

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."

Post-discharge Opioid Use Following Total Hip and Total Knee Arthroplasty

Manuscript Title

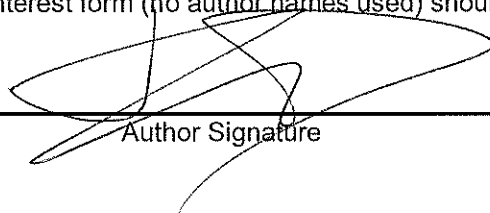
1. Royalties from a company or supplier (The following conflicts were disclosed)
None
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None
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None
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Each author must sign AND print or type his/her 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.

Taylor Shackleford, MD

Author Name (Print or Type)



Author Signature

6/26/2020

Date