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 <u>must be filled out completely and submitted by each author (example, 6 authors, 6 forms).</u> <u>All items require a response. If there is no relevant disclosure for a given item, enter "None."</u>

Manuscript Title Digital Orthopaedics. A Glimpse into the Future in The Midst of a Pandemic.

| 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 |
| 3A. | Paid employee for a company or supplier (The following conflicts were disclosed) None |
| 3B. | Paid consultant for a company or supplier (The following conflicts were disclosed) 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) None |
| 5. | Research support from a company or supplier as a Principal Investigator (The following conflicts were disclosed) None |
| 6. None | Other financial or material support from a company or supplier (The following conflicts were disclosed) |
| 7. None | Royalties, financial or material support from publishers (The following conflicts were disclosed) |
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| 9. Americ | Board member/committee appointments for a society (The following conflicts were disclosed) an Association of Hip and Knee Surgeons: Board or committee member |

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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.

Niraj V Kalore

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04/16/20

Author Name (Print or Type)

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