

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

Identifying information.

The work under consideration for publication.

This section asks for Information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party — that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

Relevant financial activities outside the submitted work.

This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your Interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

Relationships not covered above.

Use this section to report other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work.

Definitions.

Entity: government agency, foundation, commercial sponsor, academic institution, etc.

Grant: A grant from an entity, generally [but not always] paid to your organization

Personal Fees: Monles paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

Issued: The patent has been issued by the agency

Licensed: The patent has been licensed to an entity, whether

earning royalties or not

Royalties: Funds are coming in to you or your institution due to your

patent

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Section 1. Identifying Inform	nation					
1. Given Name (First Name) Menno	2. Surname (Last Name) Gaakeer			3. Date 09-April-2017		
4. Are you the corresponding author?	Yes	√ No	Corresponding Author's N Pauline Nijk	alectric deletions lame		
5. Manuscript Title				ente e entre entre e en la companya de la companya de entre entre entre entre entre entre entre entre entre en		
6. Manuscript Identifying Number (if you k Arteriële gasembolieën na een duikon						
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Section 2. The Work Under C	onsiderat	tion for Publi	cation			
Did you or your institution at any time rece any aspect of the submitted work (includin statistical analysis, etc.)? Are there any relevant conflicts of inter	g but not lim	t or services from alted to grants, d Yes 🕢 No	n a third party (government, c ata monitoring board, study o	commercial, private design, manuscript	foundation, preparation,	etc.) for
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Section 3. Relevant financial	activities	outside the	submitted work.			
Place a check in the appropriate boxes of compensation) with entities as described the "Add +" box. You should re Are there any relevant conflicts of inter	ibed in the port relatio	instructions. U	se one line for each entity;	; add as many line	es as you ne	ed by
Section 4. Intellectual Prope	rty — Pate	nts & Copyri	ghts			
Do you have any patents, whether plan	ined, pendi	ng or Issued, b	roadly relevant to the wor	k? ☐ Yes 🗸	No	

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Section 5. Rela	ntionships not covered above		
Are there other relation potentially influencing,	nships or activities that readers could, what you wrote in the submitted w	d perceive to have influenced, or that ork?	give the appearance of
Yes, the following re	elationships/conditions/circumstan	ces are present (explain below):	
✓ No other relationshi	ips/conditions/circumstances that p	present a potential conflict of interest	
On occasion, Journals m		nors to confirm and, If necessary, upd Iformation about reported relationshi	
Based on the above disc	closures, this form will automaticall	y generate a disclosure statement, wh	ich will appear in the box
Dr. Gaakeer has nothing	g to disclose.		

Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.

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