

# 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)

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 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.

Valerie Martin

Author Name (Print or Type)

Valerie Martin

Author Signature

1/14/16

Date