

## ICMJJE DISCLOSURE FORM

Date: 30-11-  
 2021 \_\_\_\_\_  
 Your Name: Janine  
 Dickinson \_\_\_\_\_  
 Manuscript Title: Diagnostiek en behandeling van primair-en secundair  
lymfoedeem \_\_\_\_\_  
 Manuscript number (if known): D6139R1 \_\_\_\_\_

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.

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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<u>    </u> yes	Education General Practitioners (SCEM)
6	Payment for expert testimony	<u>    </u> None	
7	Support for attending meetings and/or travel	<u>    </u> Yes	Vascern days 2021 octobre (ERN PPL)
8	Patents planned, issued or pending	<u>    </u> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<u>    </u> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<u>    </u> None	
11	Stock or stock options	<u>    </u> None	
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