

# ICMJE DISCLOSURE FORM

**Date:** 11/19/2025

**Your Name:** Naomi van Stapele

**Manuscript Title:** Navigeren door een mijnenveld. Ervaringen en behoeften van trans(jong)volwassenen in de Nederlandse transzorg

**Manuscript Number (if known):** D8828

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) |
|-----------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| <b>Time frame: Since the initial planning of the work</b> |                                                                                                                                                                                                                                                                                                                                                                             |                                                                                     |
| <b>1</b>                                                  | <div> <input type="checkbox"/> <b>None</b> </div> <div> <div>Funding from Gemeente Den Haag for the underlying publication Woensdregt, L., van der Velde, M. J., &amp; van Stapele, N. (2025). Niets zonder ons. Toegang tot transzorg voor transjongeren in Den Haag: Ervaringen en perspectieven van transjongeren en zorgverleners.</div> <div></div> <div></div> </div> | <div></div> <div></div> <div>Click the tab key to add additional rows.</div>        |
| <b>Time frame: past 36 months</b>                         |                                                                                                                                                                                                                                                                                                                                                                             |                                                                                     |
| <b>2</b>                                                  | <div> <input checked="" type="checkbox"/> <b>None</b> </div> <div> <div></div> <div></div> <div></div> </div>                                                                                                                                                                                                                                                               | <div></div> <div></div> <div></div>                                                 |
| <b>3</b>                                                  | <div> <input checked="" type="checkbox"/> <b>None</b> </div> <div> <div></div> <div></div> <div></div> </div>                                                                                                                                                                                                                                                               | <div></div> <div></div> <div></div>                                                 |

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| 4  | Consulting fees                                                                                              | <input checked="" type="checkbox"/> <b>None</b><br><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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| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> <b>None</b><br><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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| 6  | Payment for expert testimony                                                                                 | <input checked="" type="checkbox"/> <b>None</b><br><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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| 7  | Support for attending meetings and/or travel                                                                 | <input checked="" type="checkbox"/> <b>None</b><br><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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| 8  | Patents planned, issued or pending                                                                           | <input checked="" type="checkbox"/> <b>None</b><br><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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| 9  | Participation on a Data Safety Monitoring Board or Advisory Board                                            | <input type="checkbox"/> <b>None</b><br><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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| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | <input checked="" type="checkbox"/> <b>None</b><br><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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| <b>11</b> | Stock or stock options                                                           | <input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; margin-top: 5px;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |                                                                                     |  |  |  |  |  |  |
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| <b>12</b> | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; margin-top: 5px;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |                                                                                     |  |  |  |  |  |  |
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| <b>13</b> | Other financial or non-financial interests                                       | <input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; margin-top: 5px;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |                                                                                     |  |  |  |  |  |  |
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**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.