## ICMJE DISCLOSURE FORM

Date:	_25-01-2022
Your Name:I	HP Verdonk
Manuscript Title	e:Agression in healthcare
Manuscript num	nber (if known): D6654

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	Specifications/Comments				
		whom you have this	(e.g., if payments were made to you or to your				
		relationship or indicate	institution)				
		none (add rows as					
		needed)					
	Time frame: Since the initial planning of the work						
1	All support for the present manuscript (e.g., funding,	None					
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	medical writing, article						
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2	Grants or contracts from any entity (if not indicated	None					
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3	Royalties or licenses	None					

4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations,	None	
	speakers bureaus, manuscript writing or		
6	educational events Payment for expert	None	
	testimony		
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	
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10	Leadership or fiduciary role	None	
10	in other board, society,		
	committee or advocacy		
11	group, paid or unpaid Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical	None	
	writing, gifts or other		
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15	financial interests		

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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.