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)  
   Philip

2. Surname (Last Name)  
   Blazar

3. Date  
   11-December-2017

4. Are you the corresponding author?  
   Yes ☐  No ☑

   Corresponding Author’s Name  
   Brandon Earp

5. Manuscript Title  
   Implementation of a Post-Operative Opioid Prescribing Protocol Significantly Reduces Total Morphine Milligram Equivalents Prescribed

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest?  
   Yes ☐  No ☑

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   Yes ☐  No ☑

Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Blazar has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Brandon
2. Surname (Last Name)  Earp
3. Date  11-December-2017
4. Are you the corresponding author?  ✔ Yes  No

5. Manuscript Title
   Implementation of a Post-Operative Opioid Prescribing Protocol Significantly Reduces Total Morphine Milligram Equivalents Prescribed

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Section 4. Intellectual Property -- Patents & Copyrights

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Section 6. Disclosure Statement

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Dr. Earp has nothing to disclose.

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Section 1.  Identifying Information

1. Given Name (First Name)  Ariana
2. Surname (Last Name)  Mora
3. Date  11-December-2017
4. Are you the corresponding author?  □ Yes  ✔ No
   Corresponding Author’s Name  Brandon Earp
5. Manuscript Title
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Ms. Mora has nothing to disclose.

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1. Given Name (First Name)    Jacob
2. Surname (Last Name)        Silver
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   Corresponding Author’s Name
   Brandon Earp
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