

ICMJE DISCLOSURE FORM

Date: 5/2/2023

Your Name: Jacobus JM van der Hoeven

Manuscript Title: Whole genome sequencing kan helpen bij het oplossen van de puzzel CUP/PTO

Manuscript Number (if known): NTvG D7625

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

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Time frame: Since the initial planning of the work		
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4	Consulting fees	☒ None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☒ None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
6	Payment for expert testimony	☒ None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
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8	Patents planned, issued or pending	☒ None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
9	Participation on a Data Safety Monitoring Board or Advisory Board	☐ None <table border="1"> <tr> <td>Member Advisory Board Code Vereniging Innovatieve Geneesmiddelen</td> <td></td> </tr> <tr> <td>Prinses Beatrixlaan 548-550</td> <td></td> </tr> <tr> <td>2595 BM Den Haag</td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>	Member Advisory Board Code Vereniging Innovatieve Geneesmiddelen		Prinses Beatrixlaan 548-550		2595 BM Den Haag				
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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	☐ None <table border="1"> <tr> <td>Member Supervisory Board Dutch Institute for Clinical Auditing, Rijnsburgerweg 10</td> <td></td> </tr> <tr> <td>2333 AA Leiden</td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>	Member Supervisory Board Dutch Institute for Clinical Auditing, Rijnsburgerweg 10		2333 AA Leiden						
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11	Stock or stock options	☒ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☐ None	
		Podcasts for www.oncologie.nu	
13	Other financial or non-financial interests	☒ None	

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☒ I certify that I have answered every question and have not altered the wording of any of the questions on this form.