

## ICMJE DISCLOSURE FORM

Date: June 14, 2021  
 Your Name: Teun van Gelder  
 Manuscript Title: Off-label voorschrijven verplicht vastleggen in het patiëntendossier?  
 Manuscript number (if known): D6150 ER2

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 **current manuscript only**.

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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)
<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	None	
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2	Grants or contracts from any entity (if not indicated in item #1 above).	Chiesi	Study grant
		Astellas	Study grant
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4	Consulting fees	Aurinia	Clinical Endpoint Committee
		CSL Behring	Study Committee
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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Astellas	speakers bureau
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6	Payment for expert testimony	____ None	
7	Support for attending meetings and/or travel	Astellas	Congress visit
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8	Patents planned, issued or pending	____ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	____ None	
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	____ 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.