## **ICMJE DISCLOSURE FORM**

Date	e:12-6-21		
	Name:Pieter-Paul A. V		
	uscript Title: Staphy uscript number (if known):	•	litis op de kinderleeftijd; regelmatig een atypisch beloop_
relate partice to trelate	eed to the content of your n ies whose interests may be ansparency and does not no cionship/activity/interest, it	nanuscript. "Related" mean affected by the content of ecessarily indicate a bias. I is preferable that you do	relationships/activities/interests listed below that are ns any relation with for-profit or not-for-profit third the manuscript. Disclosure represents a commitment of you are in doubt about whether to list a so.  s/activities/interests as they relate to the current
to the med	ne epidemiology of hypertentication, even if that medication	nsion, you should declare a tion is not mentioned in th port for the work reported	efined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive ne manuscript.  In this manuscript without time limit. For all other items,
		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 manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	_X None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	X None	
3	Royalties or licenses	X None	

4	Consulting fees	X None	
5	Payment or honoraria for lectures, presentations,	X None	
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert testimony	_X None	
_			
7	Support for attending meetings and/or travel	_X None	
8	Patents planned, issued or pending	_X None	
9	Participation on a Data Safety Monitoring Board or	_X None	
	Advisory Board		
10	Leadership or fiduciary role in other board, society,	X None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
			I have stocks in NLC and in NC Biomatrix, both unrelated to the topic of this manuscript
12	Receipt of equipment, materials, drugs, medical	_X None	
	writing, gifts or other		
	services		
13	Other financial or non- financial interests	X None	

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.