

#### **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.

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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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Ogura 1



Section 1.	Identifying Inform	ation		
1. Given Name (Fii Yoji	rst Name)	2. Surnar Ogura	me (Last Name)	3. Date 12-October-2020
4. Are you the cor	responding author?	✓ Yes	No	
5. Manuscript Title Drivers of In-Hos		ion in Pati	ients Undergoing Lumbar Fusion Surgery	
6. Manuscript Ider JSS-20-626-R1	ntifying Number (if you kn	ow it)		
	I			
Section 2.	The Work Under Co	onsidera	tion for Publication	
any aspect of the s statistical analysis,	ubmitted work (including	but not lin	nt or services from a third party (government, on ited to grants, data monitoring board, study of Yes   No	
Section 3.	Relevant financial	activities	s outside the submitted work.	
of compensation clicking the "Add	) with entities as descri	bed in the ort relation	e to indicate whether you have financial re instructions. Use one line for each entity onships that were <b>present during the 36</b> Yes   No	; add as many lines as you need by
Section 4.	Intellectual Proper	ty Pate	ents & Copyrights	
Do you have any			ling or issued, broadly relevant to the wor	k? ☐ Yes 🗸 No

Ogura 2



Section 5. Polationships not solvered phase
Relationships not covered above
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?
Yes, the following relationships/conditions/circumstances are present (explain below):
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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. Ogura has nothing to disclose.

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Gum 1



Section 1. Identifying Inform	ation			
Given Name (First Name)  Jeffrey	2. Surname (Last Name) Gum		3. Date 12-October-2020	
4. Are you the corresponding author?	Yes ✓ No	Corresponding Autl	nor's Name	
5. Manuscript Title Drivers of In-Hospital Opioid Consumpt	ion in Patients Undergoin	ng Lumbar Fusion Su	rgery	
6. Manuscript Identifying Number (if you kn JSS-20-626-R1	ow it)			
		_		
Section 2. The Work Under Co	onsideration for Publi	cation		
Did you or your institution <b>at any time</b> recei any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of intere	but not limited to grants, da			c.) for
Section 3. Relevant financial	activities outside the s	submitted work.		
Place a check in the appropriate boxes in of compensation) with entities as descriclicking the "Add +" box. You should repare there any relevant conflicts of interesting the second conflicts of the second confl	bed in the instructions. Upper relationships that we st?   Yes   No	se one line for each o	entity; add as many lines as you need	by l
Name of Entity	Grant	n-Financial Support?	Comments	
Acuity			Royality	
Medtronic			Consulting	
DePuy			Consulting	
Alphatec			Consulting	
Stryker			Consulting	
Acuity			Consulting	
K2M			Consulting	
NuVasive			Consulting	

Gum 2



Name of Entity	Grant? Personal Fees?	Non-Financial Support?	Other?	Comments	
Pfizer			Re	search support	
Section 4. Intellectual Propert	y Patents & Cop	yrights			
Do you have any patents, whether plann	ed, pending or issued	d, broadly relevar	nt to the wo	ork? ☐ Yes 🗸 No	
Section 5. Relationships not o	overed above				
Are there other relationships or activities potentially influencing, what you wrote i			nfluenced, c	or that give the appearance of	f
Yes, the following relationships/cond	litions/circumstances	are present (exp	olain below)	:	
✓ No other relationships/conditions/cir	cumstances that pres	sent a potential c	conflict of in	nterest	
At the time of manuscript acceptance, jo On occasion, journals may ask authors to					ements.
Section 6. Disclosure Stateme	nt				
Based on the above disclosures, this forn below.	n will automatically g	enerate a disclos	ure stateme	ent, which will appear in the b	юх
Dr. Gum reports personal fees from Acui Alphatec, from Stryker, from Acuity, fro					

