ICMJE DISCLOSURE FORM

Date:			April 15 th , 2024		
Your Name:			Rob M F Wolthuis		
Manuscript Title:			Genetische therapie met CRISPR-CAS: de weg naar de klinische praktijk		
Manuscript Number (if known):		(nown):	D8247		
content of your manuscript. "Related affected by the content of the manindicate a bias. If you are in doubt The author's relationships/activitie epidemiology of hypertension, you that medication is not mentioned in			rt for the work reported in this manuscript without time limit. For all other items, the time		
			entities with whom you have this hip 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	
	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.		ment of Human Genetics, Amsterdam	Click the tab key to add additional rows.	
			Time frame: past 36 month	s	
2	Grants or contracts from any entity (if not indicated in item #1 above).	1 1	ment of Human Genetics, Amsterdam		
3	Royalties or licenses	⊠ No	one		

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4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
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	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None Amsterdam UMC CRISPR Center]	

		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	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.						