

## ICMJE DISCLOSURE FORM

Date: July. 17<sup>th</sup>, 2023

Your Name: Rafael Cauê Katayama

Manuscript Title: Sleeve gastrectomy technical parameters that may influence gastroesophageal reflux.

Manuscript number (if known): ID: ASJ-23-11

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)
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<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	__X__ None	
3	Royalties or licenses	__X__ None	

4	Consulting fees	<input type="checkbox"/> <u>X</u> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> <u>X</u> None	
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> <u>X</u> None	
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13	Other financial or non-financial interests	<input type="checkbox"/> <u>X</u> 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:**

**X 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: July. 17<sup>th</sup>, 2023

Your Name: Fernando Augusto Mardiros Herbella

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## ICMJE DISCLOSURE FORM

Date: July. 17<sup>th</sup>, 2023

Your Name: Marco G. Patti

Manuscript Title: Sleeve gastrectomy technical parameters that may influence gastroesophageal reflux.

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## ICMJE DISCLOSURE FORM

Date: July 27<sup>th</sup>, 2023

Your Name: Carlos Haruo Arasaki

Manuscript Title: Sleeve gastrectomy technical parameters that may influence gastroesophageal reflux.

Manuscript number (if known): ID: ASJ-23-11

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**Date:** July. 17<sup>th</sup>, 2023

**Your Name:** Rafaella O. Oliveira

**Manuscript Title:** Sleeve gastrectomy technical parameters that may influence gastroesophageal reflux.

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**Date:** July. 17<sup>th</sup>, 2023

**Your Name:** Ana Clara de Grande

**Manuscript Title:** Sleeve gastrectomy technical parameters that may influence gastroesophageal reflux.

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