

ICMJE DISCLOSURE FORM

Date: 6/27/2025

Your Name: Annelies Boonen

Manuscript Title: '10 vragen over': Arbeidsgerichte zorg

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

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.

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.

	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)						
Time frame: Since the initial planning of the work								
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	☒ None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td>Click the tab key to add additional rows.</td></tr> </table>						Click the tab key to add additional rows.
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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>Abbvie</td> <td>Resreach Grant (paid to department)</td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	Abbvie	Resreach Grant (paid to department)				
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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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4	Consulting fees	☐ None <table border="1" data-bbox="386 258 1516 394"> <tr> <td>Pfizer</td> <td>Paid to department Rheumatology MUMC+</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>		Pfizer	Paid to department Rheumatology MUMC+						
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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☐ None <table border="1" data-bbox="386 480 1516 583"> <tr> <td>Abbvie</td> <td>Financed podcast on work related care</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>		Abbvie	Financed podcast on work related care						
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6	Payment for expert testimony	☒ None <table border="1" data-bbox="386 825 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 1144"> <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" data-bbox="386 1257 1516 1360"> <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" data-bbox="386 1474 1516 1577"> <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	☒ None <table border="1" data-bbox="386 1665 1516 1768"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>									

		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)						
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>							

Please place an "X" next to the following statement to indicate your agreement:

☒ I certify that I have answered every question and have not altered the wording of any of the questions on this form.