ICMJE DISCLOSURE FORM

Date: 22-12-2022 Your Name: C. Hidding Manuscript Title: Stand van Zaken: Digitaal interdisciplinair overleg tussen huisarts en specialist 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</u> <u>manuscript only</u>.

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6	Payment for expert testimony	x None	
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other	x None	
	writing, gifts or other services	+	
13	Other financial or non- financial interests	x 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.