ICMJE Form for Disclosure of Potential Conflicts of Interest

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.

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. Given Name (First Name)  
   John  

2. Surname (Last Name)  
   Brock  

3. Date  
   27-July-2018  

4. Are you the corresponding author?  
   [ ] Yes  
   [x] No  

   Corresponding Author’s Name  
   Safdar N. Khan  

5. Manuscript Title  
   Prediction of Complications, Readmission and Revision Surgery Based on Duration of Pre-operative Opioid Use: Analysis of Major Joint Replacement and Lumbar Fusion  

6. Manuscript Identifying Number (if you know it)  

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Are there any relevant conflicts of interest?  
[ ] Yes  
[ ] No  

## Section 3. Relevant financial activities outside the submitted work.

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[ ] Yes  
[ ] No  

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

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[ ] No
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Section 6. Disclosure Statement

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John Brock 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)  
   Nikhil

2. Surname (Last Name)  
   Jain

3. Date  
   27-July-2018

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

   Corresponding Author’s Name  
   Safdar N. Khan

5. Manuscript Title  
   Prediction of Complications, Readmission and Revision Surgery Based on Duration of Pre-operative Opioid Use: Analysis of Major Joint Replacement and Lumbar Fusion

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Dr. Jain has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
   Safdar

2. Surname (Last Name)
   Khan

3. Date
   27-July-2018

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

5. Manuscript Title
   Prediction of Complications, Readmission and Revision Surgery Based on Duration of Pre-operative Opioid Use: Analysis of Major Joint Replacement and Lumbar Fusion

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<tbody>
<tr>
<td>Spinal Kinetics</td>
<td>✔</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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Dr. Khan reports grants from Spinal Kinetics, outside the submitted work.

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Section 1. Identifying Information

1. Given Name (First Name)  Azeem
2. Surname (Last Name)  Malik
3. Date  27-July-2018
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5. Manuscript Title
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Dr. Malik has nothing to disclose.

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   Frank  
2. Surname (Last Name)  
   Phillips  
3. Date  
   27-July-2018  
4. Are you the corresponding author?  
   ✔ No  
   Corresponding Author’s Name  
   Safdar N. Khan

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Section 6. Disclosure Statement

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Dr. Phillips reports personal fees and other from Nuvasive, from Stryker, personal fees from DePuy, other from Theracell, other from SI-Bone, other from Expanding Orthopaedics, other from Providence, other from CarboFix, outside the submitted work; .

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