

ICMJE DISCLOSURE FORM

Date: 7/13/21
 Your Name: Anna Morgan
 Manuscript Title: COVID-19-related adaptations to the implementation and evaluation of a clinic-based intervention designed to improve opioid safety
 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 type="checkbox"/> None	
		CDC	Work supported by R01CE003153
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None AHRQ	NaRCAD is funded by grants from AHRQ (R18HS026177 and R13HS026829)
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 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: 7/13/2021
 Your Name: Michelle Hendricks
 Manuscript Title: COVID-19-related adaptations to the implementation and evaluation of a clinic-based intervention designed to improve opioid safety
 Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 7/13/2021
 Your Name: Sanae El Ibrahim
 Manuscript Title: COVID-19-related adaptations to the implementation and evaluation of a clinic-based intervention designed to improve opioid safety
 Manuscript number (if known): _____

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Time frame: past 36 months			
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ICMJE DISCLOSURE FORM

Date: 7/13/2021
 Your Name: Sara Hallvik
 Manuscript Title: COVID-19-related adaptations to the implementation and evaluation of a clinic-based intervention designed to improve opioid safety
 Manuscript number (if known): _____

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None	
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ICMJE DISCLOSURE FORM

Date: 7/15/21
 Your Name: Brigit A. Hatch
 Manuscript Title: COVID-19-related adaptations to the implementation and evaluation of a clinic-based intervention designed to improve opioid safety
 Manuscript number (if known): _____

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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.	CDC Data to Action Grant	Contracted through Oregon Health Authority
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	
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ICMJE DISCLOSURE FORM

Date: 7/13/2021

Your Name: Caitlin L. Dickinson

Manuscript Title: COVID-19-related adaptations to the implementation and evaluation of a clinic-based intervention designed to improve opioid safety

Manuscript number (if known): unknown

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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.	<input type="checkbox"/> None Centers for Disease Control and Prevention – Overdose Data to Action (OD2A) award to Oregon Health Authority (OHA); OHA is contracting with the Oregon Rural Practice-based Research Network to carry out specific activities related to OD2A award.	
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	
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ICMJE DISCLOSURE FORM

Date: 7-13-21
 Your Name: Dagan Wright
 Manuscript Title: COVID-19-related adaptations to the implementation and evaluation of a clinic-based intervention designed to improve opioid safety
 Manuscript number (if known): _____

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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	<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	
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ICMJE DISCLOSURE FORM

Date: 7/13/21
 Your Name: Michael Fischer
 Manuscript Title: COVID-19-related adaptations to the implementation and evaluation of a clinic-based intervention designed to improve opioid safety
 Manuscript number (if known): _____

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		CDC	Work supported by R01CE003153
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	___ None	
		AHRQ	NaRCAD is funded by grants from AHRQ (R18HS026177 and R13HS026829)
3	Royalties or licenses	__x__ None	

4	Consulting fees	<input type="checkbox"/> None	Dr. Fischer serves as a clinical consultant for Alosa Health, an educational non-profit that provides academic detailing services
		Alosa Health	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
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