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Steele 1



Section 1. Identifying Inform	nation					
1. Given Name (First Name) Portia	2. Surname (Last Name) Steele	3. Date 12-October-2020				
4. Are you the corresponding author?	☐ Yes 🗸 No	Corresponding Author's Name Yoji Ogura				
5. Manuscript Title Drivers of In-Hospital Opioid Consump	tion in Patients Undergoin	g Lumbar Fusion Surgery				
6. Manuscript Identifying Number (if you kr JSS-20-626-R1	now it)					
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any aspect of the submitted work (including statistical analysis, etc.)?	Did you or your institution <b>at any time</b> 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					
Section 3. Relevant financial	activities outside the s	submitted work.				
of compensation) with entities as descr	ibed in the instructions. Us port relationships that we	ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by re <b>present during the 36 months prior to publication</b> .				
Section 4. Intellectual Proper	rty Patents & Copyric	ghts				
Do you have any patents, whether plan						

Steele 2



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patent

Crawford 1



Section 1. Identifying Inform	ation			
1. Given Name (First Name) Charles	2. Surname (Last Crawford	Name)	3. Date 12-October-2020	
4. Are you the corresponding author?	Yes ✓ N	o Correspon Yoji Ogura	ding Author's Name	
5. Manuscript Title Drivers of In-Hospital Opioid Consumpt	ion in Patients Un	dergoing Lumbar Fu	ısion Surgery	
6. Manuscript Identifying Number (if you kn JSS-20-626-R1	ow it)			
Section 2. The Work Under Co		B 11: 4:		
Did you or your institution <b>at any time</b> recei			(government, commercial, private fou	undation, etc.) for
any aspect of the submitted work (including statistical analysis, etc.)?				
Are there any relevant conflicts of intere	st? Yes	No		
Section 3. Polovant financial				
Relevant financial	activities outsic	le the submitted	work.	
Place a check in the appropriate boxes in of compensation) with entities as descri clicking the "Add +" box. You should rep Are there any relevant conflicts of intere	bed in the instruct oort relationships	ions. Use one line fo	or each entity; add as many lines a	s you need by
If yes, please fill out the appropriate info	rmation below.			
	Person	al Non-Financial	7	
Name of Entity	Grant Fees	_	Other Comments	
Alphatec			Royality	
Medtronic			Consulting	
NuVasive			Consulting	
Alphatec			Consulting	
Medtronic			Speaking/Teaching/Adviso	ory
Titan			Speaking/Teaching	
SRS Committee			travel expense	
NASS Committee			travel expense	

Crawford 2



Section 4. Intellectual Property Patents & Copyrights
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo
Section 5. Relationships not covered above
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Dr. Crawford reports personal fees from Alphatec, personal fees from Medtronic, personal fees from NuVasive, personal fees from Alphatec, personal fees from Titan, personal fees from SRS Committee, personal fees from NASS Committee, outside the submitted work; .

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Djurasovic 1



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4. Are you the cor	responding author?	☐ Yes ✓ No	Corresponding Author's Name Yoji Ogura			
5. Manuscript Title Drivers of In-Hospital Opioid Consumption in Patients Undergoing Lumbar Fusion Surgery						
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Section 2						
Section 2.	The Work Under C	onsideration for Pu	ublication			
any aspect of the s statistical analysis,	ubmitted work (including	but not limited to gran	from a third party (government, commercial, private foundation, etc.) for ts, data monitoring board, study design, manuscript preparation, No			
Section 3.	Relevant financial	activities outside t	he submitted work.			
of compensation clicking the "Add Are there any rele	) with entities as descr	ibed in the instruction port relationships that est?  Yes  1	e whether you have financial relationships (regardless of amount is. Use one line for each entity; add as many lines as you need by were <b>present during the 36 months prior to publication</b> .			
Name of Entity		Grant? Personal Fees?	Non-Financial Other? Comments			
Medtronic			Consulting			
NuVasive			Consulting			
		_				
Section 4.	Intellectual Prope	rty Patents & Cop	pyrights			
Do you have any	patents, whether plan	ned, pending or issue	d, broadly relevant to the work? Yes V No			

Djurasovic 2



Cartion F	
Section 5.	Relationships not covered above
	elationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?
Yes, the follow	wing relationships/conditions/circumstances are present (explain below):
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**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



