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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Todd

2. Surname (Last Name)  
   Albert

3. Date  
   12-March-2018

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

   Corresponding Author’s Name  
   Jeffrey Stepan

5. Manuscript Title  
   Development of an Institutional Opioid Prescriber Education Program and Opioid Prescribing Guidelines: Impact on Prescribing Practices

6. Manuscript Identifying Number (if you know it)  
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   Yes ☑ No ☐

If yes, please fill out the appropriate information below.

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<th>Name of Entity</th>
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<td>Past-President</td>
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### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  ☑ No
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**Section 6. Disclosure Statement**

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Dr. Albert reports personal fees from Zimmer Biomet, personal fees from DePuy Synthes, personal fees from Nuvasive, personal fees from JP Medical Publishers, personal fees from Saunders/Mosby-Elsevier, personal fees from Thieme, personal fees from Facet Link, personal fees from Gentis, personal fees from Vital 5, personal fees from Bonovo Orthopedics Inc., personal fees from Biomerix, personal fees from In Vivo Therapeutics, personal fees from Spincity, personal fees from Crosstrees Medical, personal fees from Paradigm Spine LLC, personal fees from Invuity, personal fees from ASIP, personal fees from PMIG, personal fees from Pioneer, non-financial support from Scoliosis Research Society, non-financial support from Cervical Spine Research Society, non-financial support from IMAST, personal fees from United Health Care, personal fees from Hospital For Special Surgery, personal fees from Weill Cornell Medical College, grants from PCORI, grants from ISSG, grants from NIH, outside the submitted work.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Cynthia

2. Surname (Last Name)  
   Kahlenberg

3. Date  
   07-March-2018

4. Are you the corresponding author?  
   No

   Corresponding Author’s Name  
   Jeffrey Stepan

5. Manuscript Title  
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6. Manuscript Identifying Number (if you know it)  
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Dr. Kahlenberg has nothing to disclose.

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1. Given Name (First Name)  Benedict
2. Surname (Last Name)  Nwachukwu
3. Date  07-March-2018
4. Are you the corresponding author?  ☑ No
Corresponding Author’s Name  Jeffrey Stepan
5. Manuscript Title
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Dr. Nwachukwu has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Ajay

2. Surname (Last Name)  
   Premkumar

3. Date  
   11-March-2018

4. Are you the corresponding author?  
   Yes ☑ No

   Corresponding Author's Name  
   Jeffrey Stepan

5. Manuscript Title  
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   Yes ☑ No
Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

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1. Given Name (First Name)  
   Jeffrey

2. Surname (Last Name)  
   Stepan

3. Date  
   07-March-2018

4. Are you the corresponding author?  
   ✔ Yes  
   No

5. Manuscript Title  
   Development of an Institutional Opioid Prescriber Education Program and Opioid Prescribing Guidelines: Impact on Prescribing Practices

6. Manuscript Identifying Number (if you know it)  
   D-17-01645

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Section 1. Identifying Information

1. Given Name (First Name)  
James

2. Surname (Last Name)  
Baurley

3. Date  
08-July-2018

4. Are you the corresponding author?  
☑ No

Corresponding Author’s Name  
Jeffrey Stepan

5. Manuscript Title  
Development of an Institutional Opioid Prescriber Education Program and Opioid Prescribing Guidelines: Impact on Prescribing Practices

6. Manuscript Identifying Number (if you know it)  
D-17-01645

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

If yes, please fill out the appropriate information below.

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<th>Non-Financial Support?</th>
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☑ No  
☐ Yes
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Dr. Baurley reports grants from National Institute on Drug Abuse, outside the submitted work.

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1. Given Name (First Name)  Francisc
2. Surname (Last Name)  Lovecchio
3. Date  07-March-2018
4. Are you the corresponding author?  ☐ Yes  ☑ No
   Corresponding Author’s Name  Jeffrey Stepan
5. Manuscript Title
   Development of an Institutional Opioid Prescriber Education Program and Opioid Prescribing Guidelines: Impact on Prescribing Practices
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