

ICMJE DISCLOSURE FORM

Date: 6/14/2023

Your Name: Dr. R.J. Derksen

Manuscript Title: Primaire (anterieure) schouderluxaties; aanbevelingen uit de gereviseerde multidisciplinaire CBO-richtlijn vertaald in handzame casuïstiek.

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.

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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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6	Payment for expert testimony	<input checked="" type="checkbox"/> 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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8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1"> <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	<input checked="" type="checkbox"/> 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	<input type="checkbox"/> None <table border="1"> <tr> <td>NVT</td> <td>Bestuurslid NVT met portefeuille wetenschap</td> </tr> <tr> <td>FMS/ Kenniscentrum</td> <td>Voorzitter richtlijn schouderluxaties</td> </tr> <tr> <td></td> <td></td> </tr> </table>	NVT	Bestuurslid NVT met portefeuille wetenschap	FMS/ Kenniscentrum	Voorzitter richtlijn schouderluxaties					
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
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I certify that I have answered every question and have not altered the wording of any of the questions on this form.