ICMJE DISCLOSURE FORM

Date: 6/2021	
Your Name: Mart, Malmod	_
Manuscript Title: Motern Elemation of Esphageal Further in the GI Notility le	J
Manuscript number (if known):	4

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 manuscript only</u>.

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)
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2	Grants or contracts from any entity (if not indicated in item #1 above).	None	36 months
4	Royalties or licenses Consulting fees	None	

5	Payment or honoraria for	None	
	lectures, presentations, speakers bureaus,	1	
	manuscript writing or	~	
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
40	Advisory Board	None	
10	Leadership or fiduciary role in other board, society,	None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
	Control of the Contro		
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
	services	· (
13	Other financial or non-	None	
	financial interests		
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Ple	ease summarize the above o	onflict of interest in the	Tollowing box:
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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.

ICMJE DISCLOSURE FORM

Date:06/	25/2021
Your Name:	Dariush Shahsavari
Manuscript Title:	Modern Evaluation of Esophageal Function in the GI Motility
Manuscript numl	per (if known):AOE-2021-ESE-06 (AOE-21-36)

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2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	
5	Payment or honoraria for	_XNone	

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	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	X None	
	testimony		
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7	Support for attending	V None	
,		XNone	
	meetings and/or travel		
8	Patents planned, issued or	X None	
	pending		
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9	Participation on a Data	_ XNone	
9	Safety Monitoring Board or	XNone	
	Advisory Board		
40		V N	
10	Leadership or fiduciary role	_ XNone	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
	financial interests		
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	None.		

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

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

ICMJE DISCLOSURE FORM

Date:	_6/24/2021	
Your Name:_	_Henry P. Parkman_	
Manuscript T	itle Modern Evaluati	on of Esophageal Function in the GI Motility Laboratory; A Narrative Review
Manuscript n	umber (if known):	AOE-2021-ESE-06 (AOE-21-36)

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	_ XNone	
4	Consulting fees	XNone	

6	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony	XNone	
7	Support for attending meetings and/or travel	_XNone	
8	Patents planned, issued or pending	_ XNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	_ XNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone	
11	Stock or stock options	_ XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	_XNone	
13	Other financial or non- financial interests	XNone	

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

No conflict of interest.

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

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

Hemy Parkins