

ICMJE DISCLOSURE FORM

Date: 5/9/2025

Your Name: Ingrid Elizabeth Fakkert

Manuscript Title: Rubriek '10 vragen over': Arbeidsgerichte zorg

Manuscript Number (if known): DB8629

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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								
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>UWV</td> <td>Employer</td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	UWV	Employer				
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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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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☐ None <table border="1" data-bbox="383 480 1516 617"> <tr> <td>NSPOH</td> <td>Payment for lecturing courses on social security legislation in practice</td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>		NSPOH	Payment for lecturing courses on social security legislation in practice						
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6	Payment for expert testimony	☒ None <table border="1" data-bbox="383 825 1516 926"> <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="383 1041 1516 1142"> <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="383 1257 1516 1358"> <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="383 1474 1516 1575"> <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="383 1665 1516 1766"> <tr> <td>NVVG</td> <td>Beroepsprofiel verzekeringsarts (unpaid)</td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>		NVVG	Beroepsprofiel verzekeringsarts (unpaid)						
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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>							

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.