

ICMJE DISCLOSURE FORM

Date: 12/12/2022

Your Name: Robert G Tieleman

Manuscript Title: Diagnostistiek en behandeling van atriumfibrilleren

Manuscript Number (if known): D8669

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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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2	Grants or contracts from any entity (if not indicated in item #1 above).	☐ None <table border="1"> <tr><td>Research Grants from Medtronic and Abbott</td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	Research Grants from Medtronic and Abbott					
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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"> <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>									
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☐ None <table border="1"> <tr> <td>Horonaria from Boehringer Ingelheim, BMS and Pfizer</td> <td></td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>		Horonaria from Boehringer Ingelheim, BMS and Pfizer							
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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>Co-inventor of the MyDiagnostick</td> <td></td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>		Co-inventor of the MyDiagnostick							
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9	Participation on a Data Safety Monitoring Board or Advisory Board	☒ None <table border="1"> <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"> <tr> <td>Chair of Pillar Implementation of the Dutch CardioVascular Alliance</td> <td></td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>		Chair of Pillar Implementation of the Dutch CardioVascular Alliance							
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