

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 **Diagnosis of Depression and Other Patient Factors Impact Length of Stay Following Total Knee 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
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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)
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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.

Heather T Gold



11.22.19

Author Name (Print or Type)

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