

ICMJE DISCLOSURE FORM

Date: 12/26/2024

Your Name: Michel MRF Struys

Manuscript Title: Pijnstilling tijdens de baring; indicaties, voor- en nadelen voor patiënt en neonaat

Manuscript Number (if known): D8441

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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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4	Consulting fees	<input type="checkbox"/> None <table border="1"> <tr> <td>See 2</td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>		See 2							
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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None <table border="1"> <tr> <td>Harvard Anesthesiology Update Course</td> <td></td> </tr> <tr> <td>Euroanaesthesia</td> <td></td> </tr> <tr> <td>ASA</td> <td></td> </tr> </table>		Harvard Anesthesiology Update Course		Euroanaesthesia		ASA			
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7	Support for attending meetings and/or travel	<input type="checkbox"/> None <table border="1"> <tr> <td>ESAIC</td> <td></td> </tr> <tr> <td>BJA</td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>		ESAIC		BJA					
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8	Patents planned, issued or pending	<input type="checkbox"/> None <table border="1"> <tr> <td>U.S. patent number 9,757,045 [Application Number 11/044,445]</td> <td></td> </tr> <tr> <td>U.S. patent number US20200253544A1 and US12076159B2 [Application Number US16/784,067]</td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>		U.S. patent number 9,757,045 [Application Number 11/044,445]		U.S. patent number US20200253544A1 and US12076159B2 [Application Number US16/784,067]					
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> 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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11	Stock or stock options	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> None <table border="1"> <tr> <td>See 2, connected to grants</td> <td></td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>		See 2, connected to grants					
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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> 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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