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.*"**

Development of a Periprosthetic Joint Infection by Abiotrophia Defectiva years After Total Knee Arthroplasty

Manuscript Title

1. Royalties from a company or supplier (The following conflicts were disclosed) No

2. Speakers bureau/paid presentations for a company or supplier (The following conflicts were disclosed) No

3A. Paid employee for a company or supplier (The following conflicts were disclosed) No

3B. Paid consultant for a company or supplier (The following conflicts were disclosed) No

3C. Unpaid consultants for a company or supplier (The following conflicts were disclosed) No

4. Stock or stock options in a company or supplier (The following conflicts were disclosed) No

5. Research support from a company or supplier as a Principal Investigator (The following conflicts were disclosed) No

6. Other financial or material support from a company or supplier (The following conflicts were disclosed) No

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8. Medical/Orthopaedic publications editorial/governing board (The following conflicts were disclosed) No

9. Board member/committee appointments for a society (The following conflicts were disclosed) No

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.

MICHAEL J. HUBERS M.D. [signature] MD 9/20/18

Author Name (Print or Type) Author Signature Date

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