Section 1. Identifying Inform	ation			
1. Given Name (First Name) Kirk	2. Surname (Last Name) Owens		3. Date 12-October-2020	
4. Are you the corresponding author?	Yes ✓ No	Corresponding Au Yoji Ogura	thor's Name	
5. Manuscript Title Drivers of In-Hospital Opioid Consumpt	ion in Patients Undergoin	g Lumbar Fusion S	urgery	_
6. Manuscript Identifying Number (if you kn JSS-20-626-R1	ow it)	_		
Section 2. The Work Under Co	onsideration for Public	cation		
any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of intere	but not limited to grants, da		nment, commercial, private foundation, etc.) f , study design, manuscript preparation,	or
Section 3. Relevant financial	activities outside the s	submitted work.		
	bed in the instructions. Use ort relationships that were st?	se one line for each	ancial relationships (regardless of amoun entity; add as many lines as you need by the 36 months prior to publication.	
Name of Entity	Grant	n-Financial Othe	comments	
Medtronic			Consulting	_
NuVasive			Consulting	
Pfizer				
Texas Scottish Rite Hospital	<b>✓</b>			
Alan L. & Jacqueline B. Stuart Spine Research				
Cerapedics				
SRS				
Medtronic				



Name of Entity	Grant? Personal Fees?	Non-Financial Support?	Other?	Comments	
OREF	<b>✓</b>				
ISSG	<b>✓</b>				
Section 4. Intellectual Propert	ty Patents & Co	pyrights			
Do you have any patents, whether plann	ed, pending or issue	ed, broadly relevar	nt to the v	vork? Yes V No	
Section 5. Relationships not o	overed above				
Are there other relationships or activities potentially influencing, what you wrote i			nfluenced	, or that give the appearance of	
Yes, the following relationships/cond	litions/circumstance	es are present (exp	lain belov	v):	
No other relationships/conditions/cir					
At the time of manuscript acceptance, jo On occasion, journals may ask authors to					ements.
Section 6. Disclosure Stateme	nt				
Based on the above disclosures, this forn below.	n will automatically	generate a disclosi	ure stater	nent, which will appear in the bo	ΣX
Dr. Owens reports personal fees from Me Rite Hospital, grants from Alan L. & Jacqu from Medtronic, grants from OREF, gran	ueline B. Stuart Spin	e Research, grants	from Cer		



#### **Evaluation and Feedback**

Please visit <a href="http://www.icmje.org/cgi-bin/feedback">http://www.icmje.org/cgi-bin/feedback</a> to provide feedback on your experience with completing this form.



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1 Laratta



Section 1. Identifying Inforn	nation					
1. Given Name (First Name) Joseph	2. Surname (Last Name) Laratta	3. Date 12-October-2020				
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Yoji Ogura				
5. Manuscript Title Drivers of In-Hospital Opioid Consump	tion in Patients Undergoin	g Lumbar Fusion Surgery				
6. Manuscript Identifying Number (if you ki JSS-20-626-R1	now it)	_				
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Section 3. Relevant financial	activities outside the s	submitted work.				
of compensation) with entities as descr	ibed in the instructions. Us port relationships that we	ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by re <b>present during the 36 months prior to publication</b> .				
Section 4. Intellectual Prope	rty Patents & Copyri	ghts				
Do you have any patents, whether plan	ned, pending or issued, br	roadly relevant to the work? Yes V No				

Laratta 2



Section 5. Polotionships not sovered above
Relationships not covered above
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Yes, the following relationships/conditions/circumstances are present (explain below):
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Dr. Laratta has nothing to disclose.

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Brown 1



Section 1. Identifying Inform	nation					
Given Name (First Name)  Morgan	2. Surname (Last Name) Brown	3. Date 12-October-2020				
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Yoji Ogura				
5. Manuscript Title Drivers of In-Hospital Opioid Consump	tion in Patients Undergoin	g Lumbar Fusion Surgery				
6. Manuscript Identifying Number (if you k JSS-20-626-R1	now it)	_				
Section 2						
Section 2. The Work Under C	Consideration for Public	cation				
Did you or your institution <b>at any time</b> 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						
Section 3. Relevant financial	activities outside the s	submitted work.				
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 <b>present during the 36 months prior to publication</b> .  Are there any relevant conflicts of interest? Yes Vo						
Section 4. Intellectual Prope	rty Patents & Copyric	ghts				
Do you have any patents, whether plan						

