ICMJE DISCLOSURE FORM

Date:16-03-2021
Your Name: Tim van der Zwan (MD)
Manuscript Title: De veiligheid van (adeno)tonsillectomie volgens Sluder: wel of geen endotracheale intubatie bij
kinderen?

Manuscript number (if known): D5867R1

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

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	Time frame: Since the initial planning of the work				
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2	Grants or contracts from any entity (if not indicated in item #1 above).	None			
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4	Consulting fees	None			

5	Payment or honoraria for	None	
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6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	realizable contentions we had not be able to
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8	Patents planned, issued or pending	None	
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board	have the heart	and be town as execute. The Burthy Supplied to the arms sporting
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
11	Stock or stock options	None	AND DOLLAR STOREST STOREST STOREST STOREST STOREST
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
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13	Other financial or non-	None	The second and the second and the second

Please place an "X" next to the following statement to indicate your agreement:

_X__ I certify that I have answered every question and have not altered the wording of any of the questions on this form.