Language translation checklist for the AdHopHTA handbook

NAME:
AFFILIATION:
CONTACT INFORMATION:

NOTE THAT THIS DECLARATION MUST BE ATTACHED TO THE TRANSLATED VERSION OF THE HANDBOOK.
PLEASE SEND THIS DECLARATION TO THE E-MAIL ADDRESS: lsampiet@clinic.ub.es

☐ I hereby certify that I translated the “Handbook of hospital-based Health Technology Assessment (HB-HTA)”, one of the products of the European research project “Adopting hospital-based Health Technology Assessment (AdHopHTA)”, into the _____________ language to the best of my ability.

☐ I certify that the translation was ensured to be done by more than one translator in order to identify and work on differences and discrepancies between translations.

☐ I certify that all discrepancies between original and translated version of the handbook were identified and clarified.

☐ I certify that the translated version of the handbook appears to be true and accurate compared to the original version.

☐ I certify that I am fluent in the _____________ language (native speaker) to render and certify the translation and that the translation was additionally back-translated and verified by a language consultant.

☐ I further certify that the final revision of the translated content of the handbook was assisted by independent external expert(s) proficient in the field of HTA.

☐ I certify that the final translated version of the handbook includes citation information of the original version of the handbook (in English), as follows:


I declare that I have followed all the steps required for the translation of the AdHopHTA handbook.

Date ___________________________ Signature ___________________________