ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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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)  
   James

2. Surname (Last Name)  
   Kang

3. Date  
   12-July-2017

4. Are you the corresponding author?  
   ☑ No

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?  
   ☑ No

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   ☑ No

**Section 4. Intellectual Property -- Patents & Copyrights**

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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?  
   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)**

## 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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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?  
   ☑ 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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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? 
☑ 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. 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  
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4. Are you the corresponding author?  
   Yes   ✔

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

5. Manuscript Title  
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Are there any relevant conflicts of interest?  
Yes   ✔

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.

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<td>Henry M. Jackson Foundation of the Department of Defense</td>
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<td>Paid to institution</td>
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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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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

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

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Are there any relevant conflicts of interest?  
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   ✔ No

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

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Deputy Editor - Journal of Bone and Joint Surgery

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