

## ICMJE DISCLOSURE FORM

**Date:** 11/21/2023

**Your Name:** M.F.T. Hüsken

**Manuscript Title:** The 10-year revision-free survival of total hip arthroplasty in patients with a history of hip dysplasia is comparable to that of a total hip arthroplasty for osteoarthritis – a Dutch population-based registry study

**Manuscript Number (if known):** -

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.

	Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)						
Time frame: Since the initial planning of the work								
<b>1</b>	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 60%; height: 20px;"></td><td style="width: 40%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td style="text-align: right; font-size: small;">Click the tab key to add additional rows.</td></tr> </table>						Click the tab key to add additional rows.
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Time frame: past 36 months								
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<b>3</b>	Royalties or licenses	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 60%; height: 20px;"></td><td style="width: 40%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>						

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4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

Please place an "X" next to the following statement to indicate your agreement:

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

## ICMJE DISCLOSURE FORM

**Date:** 11/21/2023

**Your Name:** Joëll Magré

**Manuscript Title:** The 10-year revision-free survival of total hip arthroplasty in patients with a history of hip dysplasia is comparable to that of a total hip arthroplasty for osteoarthritis – a Dutch population-based registry study

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## ICMJE DISCLOSURE FORM

**Date:** 11/21/2023

**Your Name:** Koen Willemsen

**Manuscript Title:** The 10-year revision-free survival of total hip arthroplasty in patients with a history of hip dysplasia is comparable to that of a total hip arthroplasty for osteoarthritis – a Dutch population-based registry study

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## ICMJE DISCLOSURE FORM

**Date:** 11/16/2023

**Your Name:** LN van Steenberg

**Manuscript Title:** The 10-year revision-free survival of total hip arthroplasty in patients with a history of hip dysplasia is comparable to that of a total hip arthroplasty for osteoarthritis – a Dutch population-based registry study

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## ICMJE DISCLOSURE FORM

**Date:** 11/14/2023

**Your Name:** MHW van Veghel

**Manuscript Title:** The 10-year revision-free survival of total hip arthroplasty in patients with a history of hip dysplasia is comparable to that of a total hip arthroplasty for osteoarthritis – a Dutch population-based registry study

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## ICMJE DISCLOSURE FORM

**Date:** 11/16/2023

**Your Name:** Harrie Weinans

**Manuscript Title:** The 10-year revision-free survival of total hip arthroplasty in patients with a history of hip dysplasia is comparable to that of a total hip arthroplasty for osteoarthritis – a Dutch population-based registry study

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		<ul style="list-style-type: none"> <li>3DHip (Eurostars grant, EU) Development of dysplasia implant for doigs, co-PI (150 k€, 2021-2024)</li> <li>Dartbac- NWA, Dutch consortium to combat implant infections from a materials perspective, PI for UMCUtrecht part (1250k€, 2021 - 2026)</li> <li>Porospin (LSH-Dutch government) Evaluation of novel spine implant, PI (90 k€, 2021-2022)</li> </ul>	
<b>3</b>	Royalties or licenses	<input checked="" type="checkbox"/> <b>None</b>	
<b>4</b>	Consulting fees	<input checked="" type="checkbox"/> <b>None</b>	
<b>5</b>	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> <b>None</b>	
<b>6</b>	Payment for expert testimony	<input checked="" type="checkbox"/> <b>None</b>	
<b>7</b>	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> <b>None</b>	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
<b>8</b>	Patents planned, issued or pending	<input type="checkbox"/> None	
		2017: WO2017209605A1	
		2006: WO 2007053022 A3	
		2008: US20080262618 A1	
		2020: WO/2020/002301	
<b>9</b>	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
<b>10</b>	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
<b>11</b>	Stock or stock options	<input type="checkbox"/> None	
		Minority shareholder of Replasia BV	
		Minority shareholder of Uplanner BV	
<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	
<p><b>Please place an "X" next to the following statement to indicate your agreement:</b></p> <p><input checked="" type="checkbox"/> I certify that I have answered every question and have not altered the wording of any of the questions on this form.</p>			

## ICMJE DISCLOSURE FORM

**Date:** 11/14/2023

**Your Name:** Ralph J.B. Sakkers

**Manuscript Title:** The 10-year revision-free survival of total hip arthroplasty in patients with a history of hip dysplasia is comparable to that of a total hip arthroplasty for osteoarthritis – a Dutch population-based registry study

