

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.)?

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Dr. Bhashyam has nothing to disclose.

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ICMJJE 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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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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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

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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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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		
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Dr. Heng has nothing to disclose.

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1. Given Name (First Name) Michael	2. Surname (Last Name) Weaver	3. Date 28-January-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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		
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