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

Total knee arthroplasty after ipsilateral below knee amputation: A case report and review of the literature

Manuscript Title: Total knee arthroplasty after ipsilateral below knee amputation: A case report and review of the literature

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 were 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)		
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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 disclosed)		
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.

Katherine Dong	K~ V~	1/2/2022
Author Name (Print or Type)	Author Signature	Date