

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying inform	ation	
1. Given Name (First Name)	2. Surname (Last Name)	3. Date
4. Are you the corresponding author?	Yes No	
5. Manuscript Title Huisartsgeneeskundige benadering van psychische problemen		
6. Manuscript Identifying Number (if you know it) D1474		
NAME OF TAXABLE PARTY.		
Section 2. The Work Under Co	onsideration for Publication	
Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)? Are there any relevant conflicts of interest? Yes No		
Section 3. Relevant financial		
Relevant financial	activities outside the submitted work.	
of compensation) with entitles as descri	the table to Indicate whether you have financial rebed in the instructions. Use one line for each entity; out relationships that were present during the 36 st?	add as many lines as you need by
Section 4. Intellectual Proper	ty Patents & Copyrights	
Do you have any patents, whether plann	ned, pending or issued, broadly relevant to the worl	√No Yes No No No No No No No No No N



ICMJE Form for Disclosure of Potential Conflicts of Interest

ts.
1

Dance Nymagen 10-3-17

Evaluation and Feedback

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