

ICMJE DISCLOSURE FORM

Date: 1/20/2025

Your Name: Yvonne C. G. J. Paquay

Manuscript Title: Patiënt met complicaties door verloren galstenen 15 jaar na laparoscopische cholecystectomie

Manuscript Number (if known): D8181

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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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Time frame: Since the initial planning of the work								
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Time frame: past 36 months								
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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.