

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. | <u>x</u> 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):_____

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). | __x__None | |
| | | | |
| | | | |
| 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 | |
| | | | |
| | | | |
| 11 | Stock or stock options | __x__None | |
| | | | |
| | | | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | __x__None | |
| | | | |
| | | | |
| 13 | Other financial or non-financial interests | __x__None | |
| | | | |
| | | | |

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

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

☒ 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: 2022-12-27
 Your Name: Hao Deng
 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. | <u>x</u> 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: 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):

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. | X None | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| 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 | 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 | |
| | | | |
| | | | |
| 11 | Stock or stock options | X None | |
| | | | |
| | | | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | X None | |
| | | | |
| | | | |
| 13 | Other financial or non-financial interests | X None | |
| | | | |
| | | | |

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

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: Timothy Houle

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

Manuscript number (if known):_____

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 | NS121233 | NIH Grants |

| | | | |
|----|--|--|---------------------------------------|
| | contracts from any entity (if not indicated in item #1 above). | NS126029 | |
| 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 | Statistical Editor, Anesthesiology | American Society of Anesthesiologists |
| | | Statistical Editor, Headache | American Headache Society |
| | | | |
| 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 | <input checked="" type="checkbox"/> None | |
| | | | |

| | | | |
|--|-----------|--|--|
| | interests | | |
|--|-----------|--|--|

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

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:_____Jingping Wang_____

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

Manuscript number (if known):_____

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) | <input checked="" type="checkbox"/> None | |
| | | | |

| | | | |
|----|--|-------------------------------|--|
| | in item #1 above). | | |
| 3 | Royalties or licenses | <input type="checkbox"/> None | |
| | | | |
| | | | |
| 4 | Consulting fees | <input type="checkbox"/> None | |
| | | | |
| | | | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input type="checkbox"/> None | |
| | | | |
| | | | |
| 6 | Payment for expert testimony | <input type="checkbox"/> None | |
| | | | |
| | | | |
| 7 | Support for attending meetings and/or travel | <input type="checkbox"/> None | |
| | | | |
| | | | |
| 8 | Patents planned, issued or pending | <input type="checkbox"/> None | |
| | | | |
| | | | |
| 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 | <input type="checkbox"/> None | |
| | | | |
| | | | |
| 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 interests | <input type="checkbox"/> None | |
| | | | |
| | | | |

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

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.