

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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2. The work under consideration for publication.

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

5. Relationships not covered above.

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Pending: The patent has been filed but not issued

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Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Yolande	2. Surname (Last Name) Appelman	3. Date 15-December-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Judith Poldervaart
5. Manuscript Title "Impact of using the HEART score in chest pain patients at the emergency department: a stepped wedge, cluster randomized trial"		
6. Manuscript Identifying Number (if you know it) M16-1600		

Section 2. The Work Under Consideration 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 activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

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Dr. Appelman has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Barbra	2. Surname (Last Name) Backus	3. Date 26-December-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name J Poldervaart
5. Manuscript Title Impact of using the HEART score in chest pain patients at the emergency department: a stepped wedge, cluster randomized trial		
6. Manuscript Identifying Number (if you know it) M16-1600		

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Jeroen	2. Surname (Last Name) Bucx	3. Date 22-December-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Judith M. Poldervaart
5. Manuscript Title Impact of using the HEART score in chest pain patients at the emergency department: a stepped wedge, cluster randomized trial		
6. Manuscript Identifying Number (if you know it) M16-1600		

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Are there any relevant conflicts of interest? Yes No

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Dr. Bucx has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Eugène	2. Surname (Last Name) Buijs	3. Date 03-April-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Judith Poldervaart
5. Manuscript Title Impact of using the HEART score in chest pain patients at the emergency department: a stepped wedge, cluster randomized trial		
6. Manuscript Identifying Number (if you know it) M16-1600		

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1. Given Name (First Name) Luc	2. Surname (Last Name) Cozijnsen	3. Date 16-December-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Judith Poldervaart
5. Manuscript Title Impact of using the HEART score in chest pain patients at the emergency department: a stepped wedge, cluster randomized trial		
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Section 1. Identifying Information

1. Given Name (First Name) Maarten Jan	2. Surname (Last Name) Cramer	3. Date 15-December-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Judith M. Poldervaart
5. Manuscript Title "Impact of using the HEART score in chest pain patients at the emergency department: a stepped wedge, cluster randomized trial"		
6. Manuscript Identifying Number (if you know it) M16-1600		

"Impact of using the HEART score in chest pain patients at the emergency department: a stepped wedge, cluster randomized trial"

Section 2. The Work Under Consideration 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 activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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Section 5. Relationships not covered above

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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Cramer has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Ineke	2. Surname (Last Name) Dekker	3. Date 14-December-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Poldervaart
5. Manuscript Title "Impact of using the HEART score in chest pain patients at the emergency department: a stepped wedge, cluster randomized trial"		
6. Manuscript Identifying Number (if you know it)		

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

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Dr. Dekker has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Frank	2. Surname (Last Name) den Hartog	3. Date 06-February-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name mmm
5. Manuscript Title Impact of using the HEART score in chest pain patients at the emergency department		
6. Manuscript Identifying Number (if you know it) M16-1600		

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Pieter
2. Surname (Last Name)
Doevendans
3. Date
16-December-2016
4. Are you the corresponding author? Yes No Corresponding Author's Name _____
5. Manuscript Title
Impact of using the HEART score in chest pain patients at the emergency department: a stepped wedge, cluster randomized trial
6. Manuscript Identifying Number (if you know it)

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Dr. Doevendans has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Mohamed	2. Surname (Last Name) El Farissi	3. Date 12-March-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Poldervaart, JM
5. Manuscript Title Impact of using the HEART score in chest pain patients at the emergency department: a stepped wedge, cluster randomized trial.		
6. Manuscript Identifying Number (if you know it)		

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Dr. El Farissi has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Nicolette	2. Surname (Last Name) Ernst	3. Date 22-March-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name JM Poldervaart
5. Manuscript Title Impact of using the HEART score in chest pain patients at the emergency department: a stepped wedge, cluster randomized trial		
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Arno	2. Surname (Last Name) Hoes	3. Date 22-December-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name J. Poldervaart
5. Manuscript Title Impact of using the HEART score in chest pain patients at the emergency department: a stepped wedge, cluster randomized trial		
6. Manuscript Identifying Number (if you know it) M16-1600		

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Are there any relevant conflicts of interest? Yes No

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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- Yes, the following relationships/conditions/circumstances are present (explain below):
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I chair a large (around 500 employees) research and teaching institute within our University Medical Center. We perform both investigator- and industry-driven research projects with a number of pharmaceutical and diagnostic companies. In addition, some of my members of staff receive unrestricted grants for research projects from a number of companies. It is our explicit policy to work with several companies and not to focus on one or two industrial partners. I receive no personal payment from any industrial partner.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Hendrik

2. Surname (Last Name)
Koffijberg

3. Date
15-December-2016

4. Are you the corresponding author? Yes No Corresponding Author's Name

5. Manuscript Title
Impact of using the HEART score in chest pain patients at the emergency department: a stepped wedge, cluster randomized trial

6. Manuscript Identifying Number (if you know it)

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Dr. Koffijberg has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Ghizelda

