

ICMJE DISCLOSURE FORM

Date: ____ July. 5th, 2021 ____

Your Name: ____ José Antonio García Mejido

Manuscript Title: **Reproducibility of the anorectal angle with
transperineal ultrasound**

Manuscript number (if known):

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 **current manuscript only**.

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	

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None.

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Date: ____ July. 5th, 2021 ____

Your Name: ____ Sara García Pombo

Manuscript Title: **Reproducibility of the anorectal angle with
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Date: ____ July. 5th, 2021 ____

Your Name: ____ Crsitina Fernández Conde

Manuscript Title: **Reproducibility of the anorectal angle with transperineal ultrasound**

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Date: ____ July. 5th, 2021 ____

Your Name: ____ Ana Fernández Palacin

Manuscript Title: **Reproducibility of the anorectal angle with transperineal ultrasound**

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Date: ____ July. 5th, 2021 ____

Your Name: ____ Carlota Borrero

Manuscript Title: **Reproducibility of the anorectal angle with transperineal ultrasound**

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Date: ____ July. 5th, 2021 ____

Your Name: ____ José Antonio Sainz Bueno

Manuscript Title: **Reproducibility of the anorectal angle with
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