

## ICMJE DISCLOSURE FORM

**Date:** 2/13/2025

**Your Name:** Nicole Kraaijvanger

**Manuscript Title:** Geagiteerde patiënten: Reflecties op (non)-verbale de-escalatie en farmacologische interventies

**Manuscript Number (if known):** D8516

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>	<div style="border: 1px solid black; padding: 5px;"> <input checked="" type="checkbox"/> <b>None</b> </div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> </table> <p style="font-size: small; color: gray; margin-top: 5px;">Click the tab key to add additional rows.</p>						
Time frame: past 36 months								
<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<div style="border: 1px solid black; padding: 5px;"> <input type="checkbox"/> <b>None</b> </div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 60%;">LUMC Startersgrant, 2024 (not used for this manuscript)</td> <td style="width: 40%;">€ 150.000</td> </tr> <tr> <td>Spoedeisende Geneeskunde Onderzoeksfonds, promotion grant (not related to this manuscript)</td> <td>€ 100.000</td> </tr> <tr> <td>ZonMW grant for 'Organiseren van Vroegsignalering Alcoholproblematiek: Implementatie en evaluatie bij 3 ziekenhuizen'. Co-applicant. (not related to this manuscript)</td> <td>€ 42,775 for LUMC</td> </tr> </table>	LUMC Startersgrant, 2024 (not used for this manuscript)	€ 150.000	Spoedeisende Geneeskunde Onderzoeksfonds, promotion grant (not related to this manuscript)	€ 100.000	ZonMW grant for 'Organiseren van Vroegsignalering Alcoholproblematiek: Implementatie en evaluatie bij 3 ziekenhuizen'. Co-applicant. (not related to this manuscript)	€ 42,775 for LUMC
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3	Royalties or licenses	<input checked="" type="checkbox"/> <b>None</b> <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
4	Consulting fees	<input checked="" type="checkbox"/> <b>None</b> <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	<input type="checkbox"/> <b>None</b> <table border="1"> <tr> <td>Instructor at 'Landelijke onderwijsdagen' toxicology for emergency residents</td> <td>Once a year, paid €720 for 2 days</td> </tr> <tr> <td>Instructor at multidisciplinary toxicology course</td> <td>Once a year, paid €405 for 2 days</td> </tr> <tr><td></td><td></td></tr> </table>		Instructor at 'Landelijke onderwijsdagen' toxicology for emergency residents	Once a year, paid €720 for 2 days	Instructor at multidisciplinary toxicology course	Once a year, paid €405 for 2 days				
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6	Payment for expert testimony	<input checked="" type="checkbox"/> <b>None</b> <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> <b>None</b> <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> <b>None</b> <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	<input checked="" type="checkbox"/> <b>None</b> <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
10	Leadership or fiduciary role in other board,	<input 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)
	society, committee or advocacy group, paid or unpaid	<div>Member of toxicology section of Dutch Society of Emergency Physicians (NVSHA)</div> <div>Participation in development of 'Kennisagenda' of Dutch Society of Emergency Physicians (NVSHA)</div> <div></div>	<div>Unpaid.</div> <div>Unpaid.</div> <div></div>
11	Stock or stock options	<div><input checked="" type="checkbox"/> None</div> <div></div> <div></div> <div></div>	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<div><input checked="" type="checkbox"/> None</div> <div></div> <div></div> <div></div>	
13	Other financial or non-financial interests	<div><input checked="" type="checkbox"/> None</div> <div></div> <div></div> <div></div>	
<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>			