## **ICMJE DISCLOSURE FORM**

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Yo	ur Name:Nie	Nienke Katier				
Ma	Nanuscript Title:Pneumo-mediastinum na wond aan de hals					
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3	Royalties or licenses	None				

4	Consulting fees	None	
5	Payment or honoraria for	None	
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6	Payment for expert testimony	None	
7	Support for attending	None	
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8	Patents planned, issued or pending	None	
9	Participation on a Data	None	
9	Safety Monitoring Board or	None	
	Advisory Board		
10		NI	
10	Leadership or fiduciary role in other board, society,	None	
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	group, paid or unpaid		
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
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