

ICMJE DISCLOSURE FORM

Date: 17-5-2021
 Your Name: Laura van de Pol
 Manuscript Title: Behandeling van dystonie bij cerebrale parese, wat zijn de opties?
 Manuscript number (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.

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9	Participation on a Data Safety Monitoring Board or Advisory Board	<u> </u> None	
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11	Stock or stock options	<u> </u> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u> </u> None	
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X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

17/5/2021

