ICMJE DISCLOSURE FORM

Date: 15-05-2023					
our Name:_Evelien van Kempen					
Manuscript Title:_(not definitive) Subgaleaal hematoom, een spontane zwelling op het hoofd bij het oudere ki Manuscript number (if known):_(not known yet)	na				
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	е				
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5	Payment or honoraria for	None	
3	lectures, presentations,	Notic	
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6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
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8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or	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.