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

Each author must sign AND print or type his/her name, date and submit a separate form	
9.	Board member/committee appointments for a society (The following conflicts were disclosed) None
8.	Medical/Orthopaedic publications editorial/governing board (The following conflicts were disclosed) None
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6.	Other financial or material support from a company or supplier (The following conflicts were disclosed) None
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In addition, one BLINDED Conflict of Interest form (no author names used) should be submitted per manuscript with all

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