

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: Nutritionist Referral Improves Weight Loss and Increases Surgery Rate in Obese Patients Seeking Total Joint 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 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)

none

5. Research support from a company or supplier as a Principal Investigator (The following conflicts were disclosed)

none

6. Other financial or material support from a company or supplier (The following conflicts were disclosed)

none

7. Royalties, financial or material support from publishers (The following conflicts were disclosed)

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 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.

Joel Gagnier



3/3/22

Author Name (Print or Type)

Author Signature

Date