ICMJE DISCLOSURE FORM

Date:__26-11-2021

You	r Name: NJR Boogaard (Renske)	
Mar	nuscript Title: Preventiev	e toediening van scopolan	ninebutyl kan reutelen in de stervensfase voorkomen.
Mar	nuscript number (if known):	D6509	
rela	ted to the content of your n	nanuscript. "Related" mea	relationships/activities/interests listed below that are ns any relation with for-profit or not-for-profit third
to t	-	ecessarily indicate a bias.	the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a so.
	following questions apply to nuscript only.	o the author's relationship	s/activities/interests as they relate to the current
to t		nsion, you should declare a	lefined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive me manuscript.
	em #1 below, report all sup time frame for disclosure is	•	in this manuscript without time limit. For all other items,
		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	Inlanning of the work
1	All Coll		plaining of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article	X None	
	processing charges, etc.) No time limit for this item.		
		Time frame, nest	2C months
2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: pastX_ None	50 months
3	Royalties or licenses	X None	

4	Consulting fees	X_ None	
5	Payment or honoraria for lectures, presentations, speakers bureaus,	X None	
	manuscript writing or educational events		
6	Payment for expert testimony	X_ None	
7	Support for attending meetings and/or travel	X_ None	
8	Patents planned, issued or pending	X None	
9	Participation on a Data Safety Monitoring Board or	X_ None	
	Advisory Board		
10	Leadership or fiduciary role	X_ None	
10	in other board, society,	^_ None	
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	X_ None	
12	D :	V N	
12	Receipt of equipment, materials, drugs, medical	_X None	
	writing, gifts or other services		
13	Other financial or non-	_X None	
	financial interests		

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X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

NJR Boogaard