ICMJE DISCLOSURE FORM

Date:_14-4-2023	
Your Name:_vincent	westendorp
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Manuscript number	if known):
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The following questions apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</u>.

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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
11	Stock or stock options	None	
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