## 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>
All items require a response. If there is no relevant disclosure for a given item, enter "None."

Manuscript Title: Trends in Computer Navigation and Robotic Assistance for Total Hip Arthroplasty in the United States: An Analysis of Patient and Hospital Factors

1. None	Royalties from a company or supplier (The following conflicts were disclosed)
2. None	Speakers bureau/paid presentations for a company or supplier (The following conflicts were disclosed)
3A. <b>None</b>	Paid employee for a company or supplier (The following conflicts were disclosed)
3B. <b>None</b>	Paid consultant for a company or supplier (The following conflicts were disclosed)
3C. <b>None</b>	Unpaid consultants for a company or supplier (The following conflicts were disclosed)
4. None	Stock or stock options in a company or supplier (The following conflicts were disclosed)
5. None	Research support from a company or supplier as a Principal Investigator (The following conflicts were disclosed)
6. <b>None</b>	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)
8. <b>None</b>	Medical/Orthopaedic publications editorial/governing board (The following conflicts were disclosed)
9. <b>None</b>	Board member/committee appointments for a society (The following conflicts were disclosed)
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

06/01/2021

Date

author disclosures.

Joseph K Antonios

Author Name (Print or Type)