ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   David

2. Surname (Last Name)  
   Ring

3. Date  
   16-December-2016

4. Are you the corresponding author?  
   [ ] Yes  [x] No
   Corresponding Author's Name  
   Rachel Seymour, PhD

5. Manuscript Title  
   Leading the Solutions to the Opioid Epidemic

6. Manuscript Identifying Number (if you know it)

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Dr. Ring reports grants from Skeletal Dynamics, other from Wright Medical, personal fees from Biomet, personal fees from Acumed, other from Illuminos, personal fees from Deputy Editor for Journal of Hand Surgery, personal fees from Deputy Editor for Clinical Orthopaedics and Related Research, personal fees from Universities and Hospitals, personal fees from Lawyers, outside the submitted work.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Thomas

2. Surname (Last Name)  
   Higgins

3. Date  
   24-May-2017

4. Are you the corresponding author?  
   □ Yes  ☑ No  
   Corresponding Author’s Name  
   Rachel Seymour, PhD

5. Manuscript Title  
   Leading Solutions to the Opioid Epidemic

6. Manuscript Identifying Number (if you know it)

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Rachel

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Seymour

3. Date  
16-December-2016

4. Are you the corresponding author?  
☑ Yes  ☐ No  
Corresponding Author’s Name

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1. Given Name (First Name)  
   Joseph

2. Surname (Last Name)  
   Hsu

3. Date  
   06-January-2017

4. Are you the corresponding author?  
   ☑ Yes  ☐ No  
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   Rachel Seymour, PhD

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