

ICMJE DISCLOSURE FORM

Date:16.06.2021
 Your Name: Thorsten Gaidzik
 Manuscript Title:H. Pylori Infektionen
 Manuscript number (if known):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.

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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	☐ ☒ None	
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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.