

# 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."**

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### Manuscript Title

1. Royalties from 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.

Arjun Saxena, MD MBA

*Arjun Saxena*

4/8/2020

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Author Name (Print or Type)

Author Signature

Date