**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."**

<table>
<thead>
<tr>
<th>Manuscript Title: Letter to the Editor: Early Survivorship of Newly Designed Highly Porous Metaphyseal Tibial Cones in Revision Total Knee Arthroplasty</th>
</tr>
</thead>
</table>
| 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)  
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| 6. Other financial or material support from 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)  
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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.

Nick Clement  
21/04/2021

| Author Name (Print or Type) | Author Signature | Date |