

ICMJE DISCLOSURE FORM

Date: 4/29/21

Your Name: Karishma Kodia

Manuscript Title: Implementation of an Enhanced Recovery After Thoracic Surgery (ERATS) care pathway for thoracotomy patients - Achieving better pain control with less (schedule II) opioid utilization

**** Please note Title change**

Manuscript number (if known): JTD-21-552

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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		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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3	Royalties or licenses	<u>None</u>	
4	Consulting fees	<u>None</u>	

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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	____ None	
11	Stock or stock options	____ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	____ None	
13	Other financial or non-financial interests	____ None	

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

No conflicts of interest to declare.

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.**

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Date: 4/29/21

Your Name: Joy A. Stephens-McDonough

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Date: 4/29/21

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Date: 4/29/21

Your Name: Nestor Villamizar

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