## ICMJE DISCLOSURE FORM

Date:	6-5-2021		
Your Name:	Annemieke I.	Buizer	
Manuscript Title	e: B	ehandeling van dystonie bij cerebrale parese, wat zijn de opties?	
Manuscript nun	nber (if known	):D5868	

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.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)				
	Time frame: Since the initial planning of the work						
1	All support for the present	None					
	manuscript (e.g., funding,						
	provision of study materials,						
	medical writing, article						
	processing charges, etc.) No time limit for this item.						
	No time limit for this item.						
		Time frame: past	36 months				
2	Grants or contracts from any entity (if not indicated in item #1 above).	Johanna KInderfonds, Phelps Stichting voor Spastici, Innovatiefonds Zorgverzekeraars, Stichting Dioraphte, Revalidatiefonds.	Research funding, payments made to my institution.				

3	Royalties or licenses	None	
4	Consulting fees	None	
5	Payment or honoraria for	None	
-	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
6	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending	None	
-	meetings and/or travel		
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
5	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	Chair of the board of the	Unpaid
	in other board, society,	Dutch Academy of	
	committee or advocacy	Childhood Disability	
	group, paid or unpaid		
11	Stock or stock options	None	
	Stock of Stock options		
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	None	
10	financial interests		

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.