wolters Kluwer, other from Springer, outside the submitted work; and Deputy Editor - The Spine Journal
Section Editor - Journal of Orthopaedic Trauma.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

| | | |
|---|---|---|
| 1. Given Name (First Name) Rebecca | 2. Surname (Last Name) Scully | 3. Date 16-August-2016 |
| 4. Are you the corresponding author? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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) | | |

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

Section 3. Relevant financial activities outside the submitted work.

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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. Scully has nothing to disclose.

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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) Allan | 2. Surname (Last Name) Yau | 3. Date 16-August-2016 |
| 4. Are you the corresponding author? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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) | | |

Section 2. The Work Under Consideration for Publication

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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Mr. Yau has nothing to disclose.

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