

ICMJE DISCLOSURE FORM

Date: 9/27/2023

Your Name: Judith Rosmalen

Manuscript Title: Leerartikel Moeheid

Manuscript Number (if known): D8396

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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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; margin-top: 5px;"> <tr><td style="width: 50%;">ZonMw</td><td>Research grants</td></tr> <tr><td>EU</td><td>Research grants</td></tr> <tr><td>NWO</td><td>Research grant</td></tr> <tr><td>NIMH</td><td>Research grant</td></tr> </table>	ZonMw	Research grants	EU	Research grants	NWO	Research grant	NIMH	Research grant	
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3	Royalties or licenses	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 50%;">Lannoo Publishers</td><td>Royalties for a handbook on Persistent Somatic Symptoms</td></tr> <tr><td style="height: 20px;"> </td><td></td></tr> <tr><td style="height: 20px;"> </td><td></td></tr> </table>	Lannoo Publishers	Royalties for a handbook on Persistent Somatic Symptoms							
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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>							
6	Payment for expert testimony	<input checked="" type="checkbox"/> None <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>							
7	Support for attending meetings and/or travel	<input type="checkbox"/> None <table border="1"><tr><td>ACLIP</td><td>Winner of the Wayne Katon Research Award, paid to my university</td></tr><tr><td></td><td></td></tr></table>	ACLIP	Winner of the Wayne Katon Research Award, paid to my university					
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8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>							
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None <table border="1"><tr><td>SOMACROSS research unit (FOR 5211)</td><td>Unpaid</td></tr><tr><td></td><td></td></tr></table>	SOMACROSS research unit (FOR 5211)	Unpaid					
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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None <table border="1"><tr><td>Vice-president of the European Association of Psychosomatic Medicine, EAPM</td><td>unpaid</td></tr><tr><td>President of the Dutch Network Persistent Somatic Symptoms, NALK</td><td>unpaid</td></tr><tr><td></td><td></td></tr></table>	Vice-president of the European Association of Psychosomatic Medicine, EAPM	unpaid	President of the Dutch Network Persistent Somatic Symptoms, NALK	unpaid			
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11	Stock or stock options	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>							
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>							
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>							

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.