ICMJE Form for Disclosure of Potential Conflicts of Interest

**Instructions**

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1. **Identifying information.**
2. **The work under consideration for publication.**
   
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4. **Intellectual Property.**
   
   This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
Michael

2. Surname (Last Name)  
Brown

3. Date  
03-November-2017

4. Are you the corresponding author?  
[ ] Yes  [x] No  
Corresponding Author’s Name: A. Shin, MD

5. Manuscript Title  
Team Approach: Multimodal perioperative pain management in Upper Extremity Surgery – Combating the Opioid Epidemic

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Dr. Brown 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)**
   - Timothy

2. **Surname (Last Name)**
   - Curry

3. **Date**
   - 03-November-2017

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

**Corresponding Author’s Name**
- A. Shin, MD

5. **Manuscript Title**
   - Team Approach: Multimodal perioperative pain management in Upper Extremity Surgery – Combating the Opioid Epidemic

6. **Manuscript Identifying Number (if you know it)**

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  Halena  
2. Surname (Last Name)  Gazelka  
3. Date  03-November-2017  
4. Are you the corresponding author?  Yes  ![ ]  No  ![ ]  
   Corresponding Author’s Name  A. Shin MD  
5. Manuscript Title  
   Team Approach: Multimodal perioperative pain management in Upper Extremity Surgery – Combating the Opioid Epidemic  
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Dr. Gazelka has nothing to disclose.

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<tr>
<th>1. Given Name (First Name)</th>
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<th>3. Date</th>
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<tbody>
<tr>
<td>Nicholas</td>
<td>Pulos</td>
<td>03-November-2017</td>
</tr>
</tbody>
</table>

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

5. Manuscript Title
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Section 1. Identifying Information

1. Given Name (First Name) Alexander
2. Surname (Last Name) Shin
3. Date 03-November-2017
4. Are you the corresponding author? Yes ✔ No

5. Manuscript Title
Team Approach: Multimodal perioperative pain management in Upper Extremity Surgery – Combating the Opioid Epidemic

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Entity: government agency, foundation, commercial sponsor, academic institution, etc.
Grant: A grant from an entity, generally [but not always] paid to your organization
Personal Fees: Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations
Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.
Other: Anything not covered under the previous three boxes
Pending: The patent has been filed but not issued
Issued: The patent has been issued by the agency
Licensed: The patent has been licensed to an entity, whether earning royalties or not
Royalties: Funds are coming in to you or your institution due to your patent
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**Section 1. Identifying Information**

<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>2. Surname (Last Name)</th>
<th>3. Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thomas</td>
<td>Stewart</td>
<td>03-November-2017</td>
</tr>
</tbody>
</table>

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

5. Manuscript Title  
   Team Approach: Multimodal perioperative pain management in Upper Extremity Surgery – Combating the Opioid Epidemic

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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   - No  
   ✔ No

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Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to publication.

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   - No  
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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
   - Yes  
   - No  
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Section 5. Relationships not covered above

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At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Stewart has nothing to disclose.

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