

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Inform	aation	
Given Name (First Name) Stella A.	2. Surname (Last Name) de Man	3. Date 22-October-2014
4. Are you the corresponding author?	✓ Yes No	
5. Manuscript Title Transitie van zorg bij adolescenten met een verstandelijke beperking: van generalist naar generalist		
6. Manuscript Identifying Number (if you kr A8072	now it)	
Section 2. The Work Under C	· I · · · · · · · · · · · · · · · · · ·	
Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)? Are there any relevant conflicts of interest? Yes No		
Section 3. Relevant financial	activities outside the subm	itted work.
of componention) with entities as desci	ribed in the instructions. Use one eport relationships that were pre	you have financial relationships (regardless of amount line for each entity; add as many lines as you need by sent during the 36 months prior to publication.
Section 4. Intellectual Prope	erty Patents & Copyrights	
Do you have any patents, whether plan	nned, pending or issued, broadly	relevant to the work?



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Section 5. Relationships not covered above		
Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?		
Yes, the following relationships/conditions/circumstances are present (explain below): No other relationships/conditions/circumstances that present a potential conflict of interest		
At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements.		
On occasion, journals may ask authors to disclose further information about reported relationships.		
Section 6. Disclosure Statement		
Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.		
Dr. de Man has nothing to disclose.		
SA de Man		
Evaluation and Feedback		

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