Brown 2



Section 5. Polotionships not sovered above
Relationships not covered above
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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patent

Daniel 1



Section 1.	dentifying Informa	ation			
1. Given Name (First N Christy	Name)	2. Surname Daniel	(Last Name)		3. Date 12-October-2020
4. Are you the corresp	oonding author?	Yes	<b>√</b> No	Corresponding Author's Nam Yoji Ogura	ne
5. Manuscript Title Drivers of In-Hospita	al Opioid Consumpti	on in Patien	ts Undergoing	Lumbar Fusion Surgery	
6. Manuscript Identify JSS-20-626-R1	ying Number (if you kno	ow it)			
Section 2. TI	he Work Under Co	nsideratio	on for Public	ation	
Did you or your institution <b>at any time</b> 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					
Section 3. Re	elevant financial a	ctivities o	utside the s	ubmitted work.	
of compensation) w clicking the "Add +"	vith entities as describ	oed in the in ort relations	structions. Use ships that were	e one line for each entity; ac	tionships (regardless of amount dd as many lines as you need by onths prior to publication.
Section 4.	ntellectual Propert	y Paten	ts & Copyr <u>ig</u>	hts	
Do you have any pa	tents, whether plann	ed, pending	g or issued, bro	oadly relevant to the work?	☐ Yes 🗸 No

Daniel 2



Section 5. Polotionships not sovered above
Relationships not covered above
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Dimar 1



Section 1. Identifying Inform	mation		
1. Given Name (First Name) John	2. Surname (Last Name) Dimar		3. Date 12-October-2020
4. Are you the corresponding author?	☐ Yes    ✓ No	Corresponding Autho Yoji Ogura	r's Name
5. Manuscript Title Drivers of In-Hospital Opioid Consump	otion in Patients Undergoi	ng Lumbar Fusion Surg	ery
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Did you or your institution <b>at any time</b> reco any aspect of the submitted work (includin statistical analysis, etc.)? Are there any relevant conflicts of inter	g but not limited to grants, d		nt, commercial, private foundation, etc.) for ady design, manuscript preparation,
Section 3. Relevant financia	activities outside the	submitted work.	
Place a check in the appropriate boxes of compensation) with entities as desc clicking the "Add +" box. You should re Are there any relevant conflicts of interifyes, please fill out the appropriate in	ribed in the instructions. Leport relationships that we rest?	Ise one line for each en	tity; add as many lines as you need by
Name of Entity	Grant'	on-Financial Support? Other?	Comments
Medtronic			Consulting/Royalty
DePuy			Consulting
ederation Of Spine Association			Board of director
SRS			Board of director
Pfizer			Research support

Dimar 2



Section 4. Intellectual Property Patents & Copyrights
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo
Section 5. Relationships not covered above
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. Dimar reports personal fees from Medtronic, personal fees from DePuy, other from Federation Of Spine Association, other from SRS, personal fees from Pfizer, outside the submitted work; .

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For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

## 4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

## Relationships not covered above.

Use this section to report 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.

#### Definitions.

**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 Inforn	nation	
1. Given Name (Fi Steven	rst Name)	2. Surname (Last Na Glassman	me) 3. Date 12-October-2020
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name Yoji Ogura
5. Manuscript Title Drivers of In-Hos		tion in Patients Unde	ergoing Lumbar Fusion Surgery
6. Manuscript Ider JSS-20-626-R1	ntifying Number (if you kı	now it)	
Section 2.	The Work Under C		
any aspect of the s statistical analysis,	stitution <b>at any time</b> rece ubmitted work (including	eive payment or service g but not limited to gra	s from a third party (government, commercial, private foundation, etc.) for nts, data monitoring board, study design, manuscript preparation, No
Section 3.	Relevant financial	activities outside	the submitted work.
of compensation	n) with entities as descr	ibed in the instruction	te whether you have financial relationships (regardless of amount ons. Use one line for each entity; add as many lines as you need by at were <b>present during the 36 months prior to publication</b> .
•	evant conflicts of inter		No
if yes, please fill o	out the appropriate info	ormation below.	
Name of Entity		Grant? Persona Fees?	Non-Financial Support? Comments
Medtronic			Consulting/Royalty
Section 4.	Intellectual Prope	rty Patents & Co	pyrights
Do you have any	patents, whether plan	ned, pending or issu	ed, broadly relevant to the work? Yes V No

