



Language translation checklist for the AdHopHTA toolkit

NAME:

AFFILIATION:

CONTACT INFORMATION:

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

- I hereby certify that I translated the “**Toolkit for hospital-based Health Technology Assessment (HB-HTA)**”, one of the products of the European research project “Adopting hospital-based Health Technology Assessment (AdHopHTA)”¹, 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 toolkit were identified and clarified.
- I certify that the translated version of the toolkit 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 toolkit was assisted by independent external expert(s) proficient in the field of HTA.
- I certify that the final translated version of the toolkit includes citation information of the original version of the toolkit (in English), as follows:

AdHopHTA partners. The AdHopHTA toolkit: a toolkit for hospital-based Health Technology Assessment (HB-HTA); Public deliverable, The AdHopHTA Project (FP7/2007-13 grant agreement nr 305018); 2015. Available from: <http://www.adhophta.eu/toolkit>

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

Date_____
Signature

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