## ICMJE DISCLOSURE FORM

Date: 24 februari 2023 Your Name: Niels Elbert Manuscript Title: Ziekenhuisopname op sociale indicatie bij oudere traumapatiënt langdurig en risicovol Manuscript number (if known): D7608

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>.

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)		
	Time frame: Since the initial planning of the work				
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	Time frame: past 36 months				
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4	Consulting fees	_X_ None	
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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 Advisory Board	_X_ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	_X_ None	
11	Stock or stock options	_X_ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	_X_ None	
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.