

ICMJE DISCLOSURE FORM

Date: 7/14/2023

Your Name: Bram van Loon

Manuscript Title: Schwannoom: een zeldzame zwelling van de tong

Manuscript Number (if known): Click or tap here to enter text.

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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.

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3	Royalties or licenses ☒ None <table border="1" style="width: 100%; margin-top: 5px;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%; height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> </table>							



		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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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 	



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13	Other financial or non-financial interests	☐ None 	

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