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

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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)  
   Xianyou

2. Surname (Last Name)  
   Zheng

3. Date  
   31-March-2018

4. Are you the corresponding author?  
   ✔ Yes  ❏ No

5. Manuscript Title  
   A Prospective Evaluation of Patient-Reported Opioid Utilization After Nonoperative Treatment of Fractures and Dislocations

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.

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Section 4. Intellectual Property -- Patents & Copyrights

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Zheng
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Section 6. Disclosure Statement

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Dr. Zheng reports grants from National Natural Science Foundation of China, grants from Shanghai Pujiang Program (municipal government), grants from Shanghai Municipal Education Commission, during the conduct of the study.

Evaluation and Feedback

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Yanchun

2. Surname (Last Name)  
   Gao

3. Date  
   23-November-2017

4. Are you the corresponding author?  
   ✔ No

5. Manuscript Title  
   A Prospective Evaluation of Opioid Utilization after Conservative Treatment of Fractures and Dislocations

6. Manuscript Identifying Number (if you know it)

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Dr. Gao has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Changqing
2. Surname (Last Name) Zhang
3. Date 29-December-2017
4. Are you the corresponding author? Yes
5. Manuscript Title
   A Prospective Evaluation of Opioid Utilization after Conservative Treatment of Fractures and Dislocations
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<td>Zhu</td>
<td>23-November-2017</td>
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4. Are you the corresponding author? [ ] Yes [✓] No

Corresponding Author’s Name

Xianyou Zheng

5. Manuscript Title

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