

ICMJE DISCLOSURE FORM

Date: 4/21/2024

Your Name: Prof. dr. Daniel Keszthelyi

Manuscript Title: 'De behandeling van onbegrepen voedingsintolerantie met parenterale voeding: bezint voordat je begint'

Manuscript Number (if known): D8241

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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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Time frame: Since the initial planning of the work								
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Time frame: past 36 months								
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6	Payment for expert testimony	☒ None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
7	Support for attending meetings and/or travel	☐ None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
8	Patents planned, issued or pending	☒ None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
9	Participation on a Data Safety Monitoring Board or Advisory Board	☒ None <table border="1"> <tr> <td>Clasado</td> <td>Paid to host institute</td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>		Clasado	Paid to host institute						
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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.