

ICMJE DISCLOSURE FORM

Date: 1/23/2024

Your Name: Janwillem WH Kocks

Manuscript Title: 10 vragen over hoest

Manuscript Number (if known): D7965

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="height: 20px;">AstraZeneca</td><td style="width: 20%;"></td></tr> <tr><td style="height: 20px;">Boehringer Ingelheim</td><td></td></tr> <tr><td style="height: 20px;">Chiesi</td><td></td></tr> <tr><td style="height: 20px;">GSK</td><td></td></tr> <tr><td style="height: 20px;">Valneva</td><td></td></tr> </table>	AstraZeneca		Boehringer Ingelheim		Chiesi		GSK		Valneva	
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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="height: 20px;"> </td><td style="width: 20%;"></td></tr> <tr><td style="height: 20px;"> </td><td></td></tr> <tr><td style="height: 20px;"> </td><td></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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		AstraZeneca	Payments made to institution
		Boehringer Ingelheim	Payments made to institution
		Chiesi	Payments made to institution
		GSK	Payments made to institution
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		COVIS Pharma	Payments made to institution
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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		Mundi Pharma	Payments made to institution
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6	Payment for expert testimony	<input type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
8	Patents planned, issued or pending	<input type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or	<input type="checkbox"/> None	
		European Respiratory Society	ERS group chair
		International Primary Care Respiratory Group	President, board member
		CAHAG scientific committee	Member

		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)						
	advocacy group, paid or unpaid	Inhalation Institute Netherlands	Board member						
11	Stock or stock options	<input type="checkbox"/> None <table border="1"> <tr> <td>General Practitioners Research Institute</td> <td>Director, Stocks</td> </tr> <tr> <td>Lothar Medtec</td> <td><5% stocks</td> </tr> <tr> <td></td> <td></td> </tr> </table>	General Practitioners Research Institute	Director, Stocks	Lothar Medtec	<5% stocks			
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> None <table border="1"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>							
13	Other financial or non-financial interests	<input type="checkbox"/> None <table border="1"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></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.