

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Carolina

2. Surname (Last Name)

Scheepers

3. Date

30-April-2015

4. Are you the corresponding author?

Yes  No

5. Manuscript Title

Perceived health status associated with transport choice for short distance trips

6. Manuscript Identifying Number (if you know it)

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Dr. Scheepers 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)

Wanda

2. Surname (Last Name)

Wendel-Vos

3. Date

30-April-2015

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Eline Scheepers

5. Manuscript Title

Perceived health status associated with transport choice for short distance trips

6. Manuscript Identifying Number (if you know it)

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### Section 1. Identifying Information

1. Given Name (First Name)  
Pieter

2. Surname (Last Name)  
Wesemael, van

3. Date  
03-May-2015

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Perceived health status associated with transport choice for short distance trips

6. Manuscript Identifying Number (if you know it)

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Dr. Wesemael, van has nothing to disclose.

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1. Given Name (First Name)

Frank

2. Surname (Last Name)

den Hertog

3. Date

30-April-2015

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Eline Scheepers

5. Manuscript Title

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1. Given Name (First Name) Henk	2. Surname (Last Name) Stipdonk	3. Date
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Eline Scheepers
5. Manuscript Title Perceived health status associated with transport choice for short distance trips		
6. Manuscript Identifying Number (if you know it)		

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**Other:** Anything not covered under the previous three boxes

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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)

Luc

2. Surname (Last Name)

Int Panis

3. Date

30-April-2015

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Eline Scheepers

5. Manuscript Title

Perceived health status associated with transport choice for short distance trips

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.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

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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#### 1. Identifying information.

#### 2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

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For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

#### 4. Intellectual Property.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Elise

2. Surname (Last Name)

van Kempen

3. Date

30-April-2015

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Eline Scheepers

5. Manuscript Title

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Albertine J

2. Surname (Last Name)

Schuit

3. Date

30-April-2015

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Scheepers

5. Manuscript Title

Perceived health status associated with transport choice for short distance trips

6. Manuscript Identifying Number (if you know it)

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