ICMJE Form for Disclosure of Potential Conflicts of Interest

**Instructions**

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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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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
Abhiram

2. Surname (Last Name)  
Bhashyam

3. Date  
28-January-2018

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

5. Manuscript Title  
Self-reported marijuana use is associated with increased prescription opioid prescribing following traumatic musculoskeletal injury

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?  
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Dr. Bhashyam 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)  
   Mitchel

2. Surname (Last Name)  
   Harris

3. Date  
   28-January-2018

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

   Corresponding Author’s Name  
   Abhiram Bhashyam

5. Manuscript Title  
   Self-reported marijuana use is associated with increased prescription opioid prescribing following traumatic musculoskeletal injury

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Dr. Harris has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Marilyn
2. Surname (Last Name)  Heng
3. Date  28-January-2018
4. Are you the corresponding author?  Yes  No
5. Manuscript Title
Self-reported marijuana use is associated with increased prescription opioid prescribing following traumatic musculoskeletal injury
6. Manuscript Identifying Number (if you know it)

Corresponding Author’s Name
Abhiram Bhashyam

Section 2. The Work Under Consideration for Publication

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Dr. Heng has nothing to disclose.

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<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>Michael</th>
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</thead>
<tbody>
<tr>
<td>2. Surname (Last Name)</td>
<td>Weaver</td>
</tr>
<tr>
<td>3. Date</td>
<td>28-January-2018</td>
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<td>4. Are you the corresponding author?</td>
<td>☑ No</td>
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<td></td>
<td>Corresponding Author’s Name</td>
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<td></td>
<td>Abhiram Bhashyam</td>
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5. Manuscript Title
Self-reported marijuana use is associated with increased prescription opioid prescribing following traumatic musculoskeletal injury

6. Manuscript Identifying Number (if you know it)

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Dr. Weaver has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
Mark

2. Surname (Last Name)  
Vrahas

3. Date  
28-January-2018

4. Are you the corresponding author?  
Yes  ☑  No

Corresponding Author’s Name  
Abhiram Bhashyam

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Dr. Vrahas has nothing to disclose.

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