ICMJE DISCLOSURE FORM

Date: 07-09-2021___

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.

Grants or contracts from

in item #1 above).

Royalties or licenses

3

any entity (if not indicated

You	r Name: Yorick Sandberg							
Mar	nuscript Title: Een man met	roodheid en jeuk van de h	uid. Sézary syndroom					
Mar	nuscript number (if known):	D6288						
In th	ne interest of transparency	we ask you to disclose all	relationships/activities/interests listed below that are					
		-	ns any relation with for-profit or not-for-profit third					
			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 t	o the author's relationship	s/activities/interests as they relate to the current					
<u>mar</u>	nuscript only.							
	• •		lefined broadly. For example, if your manuscript pertains	ì				
	he epidemiology of hyperte dication, even if that medica		all relationships with manufacturers of antihypertensive					
mec	ilcation, even il that medica	ation is not mentioned in the	ie manuscript.					
In it	em #1 helow, report all sup	nort for the work reported	I in this manuscrint without time limit. For all other item	ıs.				
	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.							
-								
		1	,					
		Name all entities with	Specifications/Comments					
		whom you have this	(e.g., if payments were made to you or to your					
		relationship or indicate	institution)					
		none (add rows as						

Time frame: Since the initial planning of the work

Time frame: past 36 months

__ None

__ None

_ None

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