**Manuscript Number (if known):** -

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.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)						
<b>Time frame: Since the initial planning of the work</b>									
<b>1</b>	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							<div style="border: 1px solid black; padding: 2px; font-size: small; text-align: center;">Click the tab key to add additional rows.</div>
<b>Time frame: past 36 months</b>									
<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
<b>3</b>	Royalties or licenses	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)								
4	Consulting fees	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
6	Payment for expert testimony	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
8	Patents planned, issued or pending	<input type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;"> <a href="#">US2019151098 (A1) - IMPLANT, FITTING PLATE AND METHOD OF MANUFACTURING AN IMPLANT AND FITTING PLATE</a>  <b>Inventors:</b>  VAN DER WAL Bart Cornelis Hendrikus  <b>SAKKERS Ralph Johan Bernard [NL]</b>  MEIJ Bjorn Petrus [NL]  EVERS Lucas Alphonsus Maria [NL]  WEINANS Hermanus Hendricus [NL]  Date: 2019-05-23  Application number US201716301778 20170530 </td> <td style="width: 50%;"></td> </tr> <tr> <td style="padding: 5px;"> <a href="#">WO2008147179 (A1) - SYSTEM FOR CORRECTING BONES</a>  <b>Inventors:</b>  <b>SAKKERS RALPH JOHAN BERNHARD [NL]</b>  VAN DER WAL AEIDA JOHANNA [NL]  JASPERS JORIS EMANUEL NICOLAAS [NL] ±  Date: 2011-09-06  Application number WO2008NL00141 20080530 </td> <td></td> </tr> <tr> <td style="padding: 5px;"> <a href="#">ZA201706956 (B) - COUPLING DEVICE FOR IN AN ORTHOPAEDIC SYSTEM</a>  <b>Inventors:</b>  <b>SAKKERS RALPH JOHAN BERNHARD [NL];</b>  EVERS LUCAS ALPHONSUS MARIA [NL]; </td> <td></td> </tr> </table>	<a href="#">US2019151098 (A1) - IMPLANT, FITTING PLATE AND METHOD OF MANUFACTURING AN IMPLANT AND FITTING PLATE</a> <b>Inventors:</b> VAN DER WAL Bart Cornelis Hendrikus <b>SAKKERS Ralph Johan Bernard [NL]</b> MEIJ Bjorn Petrus [NL] EVERS Lucas Alphonsus Maria [NL] WEINANS Hermanus Hendricus [NL] Date: 2019-05-23 Application number US201716301778 20170530		<a href="#">WO2008147179 (A1) - SYSTEM FOR CORRECTING BONES</a> <b>Inventors:</b> <b>SAKKERS RALPH JOHAN BERNHARD [NL]</b> VAN DER WAL AEIDA JOHANNA [NL] JASPERS JORIS EMANUEL NICOLAAS [NL] ± Date: 2011-09-06 Application number WO2008NL00141 20080530		<a href="#">ZA201706956 (B) - COUPLING DEVICE FOR IN AN ORTHOPAEDIC SYSTEM</a> <b>Inventors:</b> <b>SAKKERS RALPH JOHAN BERNHARD [NL];</b> EVERS LUCAS ALPHONSUS MARIA [NL];				
<a href="#">US2019151098 (A1) - IMPLANT, FITTING PLATE AND METHOD OF MANUFACTURING AN IMPLANT AND FITTING PLATE</a> <b>Inventors:</b> VAN DER WAL Bart Cornelis Hendrikus <b>SAKKERS Ralph Johan Bernard [NL]</b> MEIJ Bjorn Petrus [NL] EVERS Lucas Alphonsus Maria [NL] WEINANS Hermanus Hendricus [NL] Date: 2019-05-23 Application number US201716301778 20170530											
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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		VAN DE SANDE BARBARA JOHANNA STEFANIE [NL] ± Date: 2018-11-28 Application number ZA20170006956 20171013	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	
		Member Medical Advisory Board Osteogenesis Imperfecta Federation Europe (OIFE) Member Board Dutch OI Group	
		Member Scientific Advisory Board Anna Foundation	
		Member Advisory Board UPlanner BV Member Advisory Board Replasia BV	
11	Stock or stock options	<input type="checkbox"/> None	
		Minority share holder UPlanner BV (<5%)	
		Minority share holder Replasia BV (<5%)	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

Please place an "X" next to the following statement to indicate your agreement:

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

## ICMJE DISCLOSURE FORM

**Date:** 11/22/2023

**Your Name:** Joris Bekkers

**Manuscript Title:** The 10-year revision-free survival of total hip arthroplasty in patients with a history of hip dysplasia is comparable to that of a total hip arthroplasty for osteoarthritis – a Dutch population-based registry study

**Manuscript Number (if known):** -

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.

