

Instructions

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4. Intellectual Property.

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

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Section 1.	Identifying Inform	nation					
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1. Given Name (Fi Ann-Sophie	rst Name)	Z. Surnar KAEMMI	ne (Last Nan ERER	1e)		3. Date 23-April-2020	
4. Are you the corresponding author?		Yes	Yes Vo Corresponding Author's Name Sebastian FREILINGER				
5. Manuscript Title Provision of Mec	e lical Health Care for Ac	lults with C	ongenital [Disease associate	d with A	ortic Involvement	
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Section 2.	The Work Under C	onsidera	tion for Pu	ublication			
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Name of Institut	ion/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments	
Deutsche Herzstiftun	g (Patient organization)	\checkmark				unrestricted grant	
Herzkind e.V. (Patien	t organization)	\checkmark				unrestricted grant	
Actelion Deutschland	ł	\checkmark				unrestricted grant	
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Section 3.	Relevant financial	activities	outside t	he submitted	work.		
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Are there any rel	evant conflicts of inter	est?	res 🖌 I	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. KAEMMERER reports grants from Deutsche Herzstiftung (Patient organization), grants from Herzkind e.V. (Patient organization), grants from Actelion Deutschland, during the conduct of the study; .

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Section 1. Identifying Inform	Section 1. Identifying Information							
1. Given Name (First Name) Sebastian	2. Surname (Last Name FREILINGER)	3. Date 23-April-2020					
4. Are you the corresponding author?	Are you the corresponding author? Yes No							
5. Manuscript Title Provision of Medical Health Care for Ad	ults with Congenital Di	sease associated with Ac	ortic Involvement					
6. Manuscript Identifying Number (if you kr CDT-2020-ACHD-01(CDT-20-359)	now 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? V Yes No								
If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.								
Name of Institution/Company Grant? Personal Non-Financial Fees? Support? Other? Comments								
Deutsche Herzstiftung (Patient organization)	\checkmark		unrestricted grant					
erzkind e.V. (Patient organization)								

Section 3. Relevant financial activities outside the submitted work.

 \checkmark

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**.

unrestricted grant

Are there any relevant conflicts of interest?

Yes 🖌 No

Intellectual Property -- Patents & Copyrights

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Section 4.

Actelion Deutschland

🖌 No



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4. Are you the corre	sponding author?	Yes	✓ No	Correspond Sebastian	-		
5. Manuscript Title Provision of Medical Health Care for Adults with Congenital Disease associated with Aortic Involvement							
6. Manuscript Identi CDT-2020-ACHD-0	ifying Number (if you kn)1(CDT-20-359)	ow it)					
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1. Given Name (First Name) Peter	2. Surname (Last Name) Ewert		3. Date 23-April-2020	
4. Are you the corresponding author?	Yes 🖌 No	Corresponding Sebastian FRI	g Author's Name EILINGER	
5. Manuscript Title Provision of Medical Health Care for Adu	ults with Congenital Dise	ease associated w	vith Aortic Involvement	
6. Manuscript Identifying Number (if you kno CDT-2020-ACHD-01(CDT-20-359)	ow it)			
Section 2. The Work Under Co	onsideration for Pub	lication		
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Are there any relevant conflicts of intere	st? 🖌 Yes 🗌 No			
If yes, please fill out the appropriate info Excess rows can be removed by pressing	•	ave more than or	ne entity press the "ADD" button to add a r	œw.
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Deutsche Herzstiftung (Patient organization)			unrestricted grant	
lerzkind e.V. (Patient organization)			unrestricted grant	
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Section 1. Identifying Inform	nation				
1. Given Name (First Name) Kálmán	2. Surname (Last Name) Havasi	3. Date 24-April-2020			
4. Are you the corresponding author?	Yes 🖌 No	Corresponding Author's Name Sebastian Freilinger			
5. Manuscript Title Provision of Medical Health Care for Ad	ults with Congenital Dise	ase Associated with Aortic Involvement			
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Place a check in the appropriate boxes of compensation) with entities as descr	in the table to indicate w ibed in the instructions. L port relationships that we	hether you have financial relationships (regardless of amount Jse one line for each entity; add as many lines as you need by ere present during the 36 months prior to publication .			

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Dr. Havasi has nothing to disclose.

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Section 1.	Identifying Inform	ation					
1. Given Name (Fir Nicole	rst Name)	2. Surna Nagdyn	me (Last Nan nan	ne)		3. Date 23-April-2020	
4. Are you the corr	responding author?	Yes	✓ No	Correspond Sebastian	-		
5. Manuscript Title Provision of Medical Health Care for Adults with Congenital Disease associated with Aortic Involvement							
6. Manuscript Ider CDT-2020-ACHD	ntifying Number (if you kn -01(CDT-20-359)	ow it)					
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Section 2.	The Work Under Co	onsidera	tion for P	ublication			
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Name of Institut	ion/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments	
Deutsche Herzstiftun	g (Patient organization)	\checkmark				unrestricted grant	
Herzkind e.V. (Patient	organization)	\checkmark				unrestricted grant	
Actelion Deutschland		\checkmark				unrestricted grant	
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Section 3.	Relevant financial a	activitie	s outside 1	the submitted	work.		
of compensation clicking the "Add) with entities as descri	bed in the ort relatio	instructior	ns. Use one line fo t were present d	or each ei	cial relationships (regardless of amount ntity; add as many lines as you need by e 36 months prior to publication .	
Section 4.	Intellectual Proper	tv Pate	ents & Cor	ovriahts			

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes

🖌 No



Section 5. Relationships not covered above

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Section 6. Disclosure Statement

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Dr. Nagdyman reports grants from Deutsche Herzstiftung (Patient organization), grants from Herzkind e.V. (Patient organization), grants from Actelion Deutschland, during the conduct of the study; .

