

## ICMJE DISCLOSURE FORM

Date: 7/13/21

Your Name: Brianna M. McQuade

Manuscript Title: SAFE - Home Opioid Management Education in Older Adults: A Naloxone Awareness Program for Home Health Workers

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)
<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	_x_ None	
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	___ None x	
3	Royalties or licenses	__x__ None	

4	Consulting fees	<input type="checkbox"/> None Iowa Healthcare Collaborative	Individual consulting fees for providing support for Opioid Stewardship (a program sponsored by Centers for Medicare Services to target high-opioid prescribing providers and educate them on tapering, pain alternatives, and overall reduction of opioid prescribing)
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None Iowa Healthcare Collaborative	Honoraria for IHC Annual Convention
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: July 13, 2021

Your Name: Michael Koronkowski

Manuscript Title: SAFE - Home Opioid Management Education in Older Adults: A Naloxone Awareness Program for Home Health Workers

Manuscript number (if known): \_\_\_\_\_

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<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	__XX__ None	
3	Royalties or licenses	__XX__ None	

4	Consulting fees	<input type="checkbox"/> None	Dr. Koronkowski reports consulting to OptumRx
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	
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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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## ICMJE DISCLOSURE FORM

Date: 7/15/21  
 Your Name: Erin Emery-Tiburicio  
 Manuscript Title: SAFE - Home Opioid Management Education in Older Adults: A Naloxone Awareness Program for Home Health Workers  
 Manuscript number (if known): \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: 7/15/21  
 Your Name: Robyn Golden  
 Manuscript Title: SAFE - Home Opioid Management Education in Older Adults: A Naloxone Awareness Program for Home Health Workers  
 Manuscript number (if known): \_\_\_\_\_

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

4	Consulting fees	<input type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
6	Payment for expert testimony	<input type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
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11	Stock or stock options	<input type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> None	
13	Other financial or non-financial interests	<input type="checkbox"/> None <input checked="" type="checkbox"/>	

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## ICMJE DISCLOSURE FORM

Date: 7/13/2021  
 Your Name: Jennie Jarrett  
 Manuscript Title: SAFE - Home Opioid Management Education in Older Adults: A Naloxone Awareness Program for Home Health Workers  
 Manuscript number (if known): \_\_\_\_\_

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		HRSA	
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	___ None HRSA, SAMHSA, Coleman Foundation, Moore Foundation	
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	
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 type="checkbox"/> None	
		CVS Health	Through Employment, valued <\$500
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 type="checkbox"/> None	
		CVS Health	Employed as a pharmacist for clinical service

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