ICMJE DISCLOSURE FORM

Date: 23-07-2022 Your Name: dr. Femke Mulder Manuscript Title: Atriumfibrilleren de novo in de zwangerschap Manuscript number (if known): unknown

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</u> <u>manuscript only</u>.

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3	Royalties or licenses	xNone	

4	Consulting fees	x None	
5	Payment or honoraria for lectures, presentations,	xNone	
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6	Payment for expert testimony	x None	
7	Support for attending meetings and/or travel	x None	
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8	Patents planned, issued or pending	x None	
9	Participation on a Data Safety Monitoring Board or	None	
	Advisory Board		
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	x None	
11	Stock or stock options	<u>x</u> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	x None	
13	Other financial or non- financial interests	<u>x</u> None	

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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.

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