

# ICMJE DISCLOSURE FORM

Date: 12-21-2022

Your Name: Fernando A. M. Herbella, MD

Manuscript Title: Surgical therapy of esophageal motility disorders

Manuscript number (if known): \_\_\_\_\_

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		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)
<b>Time frame: Since the initial planning of the work</b>			
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<b>Time frame: past 36 months</b>			
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The authors have no conflict of interest.

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☒ 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: 3-1-2023  
 Your Name: Rafael C. Katayma, MD  
 Manuscript Title: Surgical therapy of esophageal motility disorders  
 Manuscript number (if known): ASJ-22-42

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# ICMJE DISCLOSURE FORM

Date: 3-1-2023  
 Your Name: Francisco Schlottmann, MD  
 Manuscript Title: Surgical therapy of esophageal motility disorders  
 Manuscript number (if known): ASJ-22-42

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# ICMJE DISCLOSURE FORM

Date: 3-1-2023  
 Your Name: Marco G. Patti, MD  
 Manuscript Title: Surgical therapy of esophageal motility disorders  
 Manuscript number (if known): ASJ-22-42

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