

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: Infection burden in total hip and knee arthroplasty: an international registry based perspective

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)
- 3A. Paid employee for a company or supplier (The following conflicts were disclosed)
- 3B. Paid consultant for a company or supplier (The following conflicts were disclosed)
- 3C. Unpaid consultants for a company or supplier (The following conflicts were disclosed)
4. Stock or stock options in a company or supplier (The following conflicts were disclosed)
5. Research support from a company or supplier as a Principal Investigator (The following conflicts were disclosed)
6. Other financial or material support from a company or supplier (The following conflicts were disclosed)
7. Royalties, financial or material support from publishers (The following conflicts were disclosed)
8. Medical/Orthopaedic publications editorial/governing board (The following conflicts were disclosed)
9. Board member/committee appointments for a society (The following conflicts were disclosed)

Chair, Aging and Public Health Section, American Public Health Association

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.

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Author Signature

4.27.17

Date