

ICMJE DISCLOSURE FORM

Date: 12/4/2024

Your Name: Sarah Siegelaar

Manuscript Title: Gebruik van GLP-1 receptor agonisten en SGLT-2 remmers rondom een operatie

Manuscript Number (if known): D8442

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.

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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									
2	Grants or contracts from any entity (if not indicated in item #1 above).	☐ None <table border="1" style="width: 100%; margin-top: 5px;"> <tr><td style="width: 50%;">NWA-ORC</td><td style="width: 50%;">Menopause consortium</td></tr> <tr><td>ZonMw GGG</td><td>GUIDE study; in-hospital glucose regulation for DM2</td></tr> <tr><td>Diabetesfonds</td><td>DiaPregNL; set up of a nationwide registry for pregnant women with pregestational diabetes</td></tr> </table>		NWA-ORC	Menopause consortium	ZonMw GGG	GUIDE study; in-hospital glucose regulation for DM2	Diabetesfonds	DiaPregNL; set up of a nationwide registry for pregnant women with pregestational diabetes
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3	Royalties or licenses	☒ None <table border="1" style="width: 100%; margin-top: 5px;"> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> </table>							

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4	Consulting fees	☒ None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
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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>									
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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.