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."

I ne I	viost influential Papers in Direct Anterior Approach to 1 otal Hip Arthropiasty
Manus	script Title
1.	Royalties from a company or supplier (The following conflicts were disclosed)
	None
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	None
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	None
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4.	Stock or stock options in a company or supplier (The following conflicts were disclosed)
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5.	Research support from a company or supplier as a Principal Investigator (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 Signature

S. Selverian

11/13/19

Date

author disclosures.

Stephen Selverian

Author Name (Print or Type)