Evaluation and Feedback



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Section 1. Identifying Inform	ation				
1. Given Name (First Name) Lars	2. Surname (Last Name) PIEPER		3. Date 23-April-2020		
4. Are you the corresponding author?	he corresponding author? Yes 🖌 No Corresponding Author's Name Sebastian FREILINGER				
5. Manuscript Title Provision of Medical Health Care for Ad	ults with Congenital Disea	ase associated with A	Aortic Involvement		
6. Manuscript Identifying Number (if you kr CDT-2020-ACHD-01(CDT-20-359)	low it)				
Section 2. The Work Under Co	onsideration for Publi	cation			
Did you or your institution at any time recein any aspect of the submitted work (including statistical analysis, etc.)?			nent, commercial, private foundation, etc.) for study design, manuscript preparation,		
Are there any relevant conflicts of intere					
If yes, please fill out the appropriate info Excess rows can be removed by pressing		ve more than one en	tity press the "ADD" button to add a row.		
Name of Institution/Company	Grant? Personal No	n-Financial Support?	Comments		
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Herzkind e.V. (Patient organization)			unrestricted grant		
Actelion Deutschland			unrestricted grant		
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Are there any relevant conflicts of intere	est?Yes ✔ No				
Section 4. Intellectual Proper	ty Patents & Copyri	ahts			
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Section 1. Identifying Inform	ation				
1. Given Name (First Name) Kathrin	2. Surname (Last Name) NEBEL		3. Date 23-April-2020		
4. Are you the corresponding author?	Yes 🖌 No Corresponding Author's Name Sebastian FREILINGER				
5. Manuscript Title Provision of Medical Health Care for Adu	ults with Congenital Disea	ase associated with A	ortic Involvement		
6. Manuscript Identifying Number (if you kn CDT-2020-ACHD-01(CDT-20-359)	ow it)				
Section 2. The Work Under Co	onsideration for Public	cation			
Did you or your institution at any time recei any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of intere	but not limited to grants, da		nent, commercial, private foundation, etc.) for tudy design, manuscript preparation,		
If yes, please fill out the appropriate info Excess rows can be removed by pressing	•	ve more than one ent	tity press the "ADD" button to add a row.		
Name of Institution/Company	Grant? Personal Nor Fees? S	n-Financial upport?	Comments		
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Herzkind e.V. (Patient organization)			unrestricted grant		
Actelion Deutschland			unrestricted grant		
Section 3. Relevant financial	activities outside the s	submitted work.			
Place a check in the appropriate boxes i of compensation) with entities as descri clicking the "Add +" box. You should rep Are there any relevant conflicts of intere	n the table to indicate wh bed in the instructions. Us port relationships that we	ether you have finan se one line for each e	ntity; add as many lines as you need by		
Section 4. Intellectual Proper					
Intellectual Proper	ty Patents & Copyrig	ghts			
Do you have any patents, whether plan	ned, pending or issued, br	oadly relevant to the	e work? 🗌 Yes 🖌 No		



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Section 1. Identifying Inform	ation						
1. Given Name (First Name) Lavinia	2. Surname (Last Name) Seidel		3. Date 23-April-2020				
4. Are you the corresponding author?	Yes 🖌 No	Corresponding Auth Sebastian FREILING					
5. Manuscript Title Provision of Medical Health Care for Adults with Congenital Disease associated with Aortic Involvement							
6. Manuscript Identifying Number (if you kn CDT-2020-ACHD-01(CDT-20-359)	ow it)	_					
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any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of intere If yes, please fill out the appropriate info	but not limited to grants, da st? Yes No rmation below. If you have	ata monitoring board, s	nent, commercial, private foundation, etc.) for tudy design, manuscript preparation, tity press the "ADD" button to add a row.				
Excess rows can be removed by pressing							
Name of Institution/Company	Grant? Personal No Fees? S	Support? Other	Comments				
Deutsche Herzstiftung (Patient organization)			unrestricted grant				
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Actelion Deutschland			unrestricted grant				
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 intere	st?Yes ✔ No						
Section 4. Intellectual Proper	ty Patents & Copyri	ghts					
Do you have any patents, whether planr	ned, pending or issued, b	roadly relevant to the	e work? 🔄 Yes 🖌 No				



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Dr. Seidel reports grants from Deutsche Herzstiftung (Patient organization), grants from Herzkind e.V. (Patient organization), grants from Actelion Deutschland, during the conduct of the study; .

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Section 1. Identifying Inform						
Identifying Inform	nation					
1. Given Name (First Name) Rhoia Clara	2. Surname (Last Name) Neidenbach		3. Date 24-April-2020			
4. Are you the corresponding author? Yes Vo Corresponding Author's Name Sebastian FREILINGER						
5. Manuscript Title Provision of Medical Health Care for Adults with Congenital Disease associated with Aortic Involvement						
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Deutsche Herzstiftung (Patient organization)	\checkmark		unrestricted grant			
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Section 4. Int

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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4. Are you the corresponding author?	Yes 🖌 No	Corresponding Author's Name Sebastian Freilinger			
5. Manuscript Title Provision of Medical Health Care for Ad	dults with Congenital Dise	ase Associated with Aortic Involvement			
6. Manuscript Identifying Number (if you k	now it)				
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Dr. Nemes has nothing to disclose.

Evaluation and Feedback