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:** Effect of the COVID-19 Pandemic on Electively Scheduled Hip and Knee Arthroplasty Patients in the US – a brief update

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)
   Journal of Arthroplasty

9. Board member/committee appointments for a society (The following conflicts were disclosed)
   AAOS, AAHKS

**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.

Sumon Nandi 8/1/2020
Author Name (Print or Type) Author Signature Date