Date:	9/27/2021
Your Name:	Alicia L Eubanks
Manuscript Title:	A Multimodal Protocol Utilizing Liposomal Bupivacaine Rib Blocks Leads to Opioid Reduction in Patients Undergoing the Nuss Procedure
Manuscript Number (if known):	JTD 21-1314

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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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		e all entities with whom you have this ionship 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 o	of the work
1	All support for the present manuscript (e.g.,	None	
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		Time frame: past 36 months	S
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	#1 above).		

		e all entities with whom you have this ionship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
3	Royalties or licenses	None	
4	Consulting fees	None	
5	Payment or honoraria for	None	
	lectures, presentations, speakers		
	bureaus, manuscript		
	writing or educational events		
6	Payment for expert testimony	None	
7	Support for attending	None	
	meetings and/or travel		
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data Safety Monitoring	None	
	Board or Advisory Board		
10	Leadership or fiduciary role in	None	
	other board,		

		ame all entities with whom you have this Specifications/Comments (e.g., if payments wer lationship or indicate none (add rows as needed) made to you or to your institution)	e
	society, committee or advocacy group, paid or unpaid		
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	
Plea	Please place an "X" next to the following statement to indicate your agreement:		

Manuscript Number (if known):	JTD-21-1314
Manuscript Title:	A Multimodal Protocol Utilizing Liposomal Bupivacaine Rib Blocks Leads to Opioid Reduction in Patients Undergoing the Nuss Procedure
Your Name:	David Grabski, MD
Date:	9/27/2021

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Manuscript Number (if known):	JTD-21-1314
Manuscript Title:	A Multimodal Protocol Utilizing Liposomal Bupivacaine Rib Blocks Leads to Opioid Reduction in Patients Undergoing the Nuss Procedure
Your Name:	Jessica Pollack, MD
Date:	9/27/2021

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

Manuscript Number (if known):	JTD-21-1314
	Patients Undergoing the Nuss Procedure
Manuscript Title:	A Multimodal Protocol Utilizing Liposomal Bupivacaine Rib Blocks Leads to Opioid Reduction in
Your Name:	Daniel Levin, MD
Date.	3/2//2021
Date:	9/27/2021

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

Date:	9/27/2021
Your Name:	Eugene McGahren, MD
Manuscript Title:	A Multimodal Protocol Utilizing Liposomal Bupivacaine Rib Blocks Leads to Opioid Reduction in Patients Undergoing the Nuss Procedure
Manuscript Number (if known):	JTD-21-1314

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	society, committee or advocacy group, paid or unpaid		
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	
Plea	Please place an "X" next to the following statement to indicate your agreement:		

Date:	9/27/2021
Your Name:	Linda W. Martin, MD MPH
Manuscript Title:	A Multimodal Protocol Utilizing Liposomal Bupivacaine Rib Blocks Leads to Opioid Reduction in Patients Undergoing the Nuss Procedure
Manuscript Number (if known):	JTD 21-1314

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1	All support for the present	\boxtimes	None	
	manuscript (e.g.,			
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	medical writing,			
	article processing			
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2	Grants or	\boxtimes	None	
	contracts from			
	any entity (if not			
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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)
3	Royalties or licenses	None	
4	Consulting fees	□ None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	□ None	
6	Payment for expert testimony	□ None	
7	Support for attending meetings and/or travel	□ None	
8	Patents planned, issued or pending	□ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	 None Astra Zeneca Pacira Pharmaceuticals On Target Laboartories 	Advisory board for Aduara trial dissemination (use of Osimertinib in resected lung cancer) Advisory Board, not active for >12 months prior to initial submission of this manuscript Steering committee for ELUCIDATE trial

			e all entities with whom you have this onship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
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	
Plea ×	Please place an "X" next to the following statement to indicate your agreement:			

Manuscript Number (if known):	JTD-21-1314
Manuscript Title:	A Multimodal Protocol Utilizing Liposomal Bupivacaine Rib Blocks Leads to Opioid Reduction in Patients Undergoing the Nuss Procedure
Your Name:	Jeffrey Gander, MD
Date:	9/27/2021

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6	Payment for expert testimony		None	
7	Support for attending		None	
	meetings and/or travel			
8	Patents planned, issued or		None	
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9	Participation on a Data Safety Monitoring Board or Advisory Board		None	
10	Leadership or fiduciary role in		None	
other board,				

		ame all entities with whom you have this Specifications/Comments (e.g., if payments were elationship or indicate none (add rows as needed) made to you or to your institution)	3
	society, committee or advocacy group, paid or unpaid]
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea	-	• the following statement to indicate your agreement: swered every question and have not altered the wording of any of the questions on this form.	