ICMJE DISCLOSURE FORM

Date:2 nd November	
2021	
Your Name:Joost Peter Kerklaan	
Manuscript Title:Acute nekpijn, wanneer	
omineus?	
Manuscript number (if known):	

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) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution) planning of the work			
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	Time frame: past 36 months					
2	Grants or contracts from any entity (if not indicated in item #1 above).	None				
3	Royalties or licenses	None				

4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations,	None	
	speakers bureaus,		
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6	Payment for expert testimony	None	
7	Support for attending	None	
/	meetings and/or travel		
8	Patents planned, issued or pending	None	
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9	Participation on a Data Safety Monitoring Board or	None	
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10	Loodovekin en fidueiemunde	Nana	
10	Leadership or fiduciary role in other board, society,	None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
10			
12	Receipt of equipment, materials, drugs, medical	None	
	writing, gifts or other		
	services		
13	Other financial or non- financial interests	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.