ICMJE DISCLOSURE FORM

Date:05/04/20	23
Your Name: As	hutosh Gumber
Manuscript Title: _	Rectal Diverticulum; A rare surgical dilemma that manifest in different ways and manageable with
new treatment opt	ions
Manuscript numbe	r (if known): TCR-22-2676

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) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	XNone	I have nothing to Disclose
3	Grants or contracts from any entity (if not indicated in item #1 above). Royalties or licenses	Time frame: past _XNoneXNone	36 months I have nothing to Disclose I have nothing to Disclose
4	Consulting fees	XNone	I have nothing to Disclose

8 Pape 9 Pasa Acc	upport for attending neetings and/or travel attents planned, issued or ending	XNone	I have nothing to Disclose I have nothing to Disclose	
9 Pa Sa Ac 10 Le		XNone	I have nothing to Disclose	
Sa Ac 10 Le in				
in	articipation on a Data afety Monitoring Board or dvisory Board	XNone	I have nothing to Disclose	
	eadership or fiduciary role n other board, society, ommittee or advocacy roup, paid or unpaid	_XNone	I have nothing to Disclose	
11 St	tock or stock options	XNone	I have nothing to Disclose	
m: wi	leceipt of equipment, naterials, drugs, medical writing, gifts or other ervices	XNone	I have nothing to Disclose	
13 Ot fir	Other financial or non-	XNone	I have nothing to Disclose	

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

Dr. Ash	utosh Gumbere has no disclosure	s regarding conflicts of interes	st.	

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:03/04/2023	
Your Name:	
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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	I have nothing to Disclose
3	Royalties or licenses	XNone	I have nothing to Disclose
4	Consulting fees	X_None	I have nothing to Disclose

6	lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony	XNone	I have nothing to Disclose
7	Support for attending meetings and/or travel	XNone	I have nothing to Disclose
8	Patents planned, issued or pending	_XNone	I have nothing to Disclose
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone	I have nothing to Disclose
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone	I have nothing to Disclose
11	Stock or stock options	_XNone	I have nothing to Disclose
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone	I have nothing to Disclose
13	Other financial or non- financial interests	_XNone	I have nothing to Disclose

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

Dr. James O'k	Celly has no disclosure	es regarding conflicts	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.

ICMJE DISCLOSURE FORM

Date:06/04/	2023
Your Name:	Zawan Shalli
Manuscript Title:	Rectal Diverticulum; A rare surgical dilemma that manifest in different ways and manageable with
new treatment o	otions
Manuscript numb	er (if known): TCR-22-2676

In the interest of transparency, we ask you to di Rectal Diverticulum; A rare surgical dilemma that manifest in different ways and manageable with new treatment optionssclose 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.

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	I have nothing to Disclose
3	Royalties or licenses	_XNone	I have nothing to Disclose
4	Consulting fees	XNone	I have nothing to Disclose

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone	I have nothing to Disclose
6	Payment for expert testimony	XNone	I have nothing to Disclose
7	Support for attending meetings and/or travel	XNone	I have nothing to Disclose
8	Patents planned, issued or pending	X_None	I have nothing to Disclose
9	Participation on a Data Safety Monitoring Board or Advisory Board	_XNone	I have nothing to Disclose
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	_XNone	I have nothing to Disclose
11	Stock or stock options	X_None	I have nothing to Disclose
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone	I have nothing to Disclose
13	Other financial or non- financial interests	XNone	I have nothing to Disclose

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Dr. Kawan Shalli has no disclosures regarding conflicts of interest.

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