## **ICMJE DISCLOSURE FORM**

Date	e:	4 Nov 2021						
		Wouter Kok						
Mar	Manuscript Title:_ Koolmonoxide intoxicatie en een cardiomyopathie na bezoek aan een shisha lounge							
Manuscript number (if known):_ D6329								
relat part to tr relat	ted to the co ies whose in ansparency a tionship/acti	ntent of your m terests may be and does not no vity/interest, it	nanuscript. "Related" mea affected by the content of ecessarily indicate a bias. is preferable that you do	relationships/activities/interests listed below that are ns any relation with for-profit or not-for-profit third the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a so.				
	nuscript only.		o the author's relationship	is factivities finterests as they relate to the <u>current</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	Specifications/Comments				
			whom you have this relationship or indicate none (add rows as needed)	(e.g., if payments were made to you or to your institution)				
			Time frame: Since the initia	l planning of the work				
1	All support for the promanuscript (e.g., fun provision of study medical writing, article processing charges, end to the limit for this	e.g., funding, study materials, ng, article narges, etc.)	x None					
			Time frame: past	36 months				
2	Grants or cor any entity (if in item #1 ab	not indicated	x None					
3	Royalties or l	icenses	x None					

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