ICMJE DISCLOSURE FORM 23/8/2022

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		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 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 Click the tab key to add additional rows.
		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

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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	

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

Dr. K. Van Dycke Gastro - Enterologie AZ Zeno Riziv 1-36156.32.653

23/8/12.