

# CONFLICT OF INTEREST STATEMENT

## *Arthroplasty Today*

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

The following form must 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 CUSTOM TITANIUM SLEEVE FOR TREATMENT OF MALL IN WELL FIXED, NON-CONTEMPORARY STEMS IN THA

1. Royalties from a company or supplier (The following conflicts were disclosed)

*NO*

2. Speakers bureau/paid presentations for a company or supplier (The following conflicts were disclosed)

*NO*

3A. Paid employee for a company or supplier (The following conflicts were disclosed)

*NO*

3B. Paid consultant for a company or supplier (The following conflicts were disclosed)

*NO*

3C. Unpaid consultants for a company or supplier (The following conflicts were disclosed)

*NO*

4. Stock or stock options in a company or supplier (The following conflicts were disclosed)

*NO*

5. Research support from a company or supplier as a Principal Investigator (The following conflicts were disclosed)

*NO*

6. Other financial or material support from a company or supplier (The following conflicts were disclosed)

*NO*

7. Royalties, financial or material support from publishers (The following conflicts were disclosed)

*NO*

8. Medical/Orthopaedic publications editorial/governing board (The following conflicts were disclosed)

*NO*

9. Board member/committee appointments for a society (The following conflicts were disclosed)

*NO*

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 disclosures.

*Thomas Leibiger*

Author Name (Print or Type)

*Thomas Leibiger*

Author Signature

*8/18/15*

Date

# CONFLICT OF INTEREST STATEMENT

## Arthroplasty Today

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

The following form **must 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 *CUSTOM TITANIUM SLEEVE FOR TREATMENT OF MALL IN WELL FIXED, NON-CONTEMPORARY STEMS IN TKA*

1. Royalties from a company or supplier (The following conflicts were disclosed)  
*NO*
2. Speakers bureau/paid presentations for a company or supplier (The following conflicts were disclosed)  
*NO*
- 3A. Paid employee for a company or supplier (The following conflicts were disclosed)  
*NO*
- 3B. Paid consultant for a company or supplier (The following conflicts were disclosed)  
*NO*
- 3C. Unpaid consultants for a company or supplier (The following conflicts were disclosed)  
*NO*
4. Stock or stock options in a company or supplier (The following conflicts were disclosed)  
*NO*
5. Research support from a company or supplier as a Principal Investigator (The following conflicts were disclosed)  
*NO*
6. Other financial or material support from a company or supplier (The following conflicts were disclosed)  
*NO*
7. Royalties, financial or material support from publishers (The following conflicts were disclosed)  
*NO*
8. Medical/Orthopaedic publications editorial/governing board (The following conflicts were disclosed)  
*YES - AT*
9. Board member/committee appointments for a society (The following conflicts were disclosed)  
*YES - COMMITTEE AAHCS.*

**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 disclosures.

*BRIAN J. MCGRODY*  
Author Name (Print or Type)

  
Author Signature

*8/21/15*  
Date