ICMJE DISCLOSURE FORM

Date	e:01-05-2023						
You	r Name:Kimberly Bodaar						
	Manuscript Title:_(not definitive) Subgaleaal hematoom, een spontane zwelling op het hoofd bij het oudere kind Manuscript number (if known):_(not known yet)						
rela part to ti	ted to the content of your miles whose interests may be	nanuscript. "Related" mea affected by the content of ecessarily indicate a bias.	relationships/activities/interests listed below that are ns any relation with for-profit or not-for-profit third the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a so.				
	following questions apply to uscript only.	o the author's relationship	os/activities/interests as they relate to the <u>current</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 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 initia	l planning of the work				
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article	None					
	processing charges, etc.)						
	No time limit for this item.						
		Time frame: past	: 36 months				
2	Grants or contracts from	None	. 30 months				
	any entity (if not indicated in item #1 above).						

Royalties or licenses

____ None

4	Consulting fees	None	
5	Payment or honoraria for	None	
3	lectures, presentations,	Notic	
	speakers bureaus, manuscript writing or		
	educational events		
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
	meetings and, or traver		
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,	None	
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
13	services 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.