### CONFLICT OF INTEREST STATEMENT

*Arthroplasty Today*

(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). If no discloser is required, please write/type "none" at the end of each sentence.

<table>
<thead>
<tr>
<th>Manuscript Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Royalties from a company or supplier (The following conflicts were disclosed)</td>
</tr>
<tr>
<td><strong>NONE</strong></td>
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<tr>
<td>2. Speakers bureau/paid presentations for a company or supplier (The following</td>
</tr>
<tr>
<td>conflicts were disclosed)</td>
</tr>
<tr>
<td><strong>NONE</strong></td>
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<tr>
<td>3A. Paid employee for a company or supplier (The following conflicts were disclosed)</td>
</tr>
<tr>
<td><strong>NONE</strong></td>
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<tr>
<td>3B. Paid consultant for a company or supplier (The following conflicts were disclosed)</td>
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<tr>
<td><strong>NONE</strong></td>
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<tr>
<td>3C. Unpaid consultants for a company or supplier (The following conflicts were disclosed)</td>
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<td><strong>NONE</strong></td>
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<td>4. Stock or stock options in a company or supplier (The following conflicts were</td>
</tr>
<tr>
<td>disclosed)</td>
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<td><strong>NONE</strong></td>
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<td>5. Research support from a company or supplier as a Principal Investigator (The</td>
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<td>following conflicts were disclosed)</td>
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<tr>
<td><strong>NONE</strong></td>
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<td>6. Other financial or material support from a company or supplier (The following</td>
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<td>conflicts were disclosed)</td>
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<td><strong>NONE</strong></td>
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<td>7. Royalties, financial or material support from publishers (The following</td>
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<td>conflicts were disclosed)</td>
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<td><strong>NONE</strong></td>
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<td>8. Medical/Orthopaedic publications editorial/governing board (The following</td>
</tr>
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<td>conflicts were disclosed)</td>
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<tr>
<td><strong>NONE</strong></td>
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<tr>
<td>9. Board member/committee appointments for a society (The following conflicts</td>
</tr>
<tr>
<td>were disclosed)</td>
</tr>
<tr>
<td>[Arthronasty Fellow at the Orthopaedic Research Institute of Queensland]</td>
</tr>
</tbody>
</table>

**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.

<table>
<thead>
<tr>
<th>Author Name (Print or Type)</th>
<th>Author Signature</th>
<th>Date</th>
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<tbody>
<tr>
<td>Sencio Barnes Rosa</td>
<td></td>
<td>14/10/2015</td>
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