

## ICMJE DISCLOSURE FORM

**Date** 10 January 2022

**Your Name:** Marjorie Nelissen-Vrancken

**Manuscript Title:** Medicamenteuze behandelopties bij COVID-19

**Manuscript number (if known):** D6563

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.

		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)
<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	___ None ZonMw	The Dutch Institute for the Rational Use of Medicine is supported by ZonMw for the COVID-19-related activities, including the support of the 'Adviespanel Innovatieve Behandelingen COVID-19'
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	x___ None Dutch ministry of Health, Welfare and Sport	The Dutch Institute for the Rational Use of Medicine was previously supported by the Dutch ministry of Health, Welfare and Sport for the development of the 'Coronanieuws', a news bulletin to inform healthcare professionals about new medicines and vaccines for the treatment of COVID-19.

3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
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8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> 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.**