

INDIVIDUAL CONFLICT OF INTEREST STATEMENT

American Association of Hip and Knee Surgeons

(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).** **All items require a response. If there is no relevant disclosure for a given item, enter "None."**

Manuscript Title: Early Results of Displaced Femoral Neck Fragility Fractures Treated with Supercapsular Percutaneously Assisted Total Hip Arthroplasty

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)
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.

Kevin Smith		4/11/18
Author Name (Print or Type)	Author Signature	Date

Kevin Smith
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Kevin
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