

ICMJE DISCLOSURE FORM

Date: 11/5/2025

Your Name: Mark G.J. de Boer

Manuscript Title: Kweek-negatieve ulcererende infecties bij immuungecompromitteerden: overweeg Ureaplasma!

Manuscript Number (if known): D8915

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" style="width: 100%; margin-top: 10px;"> <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>							
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: 10px;"> <tr> <td style="width: 50%;">Research grants from ZonMw and Health Holland</td> <td style="width: 50%;">Not related to this article</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>		Research grants from ZonMw and Health Holland	Not related to this article				
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3	Royalties or licenses	☒ None <table border="1" style="width: 100%; margin-top: 10px;"> <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	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☐ None	
		Nederlandse Internistenvereniging - lecture voor 'de Brede Basis - COIG Infectieziekten	Travelcosts compensation Not related
6	Payment for expert testimony	☒ None	
7	Support for attending meetings and/or travel	☐ None	
		ESCMID global Travel costs and hotel compensation as invited speaker and EC ESGAP in 2023,2024, 2025	Not related
8	Patents planned, issued or pending	☒ None	
		Yes member of a DSMB of a clinical trial on the treatment of implant infection with induction heating.	
9	Participation on a Data Safety Monitoring Board or Advisory Board	☐ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	☐ None	
		Until February 2025 *from 2018 onward) President of the Dutch Working Party on Antimicrobial Policies (SWAB)	Reimbursed to institution
		Current: chair of SWAB national guideline committee	Reimbursed to institution

		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)
		2024-onward: Honorary Secretary of ESCMIDs study group on Antimicrobial Policies and Stewardship (ESGAP)	Not reimbursed
11	Stock or stock options	☒ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☒ None	
13	Other financial or non-financial interests	☒ None	
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.			