

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: Incidence, Risk Factors, and Subsequent Complications of Postoperative Hematomas Requiring Reoperation after Primary Total Hip 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.

Neil Pathak

Neil Pathak, MD

8/15/2021

Author Name (Print or Type)

Author Signature

Date