2. Surname (Last Name)

Lagerweij

3. Date

15-March-2017

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Judith Poldervaart

5. Manuscript Title

Impact of using the HEART score in chest pain patients at the emergency department: a stepped wedge, cluster randomized trial

6. Manuscript Identifying Number (if you know it)

M16-1600

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Dr. Lagerweij has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Marcel	2. Surname (Last Name) Landman	3. Date 15-March-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name J.M. Poldervaart
5. Manuscript Title Impact of using the HEART score in chest pain patients at the emergency department: a stepped wedge, cluster randomized trial		
6. Manuscript Identifying Number (if you know it) M16-1600		

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Thomas

2. Surname (Last Name)

Oosterhof

3. Date

15-12-2016

4. Are you the corresponding author?

Yes

No

5. Manuscript Title

Impact of using the HEART score in chest pain patients at the emergency

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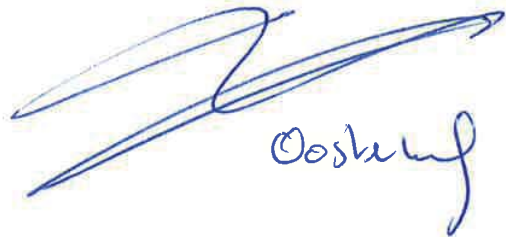
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Oosterhof

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Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Judith

2. Surname (Last Name)
Poldervaart

3. Date
28-December-2016

4. Are you the corresponding author? Yes No

5. Manuscript Title
Impact of using the HEART score in chest pain patients at the emergency department: a stepped wedge, cluster randomized trial

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration 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 activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 5. Relationships not covered above

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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Poldervaart has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Johannes

2. Surname (Last Name)

Reitsma

3. Date

10-March-2017

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Poldervaart

5. Manuscript Title

Impact of using the HEART score in chest pain patients at the emergency department: a stepped wedge, cluster randomized trial

6. Manuscript Identifying Number (if you know it)

M16-1600

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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Dr. Reitsma has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Benno	2. Surname (Last Name) Rensing	3. Date 15-December-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Poldervaart
5. Manuscript Title Impact of using the HEART score in chest pain patients at the emergency department: a stepped wedge, cluster randomized trial		
6. Manuscript Identifying Number (if you know it) M16-1600		

Section 2. The Work Under Consideration 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

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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Dr. Rensing has nothing to disclose.

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Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) A.Jacob	2. Surname (Last Name) Six	3. Date 16-March-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Poldervaart
5. Manuscript Title Impact of using the HEART score in chest pain patients at the emergency department: a stepped wedge, cluster randomized trial		
6. Manuscript Identifying Number (if you know it)		

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

ICMJE Form for Disclosure of Potential Conflicts of Interest

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Section 6. Disclosure Statement

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Dr. Six has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Monique	2. Surname (Last Name) ten Haaf	3. Date 04-January-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name J. Poldervaart
5. Manuscript Title "Impact of using the HEART score in chest pain patients at the emergency department: a stepped wedge, cluster randomized trial"		
6. Manuscript Identifying Number (if you know it) M16-1600		

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

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Are there any relevant conflicts of interest? Yes No

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Dr. ten Haaf has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Jan Melle

2. Surname (Last Name)

van Dantzig

3. Date

03-February-2017

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Judith Poldervaart

5. Manuscript Title

Impact of using the HEART score in chest pain patients at the emergency department: a stepped wedge, cluster randomized trial

6. Manuscript Identifying Number (if you know it)

M16-1600

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

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Dr. van Dantzig has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Madelon

2. Surname (Last Name)
van den Heuvel

3. Date

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
J. Poldervaart

5. Manuscript Title
"Impact of using the HEART score in chest pain patients at the emergency department: a stepped wedge, cluster randomized trial"

6. Manuscript Identifying Number (if you know it)

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Dr. van den Heuvel has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
maarten willem jacobus

2. Surname (Last Name)
van hessen

3. Date
20-March-2017

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
J poldervaart

5. Manuscript Title
"Impact of using the HEART score in chest pain patients at the emergency department: a stepped wedge, cluster randomized trial

6. Manuscript Identifying Number (if you know it)
M16-1600

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Section 1. Identifying Information

1. Given Name (First Name)

Roland

2. Surname (Last Name)

van Kimmenade

3. Date

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

dr J Poldervaart

5. Manuscript Title

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Dr. van Kimmenade has nothing to disclose.

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1. Given Name (First Name)
clara
2. Surname (Last Name)
van Ofwegen-Hanekamp
3. Date
20-February-2017
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Corresponding Author's Name
J. Poldervaart
5. Manuscript Title
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Section 1. Identifying Information

1. Given Name (First Name) Rolf	2. Surname (Last Name) Veldkamp	3. Date 02-September-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name J Poldervaart
5. Manuscript Title Impact of using the HEART score in chest pain patients at the emergency department: a stepped wedge, cluster randomized trial		
6. Manuscript Identifying Number (if you know it) M16-1600		

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