ICMJE DISCLOSURE FORM

Date	e:03-03-2024				
You	r Name:Y.M. Smi	ulders			
Mar	nuscript Title: H	et schatten van de glomerı	ulaire filtratiesnelheid		
Mar	nuscript number (if known):	D8198	-		
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	following questions apply t nuscript only.	o the author's relationship	s/activities/interests as they relate to the <u>current</u>		
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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 processing charges, etc.) No time limit for this item.	None			
		Time frame: past	36 months		
2	Grants or contracts from any entity (if not indicated in item #1 above).	None			
3	Royalties or licenses	None			

4	Consulting fees	None	
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	speakers bureaus, manuscript writing or		
	educational events		
6	Payment for expert testimony	None	
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7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
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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, materials, drugs, medical	None	
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	services		
13	Other financial or non- financial interests	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.