

ICMJE DISCLOSURE FORM

Date: 2022-12-27

Your Name: Fei Wy

Manuscript Title: Effect of Intraoperative Methadone on Postoperative Pain and Opioid Consumption in Oral and Maxillofacial Surgeries

Manuscript number (if known): JOMA-22-26

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 current manuscript only.

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.

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			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	<input checked="" type="checkbox"/> None	
Time frame: past 36 months			

2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

Please summarize the above conflict of interest in the following box:

None

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

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: _____ December 27 2022 _____

Your Name: Rupeng Li

Manuscript Title: **Effect of Intraoperative Methadone on Postoperative Pain and Opioid Consumption in Oral and Maxillofacial Surgeries**

Manuscript number (if known): _____

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Date: 2022-12-27

Your Name: Hao Deng

Manuscript Title: Effect of Intraoperative Methadone on Postoperative Pain and Opioid Consumption in Oral and Maxillofacial Surgeries

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ICMJE DISCLOSURE FORM

Date: 12/29/2022

Your Name: Ariel Mueller

Manuscript Title: Effect of Intraoperative Methadone on Postoperative Pain and Opioid Consumption in Oral and Maxillofacial Surgeries

Manuscript number (if known):

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Time frame: past 36 months			
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3	Royalties or licenses	X None	
4	Consulting fees	X None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	X None	
6	Payment for expert testimony	X None	
7	Support for attending meetings and/or travel	X None	
8	Patents planned, issued or pending	X None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	X None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	X None	
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Date: _____ December 27 2022 _____
 Your Name: Timothy Houle
 Manuscript Title: Effect of Intraoperative Methadone on Postoperative Pain and Opioid Consumption in Oral and Maxillofacial Surgeries
 Manuscript number (if known): _____

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Time frame: past 36 months			
2	Grants or	NS121233	NIH Grants

	contracts from any entity (if not indicated in item #1 above).	NS126029	
3	Royalties or licenses	<input type="checkbox"/> None	
4	Consulting fees	<input type="checkbox"/> None	
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	Statistical Editor, Anesthesiology	American Society of Anesthesiologists
		Statistical Editor, Headache	American Headache Society
11	Stock or stock options	<input type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> None	
13	Other financial or non-financial	<input type="checkbox"/> None	

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Date: _____ December 27 2022 _____
 Your Name: _____ Jingping Wang _____
 Manuscript Title: **Effect of Intraoperative Methadone on Postoperative Pain and Opioid Consumption in Oral and Maxillofacial Surgeries**
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