

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.

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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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Pending: The patent has been filed but not issued

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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)

Elvin

2. Surname (Last Name)

Zengin

3. Date

28-August-2020

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Christoph Sinning

5. Manuscript Title

Anticoagulation management in adult patients with congenital heart disease

6. Manuscript Identifying Number (if you know it)

CDT-20-631

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Yes

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Dr. Zengin has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Christoph

2. Surname (Last Name)

Sinning

3. Date

28-August-2020

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Anticoagulation management in adult patients with congenital heart disease

6. Manuscript Identifying Number (if you know it)

CDT-20-631

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Dr. Sinning has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Christopher

2. Surname (Last Name)
Blaum

3. Date
23-September-2020

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Mrs. Dr. E. Zengin

5. Manuscript Title
Heart failure in Adults with Congenital Heart Disease: A Narrative Review

6. Manuscript Identifying Number (if you know it)
CDT-2020-ACHD-11(CDT-20-632)

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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Section 1. Identifying Information

1. Given Name (First Name) Stefan 2. Surname (Last Name) Blankenberg 3. Date 28-August-2020

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

5. Manuscript Title
Anticoagulation management in adult patients with congenital heart disease

6. Manuscript Identifying Number (if you know it)
CDT-20-631

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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 Diagnostics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Bayer	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SIEMENS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Singulex	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Thermo Fisher	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Abott	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Astra Zeneca	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AMGEN	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Medtronic	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pfizer	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Roche	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Novartis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Siemens Diagnostics	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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. Blankenberg reports grants and personal fees from Abbott Diagnostics, grants and personal fees from Bayer, grants from SIEMENS, grants from Singulex, grants and personal fees from Thermo Fisher, personal fees from Abott, personal fees from Astra Zeneca, personal fees from AMGEN, personal fees from Medtronic, personal fees from Pfizer, personal fees from Roche, personal fees from Novartis, personal fees from Siemens Diagnostics, outside the submitted work; .

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Section 1. Identifying Information

1. Given Name (First Name) Carsten	2. Surname (Last Name) Rickers	3. Date 28-August-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Christoph Sinning
5. Manuscript Title Anticoagulation management in adult patients with congenital heart disease		
6. Manuscript Identifying Number (if you know it) CDT-20-631		

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Are there any relevant conflicts of interest? Yes No

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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)
Yskert

2. Surname (Last Name)
von Kodolitsch

3. Date
28-August-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Christoph Sinning

5. Manuscript Title
Anticoagulation management in adult patients with congenital heart disease

6. Manuscript Identifying Number (if you know it)
CDT-2020-ACHD-11(CDT-20-632)

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 5. Relationships not covered above

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Section 6. Disclosure Statement

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Dr. von Kodolitsch has nothing to disclose.

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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)
Paulus

2. Surname (Last Name)
Kirchhof

3. Date
28-August-2020

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

5. Manuscript Title
Anticoagulation Management in Adult Patients with Congenital Heart Disease

6. Manuscript Identifying Number (if you know it)
CDT-2020-ACHD-11(CDT-20-632)

Section 2. The Work Under Consideration for Publication

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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

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
European Union	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	research support for basic, translational, and clinical research projects
British Heart Foundation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	research support for basic, translational, and clinical research projects
Leducq Foundation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	research support for basic, translational, and clinical research projects
Medical Research Council (UK)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	research support for basic, translational, and clinical research projects

ICMJE Form for Disclosure of Potential Conflicts of Interest

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
German Centre for Cardiovascular Research	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	research support for basic, translational, and clinical research projects

Section 4. Intellectual Property -- Patents & Copyrights

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

Patent?	Pending?	Issued?	Licensed?	Royalties?	Licensee?	Comments
WO 2015140571	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Atrial Fibrillation Therapy
WO 2016012783	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Markers for Atrial Fibrillation

Section 5. Relationships not covered above

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- Yes, the following relationships/conditions/circumstances are present (explain below):
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research support for basic, translational, and clinical research projects from several drug and device companies active in atrial fibrillation, and has received honoraria from several such companies in the past, but not in the last three years.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

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. Kirchhof reports non-financial support from European Union, non-financial support from British Heart Foundation, non-financial support from Leducq Foundation, non-financial support from Medical Research Council (UK), non-financial support from German Centre for Cardiovascular Research, outside the submitted work; In addition, Dr. Kirchhof has a patent WO 2015140571 issued, and a patent WO 2016012783 issued and research support for basic, translational, and clinical research projects from several drug and device companies active in atrial fibrillation, and has received honoraria from several such companies in the past, but not in the last three years.

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Section 1. Identifying Information

1. Given Name (First Name)

Nigel

2. Surname (Last Name)

Drury

3. Date

22-September-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Mrs. Dr. E. Zengin

5. Manuscript Title

Heart failure in Adults with Congenital Heart Disease: A Narrative Review

6. Manuscript Identifying Number (if you know it)

CDT-2020-ACHD-11(CDT-20-632)

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ICMJE Form for Disclosure of Potential Conflicts of Interest

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1. Given Name (First Name)

Victoria

2. Surname (Last Name)

Stoll

3. Date

23-September-2020

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Yes No

Corresponding Author's Name

Mrs. Dr. E. Zengin

5. Manuscript Title

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