

# 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.**

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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)  
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**none**
- 3B. Paid consultant for a company or supplier (The following conflicts were disclosed)  
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**none**
4. Stock or stock options in a company or supplier (The following conflicts were disclosed)  
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**none**
6. Other financial or material support from a company or supplier (The following conflicts were disclosed)  
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7. Royalties, financial or material support from publishers (The following conflicts were disclosed)  
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8. Medical/Orthopaedic publications editorial/governing board (The following conflicts were disclosed)  
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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.

Cheongeun Oh



11.22.19

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Author Name (Print or Type)

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Date