ICMJE DISCLOSURE FORM

Date:07 March 2022 _	
Your Name: WJ Dondorp)
• -	naar 'nevenbevindingen'? Uitbreiding prenatale screening vraagt om rechtvaardiging _ own):
	ency, we ask you to disclose all relationships/activities/interests listed below that are
•	our manuscript. "Related" means any relation with for-profit or not-for-profit third

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

relationship/activity/interest, it is preferable that you do so.

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) Time frame: Since the initial pla	Specifications/Comments (e.g., if payments were made to you or to your institution) anning of the work	
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	None		
	Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated	None		
	in item #1 above).			
3	Royalties or licenses	None		
4	Consulting fees	None		

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	Vergaderingen Gezondheidsraad, Commissie Bevolkingsonderzoek & Commissie Perinatale Screening	Vacatiegeld en reiskosten
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, committee or advocacy group, paid or unpaid	Lidmaatschap Gezondheidsraad, Commissie Bevolkingsonderzoek & Commissie Perinatale Screening	
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical	None	
	writing, gifts or other services		
12	Other financial or non-	None	
13	financial interests	None	

Please place an "X" next to the following statement to indicate your agreement:

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