

## ICMJE DISCLOSURE FORM

Date: 23-08-2022 \_\_\_\_\_  
 Your Name: Lienke de Vries Feyens \_\_\_\_\_  
 Manuscript Title: Cardiogene Shock door Mitochondriële Dysfunctie bij een Fosfinegas-Intoxicatie \_\_\_\_\_  
 Manuscript number (if known): D6341 \_\_\_\_\_

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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