

CONFLICT OF INTEREST STATEMENT

The Journal of Arthroplasty

(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). If no discloser is required, please write/type "none" at the end of each sentence.**

Manuscript Title: Clinical Outcomes and 90-Day Costs Following Hemiarthroplasty or Total Hip Arthroplasty For Hip Fracture

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) **I am a full-time employee of Medtronic, PLC**
- 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) **I hold stock and options in Medtronic, PLC**
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.

Christine Nichols
Author Name (Print or Type)

Christine Nichols
Author Signature

8-10-16
Date