

ICMJE DISCLOSURE FORM

Date: 07.09.2022

Your Name: Annika Freiberger

Manuscript Title: Quality of life in adults with congenital heart disease with and without pulmonary hypertension: a comparative study

Manuscript number (if known): CDT-22-284

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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3	Royalties or licenses	__X__ None	
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ICMJE DISCLOSURE FORM

Date: 07.09.2022

Your Name: Amely Busse

Manuscript Title: Quality of life in adults with congenital heart disease with and without pulmonary hypertension: a comparative study

Manuscript number (if known): CDT-22-284

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ICMJE DISCLOSURE FORM

Date: 07.09.2022

Your Name: Peter Ewert

Manuscript Title: Quality of life in adults with congenital heart disease with and without pulmonary hypertension: a comparative study

Manuscript number (if known): CDT-22-284

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ICMJE DISCLOSURE FORM

Date: 07.09.2022

Your Name: Michael Huntgeburth

Manuscript Title: Quality of life in adults with congenital heart disease with and without pulmonary hypertension: a comparative study

Manuscript number (if known): CDT-22-284

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ICMJE DISCLOSURE FORM

Date: 07.09.2022

Your Name: Harald Kaemmerer

Manuscript Title: Quality of life in adults with congenital heart disease with and without pulmonary hypertension: a comparative study

Manuscript number (if known): CDT-22-284

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ICMJE DISCLOSURE FORM

Date: 07.09.2022

Your Name: Niko Kohls

Manuscript Title: Quality of life in adults with congenital heart disease with and without pulmonary hypertension: a comparative study

Manuscript number (if known): CDT-22-284

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ICMJE DISCLOSURE FORM

Date: 07.09.2022

Your Name: Nicole Nagdyman

Manuscript Title: Quality of life in adults with congenital heart disease with and without pulmonary hypertension: a comparative study

Manuscript number (if known): CDT-22-284

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ICMJE DISCLOSURE FORM

Date: 07.09.2022

Your Name: Cristina Richter

Manuscript Title: Quality of life in adults with congenital heart disease with and without pulmonary hypertension: a comparative study

Manuscript number (if known): CDT-22-284

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ICMJE DISCLOSURE FORM

Date: 07.09.2022

Your Name: Christina Röhrich

Manuscript Title: Quality of life in adults with congenital heart disease with and without pulmonary hypertension: a comparative study

Manuscript number (if known): CDT-22-284

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ICMJE DISCLOSURE FORM

Date: 07.09.2022

Your Name: Fabian von Scheidt

Manuscript Title: Quality of life in adults with congenital heart disease with and without pulmonary hypertension: a comparative study

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Date: 07.09.2022

Your Name: Michael Weyand

Manuscript Title: Quality of life in adults with congenital heart disease with and without pulmonary hypertension: a comparative study

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Please summarize the above conflict of interest in the following box:

None.

Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 07.09.2022

Your Name: Sebastian Freilinger

Manuscript Title: Quality of life in adults with congenital heart disease with and without pulmonary hypertension: a comparative study

Manuscript number (if known): CDT-22-284

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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The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
Time frame: Since the initial planning of the work			
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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	__X__ None	
3	Royalties or licenses	__X__ None	
4	Consulting fees	__X__ None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

Please summarize the above conflict of interest in the following box:

None.

Please place an "X" next to the following statement to indicate your agreement:

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ICMJE DISCLOSURE FORM

Date: 07.09.2022

Your Name: Caroline Andonian

Manuscript Title: Quality of life in adults with congenital heart disease with and without pulmonary hypertension: a comparative study

Manuscript number (if known): CDT-22-284

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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