## **ICMJE DISCLOSURE FORM**

Date: Your Name:			1/22/2021			
			Rob van Marum			
Manuscript Title: Manuscript Number (if known):			Polyfarmacie bij ouderen			
			D5184			
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6	Payment for expert testimony	□ None	
7	Support for attending meetings and/or travel	□ None	
8	Patents planned, issued or pending	□ None	
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