



ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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".

3. Relevant financial activities outside the submitted work.

This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

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4. Intellectual Property.

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

5. Relationships not covered above.

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Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

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Licensed: The patent has been licensed to an entity, whether earning royalties or not

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)

Béatrice

2. Surname (Last Name)

Santens

3. Date

06-May-2020

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Werner Budts

5. Manuscript Title

Diagnosis and treatment of right ventricular dysfunction in congenital heart disease.

6. Manuscript Identifying Number (if you know it)

CDT-20-370

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.

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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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Section 6. Disclosure Statement

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Dr. Santens has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Daniel

2. Surname (Last Name)
Bernstein

3. Date
06-May-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Werner Budts

5. Manuscript Title

Diagnosis and treatment of right ventricular dysfunction in congenital heart disease

6. Manuscript Identifying Number (if you know it)
CDT-20-370

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

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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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Section 6. Disclosure Statement

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Dr. Bernstein has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)

Alexander

2. Surname (Last Name)

Van De Bruaene

3. Date

06-May-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Werner Budts

5. Manuscript Title

Diagnosis and treatment of right ventricular dysfunction in congenital heart disease

6. Manuscript Identifying Number (if you know it)

CDT-20-370

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Dr. Van De Bruaene has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Georg 2. Surname (Last Name) Hansmann 3. Date 06-May-2020

4. Are you the corresponding author? Yes No Corresponding Author's Name
Werner Budts

5. Manuscript Title
Diagnosis and treatment of right ventricular dysfunction in congenital heart disease

6. Manuscript Identifying Number (if you know it)
CDT-20-370

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant [?]	Personal Fees [?]	Non-Financial Support [?]	Other [?]	Comments
German Research Foundation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Receiving financial support from German Research Foundation (DFG; HA4348/2-2 and HA4348/6-2 KFO311)
Federal Ministry of Education and Research	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Receiving financial support from Federal Ministry of Education and Research (BMBF VIP+ program-03VP08053; BMBF 01KC2001B)
European Pediatric Pulmonary Vascular Disease Network	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Receiving financial support from European Pediatric Pulmonary Vascular Disease Network



ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 4. Intellectual Property -- Patents & Copyrights

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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Dr. Hansmann reports grants from German Research Foundation , grants from Federal Ministry of Education and Research, grants from European Pediatric Pulmonary Vascular Disease Network, outside the submitted work; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) _____ Michele _____

2. Surname (Last Name) _____ D'Alto _____

3. Date _____ 05-June-2020 _____

4. Are you the corresponding author? Yes No Corresponding Author's Name _____

5. Manuscript Title
Diagnosis and treatment of right ventricular dysfunction in congenital heart disease _____

6. Manuscript Identifying Number (if you know it)
CDT-2020-RVD-09(CDT-20-370) _____

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant [?]	Personal Fees [?]	Non-Financial Support [?]	Other [?]	Comments
Actelion/Johnson & Johnson	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Merck Sharp & Dohme	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Glaxo Smith Kline	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
United Therapeutics	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ferrer group	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



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Section 4. Intellectual Property -- Patents & Copyrights

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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Dr. D'Alto reports grants from Actelion/Johnson & Johnson, grants and personal fees from Merck Sharp & Dohme, grants and personal fees from Glaxo Smith Kline, grants from United Therapeutics, grants from Ferrer group, outside the submitted work; .

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Section 1. Identifying Information

1. Given Name (First Name)
Martin

2. Surname (Last Name)
Koestenberger

3. Date
06-May-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

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Dr. Koestenberger has nothing to disclose.

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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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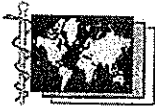
Other: Anything not covered under the previous three boxes

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1. Given Name (First Name)
Pieter

2. Surname (Last Name)
De Meester

3. Date
06-May-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Werner Budts

5. Manuscript Title

Diagnosis and treatment of right ventricular dysfunction in congenital heart disease

6. Manuscript Identifying Number (if you know it)

CDT-20-370

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

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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Dr. De Meester has nothing to disclose.

6/05/2020

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1. Given Name (First Name)
Sushma

2. Surname (Last Name)
Reddy

3. Date
06-May-2020

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Werner Budts

5. Manuscript Title
Diagnosis and treatment of right ventricular dysfunction in congenital heart disease

6. Manuscript Identifying Number (if you know it)
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Werner

2. Surname (Last Name)
Budts

3. Date
06-May-2020

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Abbott	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proctoring for Abbott
Occlutech	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proctoring for Occlutech

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