

ICMJE DISCLOSURE FORM

Date: 6/8/2023

Your Name: Jaya Amaram-Davila, MD

Manuscript Title: Deficiencies with CAGE-AID questionnaire in identifying nonmedical opioid use - two Case reports

Manuscript Number (if known): APM-23-192-CL

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 author's relationships/activities/interests should be defined broadly. 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.

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Your Name: Jaya Sheela Amaram-Davila, MD

Manuscript Title: Deficiencies with CAGE-AID questionnaire in identifying nonmedical opioid use - two Case reports

Manuscript Number (if known): APM-23-192-CL

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Date: 5/30/2023

Your Name: Patricia Bramati, MD

Manuscript Title: Deficiencies with CAGE-AID questionnaire in identifying nonmedical opioid use - two Case reports

Manuscript Number (if known): APM-23-192-CL

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Date: 5/30/2023

Your Name: Laura Gammon, MD

Manuscript Title: Deficiencies with CAGE-AID questionnaire in identifying nonmedical opioid use - two Case reports

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Date: 5/30/2023

Your Name: Tarun Mallipeddi, MD

Manuscript Title: Deficiencies with CAGE-AID questionnaire in identifying nonmedical opioid use - two Case reports

Manuscript Number (if known): APM-23-192-CL

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 author's relationships/activities/interests should be defined broadly. 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.

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ICMJE DISCLOSURE FORM

Date: 5/30/2023

Your Name: Olivia Jastrzemski, MD

Manuscript Title: Deficiencies with CAGE-AID questionnaire in identifying nonmedical opioid use - two Case reports

Manuscript Number (if known): APM-23-192-CL

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.

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ICMJE DISCLOSURE FORM

Date: 5/30/2023

Your Name: Matthew D. Clark, PharmD

Manuscript Title: Deficiencies with CAGE-AID questionnaire in identifying nonmedical opioid use - two Case reports

Manuscript Number (if known): APM-23-192-CL

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ICMJE DISCLOSURE FORM

Date: 5/30/2023

Your Name: Joseph Arthur, MD

Manuscript Title: Deficiencies with CAGE-AID questionnaire in identifying nonmedical opioid use - two Case reports

Manuscript Number (if known): APM-23-192-CL

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ICMJE DISCLOSURE FORM

Date: 5/30/2023

Your Name: Akhila Reddy, MD

Manuscript Title: Deficiencies with CAGE-AID questionnaire in identifying nonmedical opioid use - two Case reports

Manuscript Number (if known): APM-23-192-CL

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ICMJE DISCLOSURE FORM

Date: 5/30/2023

Your Name: Eduardo Bruera, MD

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