ICMJE DISCLOSURE FORM

Date: <u>26 April 2022</u>			
Your Name:	Liliana Bordeianou		
Manuscript Ti	tle: Methods of Anorectal Physiology Evaluation		
Manuscript number (if known): ALES-2021-PFAD-07			

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> manuscript only.

The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial	planning of the work
1	All support for the present	XNone	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	XNone	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone
Payment for expert testimony	XNone
Support for attending meetings and/or travel	X_None
Patents planned, issued or pending	XNone
Participation on a Data Safety Monitoring Board or Advisory Board	X_None
Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone
Stock or stock options	X_None
Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone
Other financial or non- financial interests	XNone
	onflict of interest in the following box:
	lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony Support for attending meetings and/or travel Patents planned, issued or pending Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non-financial interests

__X_ I certify that I have answered every question and have not altered the wording of any of the questions on this

Please place an "X" next to the following statement to indicate your agreement:

form.

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Date: <u>26 April 2022</u>				
Your Name: _	Lieba Savitt			
Manuscript T	tle: Methods of Anorectal Physiology Evaluation			
Vanuscript number (if known): ALES-2021-PFAD-07				

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2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
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4	Consulting fees	XNone	

5	Payment or honoraria for	X None	
5	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	X None	
	testimony		
	,		
7	Support for attending	X None	
	meetings and/or travel		
8	Patents planned, issued or	X None	
-	pending		
	- -		
9	Participation on a Data	_ XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Descint of anytheres	V News	
12	Receipt of equipment,	XNone	
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non-	X None	
	financial interests		
Ple	ease summarize the above c	onflict of interest in the fo	ollowing box:
_			
	None		

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Date: <u>26 April 2022</u>			
Your Name:	Mikhaila Marecki		
Manuscript '	Title: Methods of Anorectal Physiology Evaluation		
Manuscript	number (if known): ALFS-2021-PFAD-07		

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	mandar merests		
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