

Conflict of interests form

Hereby I declare I have **NO** position in a health care-related company, do **NOT** hold patents and do **NOT** receive any funding or payment from external sources.
Also I do **NOT** have any other conflicts of interest to disclose.

Name CJA van Bergen

Date 14.8.15

Signature



ANTE PRKIC

14.08.2015

Ante Prkic

B. THE

15.8.15



D. Eggendaal

16-8-15

