ICMJE DISCLOSURE FORM

Date:22-11-2021					
Your Name:Guy Vijgen					
Manuscript Title: Diagnose in beeld.					
Coecumperforatie twee dagen na een sectio caesarea.					
Manuscript number (if known):D6477					

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 <u>current</u> <u>manuscript only</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 whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)			
	Time frame: Since the initial planning of the work					
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	Time frame: past 36 months					
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	in item #1 above).					
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4	Consulting fees	None	
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6	Payment for expert testimony	None	
7	Support for attanding	Nono	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or	None	
	Advisory Board		
10	Leadership or fiduciary role in other board, society,	None	
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11	Stock or stock options	None	
	-		
12	Receipt of equipment, materials, drugs, medical	None	
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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.