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.

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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>
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<tr>
<td>Mohamed</td>
<td>Awad</td>
<td>04-May-2018</td>
</tr>
</tbody>
</table>

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

Corresponding Author’s Name: Khaled J. Saleh

5. Manuscript Title  
   Pharmacogenomics Testing for Post-Operative Pain Optimization before Total Knee and Total Hip Arthroplasty – Part II: A Focus on Drug-Drug-Gene Interaction with Commonly Prescribed Drugs and Prior Opioid Use

6. Manuscript Identifying Number (if you know it)

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   - [X] No

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Dr. Awad has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Hussein
2. Surname (Last Name) Darwiche
3. Date 04-May-2018
4. Are you the corresponding author? Yes ✔ No
5. Manuscript Title
Pharmacogenomics Testing for Post-Operative Pain Optimization before Total Knee and Total Hip Arthroplasty – Part II: A Focus on Drug-Drug-Gene Interaction with Commonly Prescribed Drugs and Prior Opioid Use
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Dr. Darwiche has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Mouhanad
2. Surname (Last Name)  El-Othmani
3. Date  04-May-2018
4. Are you the corresponding author?  No
   ✔

Corresponding Author’s Name
Khaled J. Saleh

5. Manuscript Title
Pharmacogenomics Testing for Post-Operative Pain Optimization before Total Knee and Total Hip Arthroplasty – Part II: A Focus on Drug-Drug-Gene Interaction with Commonly Prescribed Drugs and Prior Opioid Use

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El-Othmani
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Dr. El-Othmani has nothing to disclose.

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1. Given Name (First Name)  
   Muhammad

2. Surname (Last Name)  
   Padela

3. Date  
   04-May-2018

4. Are you the corresponding author?  
   Yes ☑ No

   Corresponding Author’s Name  
   Khaled J. Saleh

5. Manuscript Title  
   Pharmacogenomics Testing for Post-Operative Pain Optimization before Total Knee and Total Hip Arthroplasty – Part II: A Focus on Drug-Drug-Gene Interaction with Commonly Prescribed Drugs and Prior Opioid Use

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Khaled

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Saleh

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04-May-2018

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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
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Royalties: Funds are coming in to you or your institution due to your patent
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Zain
2. Surname (Last Name) Sayeed
3. Date 04-May-2018

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

Corresponding Author’s Name
Khaled J. Saleh

5. Manuscript Title
Pharmacogenomics Testing for Post-Operative Pain Optimization before Total Knee and Total Hip Arthroplasty – Part II: A Focus on Drug-Drug-Gene Interaction with Commonly Prescribed Drugs and Prior Opioid Use

6. Manuscript Identifying Number (if you know it)

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

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes ☐ No ☑
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Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Sayeed has nothing to disclose.

Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.
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Instructions

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.

1. Identifying information.

2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking “No” means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check “Yes”.

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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

## Identifying Information

1. **Given Name (First Name)**  
   Mark

2. **Surname (Last Name)**  
   Zekaj

3. **Date**  
   07-August-2018

4. **Are you the corresponding author?**  
   - Yes
   - No
   **Corresponding Author’s Name**  
   Khaled J. Saleh

5. **Manuscript Title**  
   Pharmacogenomics Testing for Post-Operative Pain Optimization before Total Knee and Total Hip Arthroplasty – Part II: A Focus on Drug-Drug-Gene Interaction with Commonly Prescribed Drugs and Prior Opioid Use

6. **Manuscript Identifying Number (if you know it)**  
   Reviews-D-18-00058

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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?  

- Yes
- No

## Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest?  

- Yes
- No

## Intellectual Property -- Patents & Copyrights

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

- 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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Dr. Zekaj has nothing to disclose.

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