INDIVIDUAL CONFLICT OF INTEREST STATEMENT

American Association of Hip and Knee Surgeons

(Adopted from the American Academy of Orthopaedic Surgeons disclosure statement)

The following form <u>must be filled out completely and submitted by each author (example, 6 authors, 6 forms).</u>
All items require a response. If there is no relevant disclosure for a given item, enter "*None*."

Manuscript Title The Impact of Metabolic Syndrome and Obesity on Perioperative Total Joint Arthroplasty Outcomes: The Obesity Paradox and Risk Assessment in Total Joint Arthroplasty

1.	Royalties from a company or supplier (The following conflicts were disclosed) None		
2.	Speakers bureau/paid presentations for a company or supplier (The following conflicts we	re disclosed)	None
3A.	Paid employee for a company or supplier (The following conflicts were disclosed)	None	
3B.	Paid consultant for a company or supplier (The following conflicts were disclosed)	None	
3C.	Unpaid consultants for a company or supplier (The following conflicts were disclosed)	None	
4.	Stock or stock options in a company or supplier (The following conflicts were disclosed)	None	
5.	Research support from a company or supplier as a Principal Investigator (The following co	onflicts were dis	closed)
6.	Other financial or material support from a company or supplier (The following conflicts were	re disclosed)	None
7.	Royalties, financial or material support from publishers (The following conflicts were disclo	osed) None	
8.	Medical/Orthopaedic publications editorial/governing board (The following conflicts were d	lisclosed) None	
9.	Board member/committee appointments for a society (The following conflicts were disclos	sed) None	
Each author must sign AND print or type his/her name, date and submit a separate form			
In addition, one BLINDED Conflict of Interest form (no author names used) should be submitted per manuscript with all			

Author Signature

author disclosures.

Author Name (Print or Type)

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