

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1.	Identifying Inform	nation		
1. Given Name (Fin	rst Name)	2. Surname (Last Name) Le Boer		Date (07-August-2008)
4. Are you the cor	responding author?	Yes X No		
5. Manuscript Title	Mantel 20	ng by dementre	en de hracht	van Social
	ntifying Number (if you k D 18 78 R 1	now it)		health

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.

Type	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	X			,		×
2. Consulting fee or honorarium	X					ADD X
Support for travel to meetings for the study or other purposes						X
4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like	×					×
5. Payment for writing or reviewing the manuscript	X					ADD X
Provision of writing assistance, medicines, equipment, or administrative support	X					× ×



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The Work Under Consideration for Publication						
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
						ADD
7. Other	\boxtimes					×
						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.

Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments
1. Board membership	X				
2. Consultancy					
3. Employment		X		at the SCP	, The Hague
4. Expert testimony	X				9
5. Grants/grants pending	区				
6. Payment for lectures including service on speakers bureaus	X				
7. Payment for manuscript preparation					

^{*} This means money that your institution received for your efforts on this study.

^{**} 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	
	Samuel Samuel Samuel		0-2-1-4-0-4-1-3-2-1-1-1			A
Patents (planned, pending or issued)						
Royalties						
						A
Payment for development of educational presentations	X					
Charles de antique	₩.					A
Stock/stock options	X					A
Travel/accommodations/ meeting expenses unrelated to activities listed**	区					
						A
Other (err on the side of full disclosure)	X					
his means money that your institution For example, if you report a consultanc				related to that consul	tancy on this line.	A

Section 4.	Other relationships
	elationships or activities that readers could perceive to have influenced, or that give the appearance of ncing, what you wrote in the submitted work?
	ionships/conditions/circumstances that present a potential conflict of interest ving relationships/conditions/circumstances are present (explain below):
	nuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. nals may ask authors to disclose further information about reported relationships.

Hide All Table Rows Checked 'No'