ICMJE DISCLOSURE FORM

Date:	15 mei 2024
Your Name:	Gon Uyttewaal
Manuscript Title:	Tien vragen over palliatieve zorg in de praktijk
Manuscript Number (if known):	D8025R1

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.

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4 4	Consulting fees	None	

		X		
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6	Payment for expert testimony	X	None	
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8	Patents planned, issued or pending	Х	None	
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11		Χ	None	
	options			
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12	Receipt of	Χ	None	
	equipment,			
	materials, drugs,	_		
	medical writing,			
	gifts or other			
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I certify that I have answered every question and have not altered the wording of any of the questions on