

ICMJE DISCLOSURE FORM

Date: 5/14/2024

Your Name: Tineke Vos

Manuscript Title: 10 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.

		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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None									
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%; border-collapse: collapse;"> <tr><td style="padding: 2px;">None</td><td style="width: 50%;"></td></tr> <tr><td style="padding: 2px;"></td><td></td></tr> <tr><td style="padding: 2px;"></td><td></td></tr> </table>	None						
None									
3	Royalties or licenses	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="padding: 2px;">None</td><td style="width: 50%;"></td></tr> <tr><td style="padding: 2px;"></td><td></td></tr> <tr><td style="padding: 2px;"></td><td></td></tr> </table>	None						
None									

		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)
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None None 	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None None 	

		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)
11	Stock or stock options	<input type="checkbox"/> None	
		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> None	
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13	Other financial or non-financial interests	<input type="checkbox"/> None	
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I certify that I have answered every question and have not altered the wording of any of the questions on this form.