## **ICMJE DISCLOSURE FORM**

Date:			8/29/2023		
Your Name:			Prof. dr. Paul E. Verweij		
Manuscript Title:			Trichophyton indotineae, een opkomende dermatofyt soort die ernstige en hardnekkige dermatomycose veroorzaakt		
Manuscript Number (if known):		(nown):	D7945		
content of your manuscript. "Rela affected by the content of the mai indicate a bias. If you are in doubt The author's relationships/activition			e ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be nuscript. Disclosure represents a commitment to transparency and does not necessarily t about whether to list a relationship/activity/interest, it is preferable that you do so.  es/interests should be defined broadly. For example, if your manuscript pertains to the u should declare all relationships with manufacturers of antihypertensive medication, even if 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.					
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			Time frame: Since the initial planning	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.		one	Click the tab key to add additional rows.	
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4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None   Gilead Sciences, Pfizer	lectures
6	Payment for expert testimony	□ None	
7	Support for attending meetings and/or travel	□ None	
8	Patents planned, issued or pending	□ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	F2G	Advisory board
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	□ None	

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11	Stock or stock options	□ None				
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None				
13	Other financial or non-financial interests	None				
Please place an "X" next to the following statement to indicate your agreement:						
	I certify that I have answered every question and have not altered the wording of any of the questions on this form.					