

ICMJE DISCLOSURE FORM

Date: 9/20/2022
Your Name: Wierd Zijlstra
Manuscript Title: Beoordeling radiologische beelden: is dubbel altijd meer?
Manuscript Number (if known): D6281

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.

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)
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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

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Time frame: past 36 months

2 Grants or contracts from any entity (if not indicated in item #1 above).

None

3 Royalties or licenses

None

4 Consulting fees

None

5 Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational

None

events

6 Payment for expert testimony

None

7 Support for attending meetings and/or travel

None

8 Patents planned, issued or pending

None

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

*Member / Board of Dutch Hip Society
Member, Supervisory Board (RvT)
Landelijke Registratie Orthopedische Interventies (LROI)*

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

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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.