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	Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)						
Time frame: Since the initial planning of the work								
<b>1</b>	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 60%; height: 20px;"></td><td style="width: 40%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td style="text-align: right; font-size: small;">Click the tab key to add additional rows.</td></tr> </table>						Click the tab key to add additional rows.
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<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 60%; height: 20px;"></td><td style="width: 40%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>						
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4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
<b>11</b>	Stock or stock options	<input checked="" type="checkbox"/> <b>None</b>	
<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b>	
<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b>	

**Please place an "X" next to the following statement to indicate your agreement:**

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

## ICMJE DISCLOSURE FORM

**Date:** 11/16/2023

**Your Name:** B.C.H. van der Wal

**Manuscript Title:** The 10-year revision-free survival of total hip arthroplasty in patients with a history of hip dysplasia is comparable to that of a total hip arthroplasty for osteoarthritis – a Dutch population-based registry study

**Manuscript Number (if known):** -

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.

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8	Patents planned, issued or pending	<input type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;"> <p style="color: red; margin: 0;">US2019151098 (A1) - IMPLANT, FITTING PLATE AND METHOD OF MANUFACTURING AN IMPLANT AND FITTING PLATE</p> <p><b>Inventors:</b>  VAN DER WAL Bart Cornelis Hendrikus  <b>SAKKERS Ralph Johan Bernard [NL]</b>  MEIJ Bjorn Petrus [NL]  EVERS Lucas Alphonsus Maria [NL]  WEINANS Hermanus Hendricus [NL]  Date: 2019-05-23  Application number US201716301778 20170530</p> </td> <td style="width: 50%;"></td> </tr> <tr> <td style="padding: 5px;"> <p>A TOOL SYSTEM FOR REMOVING PROSTHETIC CEMENT FROM A BONE OF A PATIENT UNDERGOING A JOINT PROSTHESIS REPLACEMENT OPERATION</p> <p><a href="https://worldwide.espacenet.com/publicationDetails/biblio?FT=D&amp;date=20210819&amp;DB=&amp;locale=en_EP&amp;CC=US&amp;NR=2021251673A1&amp;KC=A1&amp;ND=6">https://worldwide.espacenet.com/publicationDetails/biblio?FT=D&amp;date=20210819&amp;DB=&amp;locale=en_EP&amp;CC=US&amp;NR=2021251673A1&amp;KC=A1&amp;ND=6</a>  Inventors</p> </td> <td></td> </tr> </table>	<p style="color: red; margin: 0;">US2019151098 (A1) - IMPLANT, FITTING PLATE AND METHOD OF MANUFACTURING AN IMPLANT AND FITTING PLATE</p> <p><b>Inventors:</b>  VAN DER WAL Bart Cornelis Hendrikus  <b>SAKKERS Ralph Johan Bernard [NL]</b>  MEIJ Bjorn Petrus [NL]  EVERS Lucas Alphonsus Maria [NL]  WEINANS Hermanus Hendricus [NL]  Date: 2019-05-23  Application number US201716301778 20170530</p>		<p>A TOOL SYSTEM FOR REMOVING PROSTHETIC CEMENT FROM A BONE OF A PATIENT UNDERGOING A JOINT PROSTHESIS REPLACEMENT OPERATION</p> <p><a href="https://worldwide.espacenet.com/publicationDetails/biblio?FT=D&amp;date=20210819&amp;DB=&amp;locale=en_EP&amp;CC=US&amp;NR=2021251673A1&amp;KC=A1&amp;ND=6">https://worldwide.espacenet.com/publicationDetails/biblio?FT=D&amp;date=20210819&amp;DB=&amp;locale=en_EP&amp;CC=US&amp;NR=2021251673A1&amp;KC=A1&amp;ND=6</a>  Inventors</p>						
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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		VAN DER WAL, Bart Cornelis Hendrikus VOGELIJ, Henri Charles WEINANS, Hermannus Hendricus EVERS, Lucas Alphonsus Maria Date 2021-08-19  Application number:                    US201916973466	
<b>9</b>	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> <b>None</b>	
<b>10</b>	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> <b>None</b>  Member Advisory Board UPlanner BV Member Advisory Board Replasia BV  Member Advisory Board Amotio BV	
<b>11</b>	Stock or stock options	<input type="checkbox"/> <b>None</b>  Minority share holder Replasia BV(< 5%) Minority share holder Amotio BV (< 5%) Minority share holder Uplanner BV (< 5%)	
<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b>	
<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b>	

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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.