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Section 5.	
Section 5.	Relationships not covered above
	elationships or activities that readers could perceive to have influenced, or that give the appearance of ncing, what you wrote in the submitted work?
Yes, the follow	wing relationships/conditions/circumstances are present (explain below):
✓ No other rela	tionships/conditions/circumstances that present a potential conflict of interest
	anuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. rnals may ask authors to disclose further information about reported relationships.
Section 6.	Disclosure Statement
Based on the abo	ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box
Dr. Glassman rep	ports personal fees from Medtronic, outside the submitted work; .

#### **Evaluation and Feedback**

Please visit <a href="http://www.icmje.org/cgi-bin/feedback">http://www.icmje.org/cgi-bin/feedback</a> 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.

### Identifying information.

### 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

#### Relevant financial activities outside the submitted work.

This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

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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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**Identifying Information** 

Section 1.

Leah

1. Given Name (First Name)

# **ICMJE Form for Disclosure of Potential Conflicts of Interest**

Carreon

2. Surname (Last Name)

3. Date

12-October-2020

4. Are you the corresponding author?	Yes	<b>√</b> No	Correspond Yoji Ogura	_	or's Name	
5. Manuscript Title Drivers of In-Hospital Opioid Consumpti	on in Patie	ents Under	going Lumbar Fu	ısion Surg	gery	
6. Manuscript Identifying Number (if you kno JSS-20-626-R1	(ti wc					
Section 3						
Section 2. The Work Under Co	nsiderat	tion for P	ublication			
Did you or your institution <b>at any time</b> received any aspect of the submitted work (including statistical analysis, etc.)?  Are there any relevant conflicts of intere	but not lim	nited to gran				c.) for
Section 3. Relevant financial a	activities	outside t	the submitted	work.		
Place a check in the appropriate boxes ir of compensation) with entities as describ clicking the "Add +" box. You should rep Are there any relevant conflicts of intere If yes, please fill out the appropriate info	bed in the port relationst?	instruction onships that Yes []	ns. Use one line fo	or each er	ntity; add as many lines as you need	d by
Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments	
AO spine		<b>✓</b>			Consulting	
Center for Spine Surgery and Research of the University of Southern Denmark		<b>✓</b>			Travel expense	
University of Louisville Institutional Review Board		<b>✓</b>			Travel expense	
Scoliosis Research Society Research	<b>✓</b>					
Orthopedic Educational Research Fund	<b>✓</b>					
Integra	<b>✓</b>					
Pfizer	<b>✓</b>					

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Name of Entity	Grant? Personal Fees?	Non-Financial Support?	ther? Comments	
Pfizer			Research support	
Section 4. Intellectual Propert	ty Patents & Copy	yrights		
Do you have any patents, whether plann	ied, pending or issued	, broadly relevant	to the work? Yes V No	
Section 5. Relationships not o	overed above			
Are there other relationships or activities potentially influencing, what you wrote			uenced, or that give the appearanc	e of
Yes, the following relationships/cond	ditions/circumstances	are present (explai	in below):	
✓ No other relationships/conditions/cir	rcumstances that pres	ent a potential cor	nflict of interest	
At the time of manuscript acceptance, jo On occasion, journals may ask authors to				statements.
Section 6. Disclosure Stateme	ent			
Based on the above disclosures, this form below.		enerate a disclosur	e statement, which will appear in th	ne box
Dr. Carreon reports personal fees from A of Southern Denmark, personal fees from Society Research, grants from Orthoped from Pfizer, outside the submitted work	m University of Louisvi lic Educational Researd	ille Institutional Re	view Board, grants from Scoliosis R	lesearch

#### **Evaluation and Feedback**

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