

ICMJE DISCLOSURE FORM

Date: 24-9-2021 _____
Your Name: Marleen Luning - Koster _____
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.

The following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

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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.

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X___ I certify that I have answered every question and have not altered the wording of any of the questions on this form.