ICMJE Form for Disclosure of Potential Conflicts of Interest

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.

1. Identifying information.

2. The work under consideration for publication.

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4. Intellectual Property.

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Section 1. Identifying Information

1. Given Name (First Name)  Syed
2. Surname (Last Name)  Hussaini
3. Date  25-June-2019
4. Are you the corresponding author?  ☑ No
5. Manuscript Title
The effect of the Strengthening Opioid Misuse Prevention (STOP) Act on opioid prescription practices after ankle fracture fixation
6. Manuscript Identifying Number (if you know it)

Corresponding Author’s Name
Tianyi David Luo

Section 2. The Work Under Consideration for Publication

Did you or your institution at any time 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?  ☑ No

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Dr. Hussaini has nothing to disclose.
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Wang
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Kevin
2. Surname (Last Name)  Wang
3. Date  25-June-2019

4. Are you the corresponding author?  
   Yes  No  ✔

5. Manuscript Title  
The effect of the Strengthening Opioid Misuse Prevention (STOP) Act on opioid prescription practices after ankle fracture fixation

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest?  
   Yes  No  ✔

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Section 4. Intellectual Property -- Patents & Copyrights

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Section 6. Disclosure Statement

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Dr. Wang has nothing to disclose.

Evaluation and Feedback

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Luo
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Section 1. Identifying Information

1. Given Name (First Name)  Tianyi
2. Surname (Last Name)    Luo
3. Date                    25-June-2019
4. Are you the corresponding author? ✔ Yes    No
5. Manuscript Title
The effect of the Strengthening Opioid Misuse Prevention (STOP) Act on opioid prescription practices after ankle fracture fixation
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1. Given Name (First Name)  Aaron
2. Surname (Last Name)  Scott
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4. Are you the corresponding author?  Yes  No

Corresponding Author’s Name  Tianyi David Luo

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