

## ICMJE DISCLOSURE FORM

**Date:** 2/25/2023

**Your Name:** Gaser Abdelmohsen

**Manuscript Title:** Percutaneous closure of postoperative residual ventricular septal defects, including dehiscence of surgical patches

**Manuscript Number (if known):** CDT-22-624-MS-7993

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.

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.

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<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b>	
<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b>	

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.

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**Your Name:** Hala Gabel

**Manuscript Title:** Percutaneous closure of postoperative residual ventricular septal defects, including dehiscence of surgical patches

**Manuscript Number (if known):** CDT-22-624-MS-7993

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## ICMJE DISCLOSURE FORM

**Date:** 2/25/2023

**Your Name:** Jameel Al-Ata

**Manuscript Title:** Percutaneous closure of postoperative residual ventricular septal defects, including dehiscence of surgical patches

**Manuscript Number (if known):** CDT-22-624-MS-7993

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**Your Name:** Saud A. Bahaidarah

**Manuscript Title:** Percutaneous closure of postoperative residual ventricular septal defects, including dehiscence of surgical patches

**Manuscript Number (if known):** CDT-22-624-MS-7993

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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.

## ICMJE DISCLOSURE FORM

**Date:** 2/25/2023

**Your Name:** Naif A. Al Khushi

**Manuscript Title:** Percutaneous closure of postoperative residual ventricular septal defects, including dehiscence of surgical patches

**Manuscript Number (if known):** CDT-22-624-MS-7993

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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## ICMJE DISCLOSURE FORM

**Date:** 2/25/2023

**Your Name:** Mohamed H. Abdelsalam

**Manuscript Title:** Percutaneous closure of postoperative residual ventricular septal defects, including dehiscence of surgical patches

**Manuscript Number (if known):** CDT-22-624-MS-7993

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## ICMJE DISCLOSURE FORM

**Date:** 2/25/2023

**Your Name:** Samia B. Bekheet

**Manuscript Title:** Percutaneous closure of postoperative residual ventricular septal defects, including dehiscence of surgical patches

**Manuscript Number (if known):** CDT-22-624-MS-7993

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## ICMJE DISCLOSURE FORM

**Date:** 2/25/2023

**Your Name:** Ahmed R. Elakaby

**Manuscript Title:** Percutaneous closure of postoperative residual ventricular septal defects, including dehiscence of surgical patches

**Manuscript Number (if known):** CDT-22-624-MS-7993

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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.



## ICMJE DISCLOSURE FORM

**Date:** 2/25/2023

**Your Name:** Zaher F. Zaher

**Manuscript Title:** Percutaneous closure of postoperative residual ventricular septal defects, including dehiscence of surgical patches

**Manuscript Number (if known):** CDT-22-624-MS-7993

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## ICMJE DISCLOSURE FORM

**Date:** 2/25/2023

**Your Name:** Khadijah A. Maghrabi

**Manuscript Title:** Percutaneous closure of postoperative residual ventricular septal defects, including dehiscence of surgical patches

**Manuscript Number (if known):** CDT-22-624-MS-7993

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<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b>	
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## ICMJE DISCLOSURE FORM

**Date:** 2/25/2023

**Your Name:** Mohamed H. Mashali

**Manuscript Title:** Percutaneous closure of postoperative residual ventricular septal defects, including dehiscence of surgical patches

**Manuscript Number (if known):** CDT-22-624-MS-7993

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## ICMJE DISCLOSURE FORM

**Date:** 2/25/2023

**Your Name:** Ahmed M. Dohain

**Manuscript Title:** Percutaneous closure of postoperative residual ventricular septal defects, including dehiscence of surgical patches

**Manuscript Number (if known):** CDT-22-624-MS-7993

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<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td style="width: 40%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
<b>3</b>	Royalties or licenses	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td style="width: 40%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						

		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)								
4	Consulting fees	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
6	Payment for expert testimony	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									

		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)						
<b>11</b>	Stock or stock options	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							
<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							
<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							

**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.