

ICMJE DISCLOSURE FORM

Date: 03 of April, 2023

Your Name: Nilton Carlos Machado

Manuscript Title: The Groningen Defecation and Fecal Continence Questionnaire: the long way of an organized and methodical translation of Dutch to English, English to Chinese, and back to English and Dutch versions

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.

The author's relationships/activities/interests should be defined broadly. 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			
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6	Payment for expert testimony	<input checked="" type="checkbox"/> None	<input checked="" type="checkbox"/> None
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8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	<input checked="" type="checkbox"/> None
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	<input checked="" type="checkbox"/> None
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	<input checked="" type="checkbox"/> None
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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	<input checked="" type="checkbox"/> None

Please summarize the above conflict of interest in the following box:

None.

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

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



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Date: 03 of April, 2023

Your Name: Mary de Assis Carvalho

Manuscript Title: The Groningen Defecation and Fecal Continence Questionnaire: the long way of an organized and methodical translation of Dutch to English, English to Chinese, and back to English and Dutch versions

Manuscript number (if known): _____

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Ramalho