

ICMJE Form for Disclosure of Potential Conflicts of Interest

| Section 1. Identifying Inform | nation | |
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| 1. Given Name (First Name) Nienke | 2. Surname (Last Name) Waardenburg-hinting | 3. Date 29 april 2014 |
| 4. Are you the corresponding author? | Yes No | |
| 5. Manuscript Title Diagnose in bel | ld. On scherpe papillen | |
| 6. Manuscript Identifying Number (if you l | know it) | |
| | Consideration for Publication ceive payment or services from a third party (governmenting but not limited to grants, data monitoring board, studerest? | nt, commercial, private foundation, etc.) for dy design, manuscript preparation, |
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| Do you have any patents, whether p | planned, perioring si | |



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