

ICMJE DISCLOSURE FORM

Date: 2/23/2023

Your Name: Saskia N. de Wildt

Manuscript Title: Iedereen een DNA medicatiepas?

Manuscript Number (if known): D7584

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 author's relationships/activities/interests should be defined broadly. 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																	
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None <table border="1" style="width: 100%; margin-top: 5px;"> <tr><td style="width: 50%;">EU IHI conect4children</td><td>Payments made to institution</td></tr> <tr><td>Bill and Melinda Gates Foundation</td><td>Payments made to institution</td></tr> <tr><td>Roche (investigator-initiated research grant)</td><td>Payments made to institution</td></tr> <tr><td>UCB Pharma / Health Holland (investigator initiated grant)</td><td>Payments made to institution</td></tr> </table>	EU IHI conect4children	Payments made to institution	Bill and Melinda Gates Foundation	Payments made to institution	Roche (investigator-initiated research grant)	Payments made to institution	UCB Pharma / Health Holland (investigator initiated grant)	Payments made to institution	<table border="1" style="width: 100%; margin-top: 5px;"> <tr><td style="width: 50%;"> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>						
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		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)
4	Consulting fees	<input type="checkbox"/> None	
		AM Pharma (finished)	Payments made to institution
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 type="checkbox"/> None	
		Erasmus MC University Medical Center (2022)	Payments made to institution
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input type="checkbox"/> None	
		Patent inventor of pending patent: PENK for use as AKI marker in children	Spingotec (company) is patent owner, If they market the biomarker, payment will be made to my institution
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None	
		Khondrion	Payments made to institution
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	
		Director of the board of the (non-profit) Foundation Dutch Knowledge Center Pharmacotherapy for Children, as such responsible for the Dutch Pediatric Formulary	Payments made to institution
		Director of the Board of the Kinderformulary BV (full subsidiary of the above Foundation) as such responsible for the international collaborations of	Payments made to institution

		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)
		the Dutch Pediatric Formulary (Norway, Germany, Austria)	
		Board member Dutch Society of Clinical Pharmacology and Biopharmaceutics	Unpaid
		Vice Chair ESPNIC Pharmacology Section Scientific Chair Dutch Foundation KiddyGoodpills	Unpaid
		Board member Dutch Clinical Research Foundation	Unpaid
		Member Board of Trustees Dutch Medicines Evaluation Board	Payment to institution
		Audit committee TNO Healthy Living and Work (2022)	Payment to institution
		ZonMW Veni Grant review committee	Payment to institution
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	
<p>Please place an "X" next to the following statement to indicate your agreement:</p> <p><input checked="" type="checkbox"/> I certify that I have answered every question and have not altered the wording of any of the questions on this form.</p>			