ICMJE DISCLOSURE FORM

Date: 31 - 3 - 20 22	*		
Your Name: MEMER Rent	rhah		
Manuscript Title: Scheurbuit	L in de	21e eenw	
Manuscript number (if known):			

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 following questions apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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)
	治於何,此為有一支。因為世界的	Time frame: Since the initia	al planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	None	
	No time limit for this item.		
	The time immersi this item.		
760 V	AND THE RESERVE OF THE PERSON OF	Time frame: pas	t 26 months
2	Grants or contracts from any entity (if not indicated	None None	t so months
	in item #1 above).		
3	Royalties or licenses	_X_ None	The application were accompanies on the middle to

	1		
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations,	None	
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	X_ None	
	a Analysis and a south agold	and the second second second	
			All the second s
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 in other board, society,	<u></u> ✓ None	
1	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	<u></u> ✓ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other	_X None	
	services		
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.