

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.

Identifying information.

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

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.

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Intellectual Property.

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

Relationships not covered above.

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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

Becker 1



Section 1.	Identifying Inform	ation				
Given Name (First Name) Kolja		Surname (Last Name) Becker		3. Date 18-June-2020		
4. Are you the corresponding author?		✓ Yes No				
5. Manuscript Title Pulmonary vascular disease in Fontan circulation – is there a rationale for pulmonary vasodilator therapies?						
6. Manuscript Identifying Number (if you know it) Manuscript ID: CDT-2020-PPH-09(CDT-20-431)						
Section 2.	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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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 interest? Yes Vo						
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Do you have any բ	patents, whether planr	ned, pending or issued, bro	adly relevant to the work	? Yes Vo		

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Section 5. Polotionships not sovered phaye				
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At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements On occasion, journals may ask authors to disclose further information about reported relationships.				
Section 6. Disclosure Statement				
Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.				
Dr. Becker has nothing to disclose.				

Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.

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Uebing 1



Section 1. Identifying Inform	nation				
1. Given Name (First Name) Anselm	2. Surname (Last Name) Uebing	3. Date 22-June-2020			
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Kolja Becker			
5. Manuscript Title Pulmonary vascular disease in Fontan circulation – is there a rationale for pulmonary vasodilator therapies?					
6. Manuscript Identifying Number (if you know it) CDT-2020-PPH-09(CDT-20-431)					
C. div. 2					
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Uebing 2



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Hansen 1



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1. Given Name (First Name) Jan Hinnerk	2. Surname (Last Name) Hansen	3. Date 20-June-2020	
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Kolja Becker	
5. Manuscript Title Pulmonary vascular disease in Fontan circulation – is there a rationale for pulmonary vasodilator therapies?			
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