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: Predictors of Adverse Local Tissue Reaction in a High-Risk Population

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.

Author Name: Andrew Cordle Author Signature Date 4/29/21