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) |
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| 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. | None |

Time frame: Since the initial planning of the work

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| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | None |
| 3 | Royalties or licenses | None |
| 4 | Consulting fees | None |

Time frame: past 36 months
|   | Description                                                                                     | 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 |
| 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 |

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No conflicts of interest to declare.

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Date: 4/29/21

Your Name: Joy A. Stephens-McDonough

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

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Date: 4/29/21

Your Name: Ahmed Alnajar

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Your Name: Nestor Villamizar

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Date: 4/29/21

Your Name: Dao M. Nguyen

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