

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 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".

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#### 4. Intellectual Property.

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) James	2. Surname (Last Name) Kang	3. Date 12-July-2017
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 Sustained pre-operative opioid use is a predictor of continued dependence following spine surgery		
6. Manuscript Identifying Number (if you know it)		

### Section 2. The Work Under Consideration for Publication

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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

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Dr. Kang has nothing to disclose.

### 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) Philip	2. Surname (Last Name) Belmont	3. Date 12-July-2017
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 Sustained pre-operative opioid use is a predictor of continued dependence 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.)?

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Dr. Belmont 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)  
Justin

2. Surname (Last Name)  
Blucher

3. Date  
12-July-2017

4. Are you the corresponding author?  Yes  No

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

5. Manuscript Title  
Sustained pre-operative opioid use is a predictor of continued dependence following spine surgery

6. Manuscript Identifying Number (if you know it)

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Dr. Blucher has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name) Muhammad	2. Surname (Last Name) Chaudhary	3. Date 12-July-2017
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 Sustained pre-operative opioid use is a predictor of continued dependence following spine surgery		
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Dr. Chaudhary has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)  
Adil

2. Surname (Last Name)  
Haider

3. Date  
12-July-2017

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

5. Manuscript Title  
Sustained Preoperative Opioid Use Is a Predictor of Continued Use Following Spine Surgery

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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
Henry M. Jackson Foundation of the Department of Defense	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Paid to institution

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Dr. Haider reports grants from Henry M. Jackson Foundation of the Department of Defense, during the conduct of the study.

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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)  
Wei

2. Surname (Last Name)  
Jiang

3. Date  
12-July-2017

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

5. Manuscript Title  
Sustained Preoperative Opioid Use Is a Predictor of Continued 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
Henry M. Jackson Foundation of the Department of Defense	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Paid to institution

### 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

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Dr. Jiang reports grants from Henry M. Jackson Foundation of the Department of Defense, during the conduct of the study.

### Evaluation and Feedback

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### Instructions

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Tracey

2. Surname (Last Name)  
Koehlmoos

3. Date  
12-July-2017

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

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### Section 1. Identifying Information

1. Given Name (First Name)  
Andrew

2. Surname (Last Name)  
Schoenfeld

3. Date  
12-July-2017

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Sustained Preoperative Opioid Use Is a Predictor of Continued Use Following Spine Surgery

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Robert Wood Johnson Foundation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Paid to institution
National Institutes of Health	<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"/>	

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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
OREF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Paid to Institution

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