

# 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: Peer review in the reporting of clinical trials in *Arthroplasty Today*

1. Royalties from a company or supplier (The following conflicts were disclosed)  
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2. Speakers bureau/paid presentations for a company or supplier (The following conflicts were disclosed)
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- 3C. Unpaid consultants for a company or supplier (The following conflicts were disclosed)
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**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.

*J. Bohannon Mason*  
Author Name (Print or Type)

*[Signature]*  
Author Signature

*3/4/19*  
Date