Bmed CONFLICT OF INTEREST STATEMENT

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

The following form <u>must</u> be filled out completely and submitted by each author (example, 6 authors, 6 forms). If no discloser is required, please write/type "none" at the end of each sentence.

Manuscript Title: Vascular complications during total knee arthroplasty: Two case reports and review of the literature	
1. R	Royalties from a company or supplier (The following conflicts were disclosed) None
2. S	Speakers bureau/paid presentations for a company or supplier (The following conflicts were disclosed) None
3A. P	Paid employee for a company or supplier (The following conflicts were disclosed) None
3B. P	Paid consultant for a company or supplier (The following conflicts were disclosed) None
3C. U	Jnpaid consultants for a company or supplier (The following conflicts were disclosed) None
4. S	Stock or stock options in a company or supplier (The following conflicts were disclosed) None
	Research support from a company or supplier as a Principal Investigator (The following conflicts were disclosed) None
6. O	Other financial or material support from a company or supplier (The following conflicts were disclosed) None
7. R	Royalties, financial or material support from publishers (The following conflicts were disclosed) None
8. M	Medical/Orthopaedic publications editorial/governing board (The following conflicts were disclosed) None
9. B	loard member/committee appointments for a society (The following conflicts were disclosed) None
Each author must sign AND print or type his/her name, date and submit a separate form	
n addition, one BLINDED Conflict of Interest form (no author names used) should be submitted per manuscript with all	

Author \$ignature

author disclosures.

Author Name (Print or Type)

Alexandros Mavrodontidis