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."

Manuscript Title Continuous lumbar plexus block versus continuous lumbar erector spinae plane block for postoperative pain control after revision total hip 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 w	ere 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 on None	conflicts were dis	closed)
6.	Other financial or material support from a company or supplier (The following conflicts we	ere disclosed)	None
7.	Royalties, financial or material support from publishers (The following conflicts were disc	losed) None	
8.	Medical/Orthopaedic publications editorial/governing board (The following conflicts were	disclosed) None	
9.	Board member/committee appointments for a society (The following conflicts were disclo	sed) 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.

Amy Chen
Author Name (Print or Type)

Author Signature

Date