

ICMJE DISCLOSURE FORM

Date: 7/15/2024

Your Name: Jeroen Tibboel

Manuscript Title: Onterechte bezwaren tegen gebruik salbutamol/ipratropium

Manuscript Number (if known): D8346

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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								
2	Grants or contracts from any entity (if not indicated in item #1 above).	☒ None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
3	Royalties or licenses	☒ None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						

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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☐ None <table border="1" data-bbox="386 483 1516 646"> <tr> <td>Chiesi Pharmaceuticals Benelux</td> <td>Partial payment (50%) of the registration fee and travel costs for Masterclass respiratory infectious disease Barcelona 2024.</td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>		Chiesi Pharmaceuticals Benelux	Partial payment (50%) of the registration fee and travel costs for Masterclass respiratory infectious disease Barcelona 2024.						
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6	Payment for expert testimony	☒ None <table border="1" data-bbox="386 827 1516 928"> <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" data-bbox="386 1041 1516 1142"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
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11	Stock or stock options	☒ None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☒ 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	☒ None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							

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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.