ICMJE DISCLOSURE FORM

Date: 06-08-2021

Your Name:_C.J.A. (Lianne) Huibers

Manuscript Title: Optimaliseren van farmacotherapie bij ouderen met polyfarmacie om geneesmiddel-gerelateerde ziekenhuisopnames te verminderen: resultaten van de OPERAM-studie Manuscript number (if known): D6308

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.

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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.	Horizon 2020	UMC Utrecht has received funding for the OPERAM project from Horizon 2020 research and innovation program under the grant agreement No 634238.
	Time frame: past 36 months		
2	Grants or contracts from any entity (if not indicated in item #1 above).	_xNone	
3	Royalties or licenses	xNone	

4	Consulting fees	_xNone	
5	Payment or honoraria for	_xNone	
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	speakers bureaus, manuscript writing or		
	educational events		
6	Payment for expert	x_None	
	testimony		
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9	Participation on a Data	x_None	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role	x None	
10	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	_xNone	
12	Receipt of equipment,	_xNone	
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	services		
13	Other financial or non-	xNone	
	financial interests		

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