

ICMJE DISCLOSURE FORM

Date: 12-10-2021 _____

Your Name: Dr. M.A. Alma _____

Manuscript Title: Ervaringen van de eerste COVID-19 patiënten in Noord-Nederland met informatie, bron- en contactonderzoek en thuisisolatie _____

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.

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