

# 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** Surgical Selection Criteria Compliance is Associated with a Lower Risk of Periprosthetic Joint Infection in Total Hip Arthroplasty

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1. Royalties from a company or supplier (The following conflicts were disclosed)  
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9. Board member/committee appointments for a society (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.

Gregory J. Golladay, MD



04/25/19

Author Name (Print or Type)

Author Signature

Date