

### ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Infor	mation	
Given Name (First Name)     .	2. Surname (Last Name)	3. Effective Date (07-August-2008)
Martje H.A.  4. Are you the corresponding author?	Van oler Wal  ☐Yes  ☐No	19-9-2012
5. Manuscript Title therap	cietnous op lange	termin met
6 Manuscript Identifying Number (if you	know it)	or the degree

# Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc...)?

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

The Work Under Consideration	for Pub	lication				
Туре	No	Money Paid	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	Ø					×
2. Consulting fee or honorarium	×					ADD ×
3. Support for travel to meetings for the study or other purposes	Ø					× ADD
<ol> <li>Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like</li> </ol>	Ø					×
Payment for writing or reviewing the manuscript	M					×
Provision of writing assistance, medicines, equipment, or administrative support	R					×



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The Work Under Consideration for Publication						
Туре	No		Money to Your Institution*	Name of Entity	Comments**	
				,		ADD
7. Other	V					×
						ADD

## Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to submission.

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

Relevant financial activities outside the submitted work						
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
1. Board membership	X					×
2. Consultancy	abla					ADD X
3. Employment	Ø					×
4. Expert testimony	V					X
5. Grants/grants pending	X					X
Payment for lectures including service on speakers bureaus	×					×
7. Payment for manuscript preparation	R					ADD X

<sup>\*</sup> This means money that your institution received for your efforts on this study.

<sup>\*\*</sup> Use this section to provide any needed explanation.



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Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
Patents (planned, pending or issued)	Ø					AD X
9. Royalties	×					AD ×
10. Payment for development of educational presentations	$\bowtie$					AD ×
11. Stock/stock options	×					AD X
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	Ø					×
13. Other (err on the side of full disclosure)	Z					AD X
* This means money that your institution ** For example, if you report a consultan				evel related to that consu	altancy on this line.	AD
Section 4. Other relations	hips					
Are there other relationships or activ potentially influencing, what you wro	ities tha			o have influenced, or t	hat give the appearance	of

At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements.

Hide All Table Rows Checked 'No'

On occasion, journals may ask authors to disclose further information about reported relationships.

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