ICMJE DISCLOSURE FORM

Date:	8 th December 2021	_
Your Name:	Dr Katy O'Rourke	
Manuscript Title:	Reducing Opioid Use Perioperatively: A Narrative Review	
Manuscript number (if	known):DMR-21-92	

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial	planning of the work
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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	x_None	
3	Royalties or licenses	xNone	
4	Consulting fees	x_None	

5	Payment or honoraria for	xNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	xNone	
	testimony		
7	Support for attending	x_None	
	meetings and/or travel		
8	Patents planned, issued or	x None	
0	pending		
	pending		
9	Participation on a Data	x None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	x_None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	_xNone	
4.2		A.I	
12	Receipt of equipment, materials, drugs, medical	xNone	
	writing, gifts or other	_	
	services		
13	Other financial or non-	_xNone	
	financial interests		
Ple	ease summarize the above c	onflict of interest in the fo	llowing box:

Please place an "X" next to the following statement to indicate your agreement:

No conflict of interest known.

x I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date:	8 th December 2021
Your Name:	Dr Chris Jones
Manuscript Title:	Reducing Opioid Use Perioperatively: A Narrative Review
Manuscript number (i	known):DMR-21-92

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6	Payment for expert	_xNone	
	testimony		
7	Support for attending meetings and/or travel	xNone	
8	Patents planned, issued or	x_None	
	pending		
9	Participation on a Data	_xNone	
	Safety Monitoring Board or		
	Advisory Board		
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	in other board, society,		
	committee or advocacy		
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11	Stock or stock options	x_None	
12	Receipt of equipment,	x_None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	xNone	
	financial interests		
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Please summarize the above conflict of interest in the following box:

CJ served as the unpaid Guest Editor of the series and serves as the Associate Editor-in-Chief of <i>Digestive Medicine Research</i> , but no other conflicts of interest.

Please place an "X" next to the following statement to indicate your agreement:

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