

ICMJE DISCLOSURE FORM

Date: 14.06.2021

Your Name: PD Dr. Christoph A. Jacobi

Manuscript Title: _____

Manuscript number (if known): _____

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.

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7	Support for attending meetings and/or travel	☐ ☒ None	
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9	Participation on a Data Safety Monitoring Board or Advisory Board	☐ ☒ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	☐ ☒ None	
11	Stock or stock options	☐ ☒ None	
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☒ I certify that I have answered every question and have not altered the wording of any of the questions on this form.