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. None	Paid employee for a company or supplier (The following conflicts were disclosed)
3B. - -	Paid consultant for a company or supplier (The following conflicts were disclosed) DePuy, A Johnson & Johnson Company LimaCorporate
3C. None	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. 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)
8. None	Medical/Orthopaedic publications editorial/governing board (The following conflicts were disclosed)
9. None	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 author disclosures.

Author Name (Print or Type)

Author Signature

Date