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)  John  
2. Surname (Last Name)  Cenname  
3. Date  02-May-2019  
4. Are you the corresponding author?  ✔ Yes  
5. Manuscript Title  Ethics of Pain Management: Opioids, Physicians, Patients and Pharmaceutical  
6. Manuscript Identifying Number (if you know it)  JBJS-D-19-00437  

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  ✔ Yes  

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Are there any relevant conflicts of interest?  ✔ Yes  

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  ✔ Yes  

Cenname
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Mr. Cenname has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Lorraine

2. Surname (Last Name)  
   Hutzler

3. Date  
   02-May-2019

4. Are you the corresponding author?  
   ✔ Yes  
   No

5. Manuscript Title  
   Ethics of Pain Management: Opioids, Physicians, Patients and Pharmaceutical

6. Manuscript Identifying Number (if you know it)  
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Section 2. The Work Under Consideration for Publication

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Ms. Hutzler has nothing to disclose.

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1. Given Name (First Name)  
   Claudette

2. Surname (Last Name)  
   Lajam

3. Date  
   02-May-2019

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

   Corresponding Author’s Name
   Lorraine Hutzler

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Dr. Lajam has nothing to disclose.

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   Joseph

2. Surname (Last Name)  
   Bosco

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   Lorraine Hutzler

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