

# CONFLICT OF INTEREST STATEMENT

## *The Journal of Arthroplasty*

(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.**

### Pediatric Total Knee Arthroplasty

Manuscript Title

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 were disclosed)

*Zimmer Biomet*

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)

*Zimmer Biomet*

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 conflicts were disclosed)

*None*

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

*None*

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

*None*

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

*None*

9. Board 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**

In addition, one BLINDED Conflict of Interest form (no author names used) should be submitted per manuscript with all author disclosures.

*John Ryan Martin*

Author Name (Print or Type)



Author Signature

*1-14-16*

Date