## **ICMJE DISCLOSURE FORM**

Date:	5 - 07 - 2021		
Your Name:	P. H. HILDERINK		
Manuscript Title:	Onverblaged of toch miel?	Hel below, von som abisch	andah big SOLK
Manuscript numbe	r (if known): D 6101	0	

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 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)
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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.	None	
No.	Productive sections of	Time frame: pas	t 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	s Constant op venst he engal greensmoonlyng (

4	Consulting fees	None	
	,		
5	Payment or honoraria for lectures, presentations,	None	
	speakers bureaus, manuscript writing or educational events	The second secon	
6	Payment for expert testimony	None	
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7	Support for attending meetings and/or travel	None and an a standard wheel and a standard which is a standard wh	
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8	Patents planned, issued or		
	pending		
9	Participation on a Data Safety Monitoring Board or Advisory Board	None Santa S	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical		
	writing, gifts or other services		- 1
13	Other financial or non- financial interests	None	
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I certify that I have answered every question and have not altered the wording of any of the questions on this form.