

ICMJE DISCLOSURE FORM

Date: 3/22/2024

Your Name: Rianne van Boekel

Manuscript Title: Optimalisatie van pijnzorg rondom een operatie: een samenwerking over de grenzen heen

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

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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" 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>							
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>Lid werkgroep NVA richtlijn Postoperatieve pijn</td> <td> </td> </tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>	Lid werkgroep NVA richtlijn Postoperatieve pijn						
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		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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I certify that I have answered every question and have not altered the wording of any of the questions on this form.