

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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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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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Michael

2. Surname (Last Name)
Huntgeburth

3. Date
08-October-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
Implantable Loop Recorder for Monitoring Patients with Congenital Heart Disease

6. Manuscript Identifying Number (if you know it)
CDT-20-677

Section 2. The Work Under Consideration for Publication

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Dr. Huntgeburth has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Christopher

2. Surname (Last Name)

Hohmann

3. Date

04-October-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Michael Huntgeburch

5. Manuscript Title

Implantable Loop Recorder for Monitoring Patients with Congenital Heart Disease

6. Manuscript Identifying Number (if you know it)

CDT-20-677

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Dr. Hohmann has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Peter	2. Surname (Last Name) Ewert	3. Date 13-October-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Michael Huntgeburth
5. Manuscript Title Implantable Loop Recorder for Monitoring Patients with Congenital Heart Disease		
6. Manuscript Identifying Number (if you know it) CDT-2020-ACHD-16(CDT-20-677)		

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Dr. Ewert has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Sebastian	2. Surname (Last Name) Freilinger	3. Date 08-October-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Michael Huntgeburth
5. Manuscript Title Implantable Loop Recorder for Monitoring Patients with Congenital Heart Disease		
6. Manuscript Identifying Number (if you know it) CDT-2020-ACHD-16(CDT-20-677)		

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1. Given Name (First Name)

Nicole

2. Surname (Last Name)

Nagdyman

3. Date

13-October-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Michael Huntgeburth

5. Manuscript Title

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1. Given Name (First Name)

Rhoia Clara

2. Surname (Last Name)

Neidenbach

3. Date

13-October-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Michael Huntgeburch

5. Manuscript Title

Implantable Loop Recorder for Monitoring Patients with Congenital Heart Disease

6. Manuscript Identifying Number (if you know it)

CDT-20-677

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 5. Relationships not covered above

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Section 6. Disclosure Statement

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Dr. Neidenbach 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)

Lars

2. Surname (Last Name)

Pieper

3. Date

08-October-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Michael Huntgeburch

5. Manuscript Title

Implantable Loop Recorder for Monitoring Patients with Congenital Heart Disease

6. Manuscript Identifying Number (if you know it)

CDT-2020-ACHD-16(CDT-20-677)

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Dr. Pieper 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)

Felix

2. Surname (Last Name)

Pieringer

3. Date

13-October-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Michael Huntgeburth

5. Manuscript Title

Implantable Loop Recorder for Monitoring Patients with Congenital Heart Disease

6. Manuscript Identifying Number (if you know it)

CDT-2020-ACHD-16(CDT-20-677)

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

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Dr. Pieringer 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)

Carsten

2. Surname (Last Name)

Lennerz

3. Date

10-October-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Michael Huntgeburth

5. Manuscript Title

Implantable Loop Recorder for Monitoring Patients with Congenital Heart Disease

6. Manuscript Identifying Number (if you know it)

CDT-2020-ACHD-16(CDT-20-677)

Section 2. The Work Under Consideration for Publication

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Dr. Lennerz 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)

Harald

2. Surname (Last Name)

Kaemmerer

3. Date

10-October-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Michael Huntgeburth

5. Manuscript Title

Implantable Loop Recorder for Monitoring Patients with Congenital Heart Disease

6. Manuscript Identifying Number (if you know it)

CDT-2020-ACHD-16(CDT-20-677)

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Christof 2. Surname (Last Name) Kolb 3. Date 12-October-2020

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

5. Manuscript Title
Implantable Loop Recorder for Monitoring Patients with Congenital Heart Disease

6. Manuscript Identifying Number (if you know it)
CDT-20-677

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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 Medical	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	travel support
Biotronik	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	travel support and lecture honorary
Bristol-Myers-Squibb	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	lecture honorary
Microport	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	advisory board
Novartis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	lecture honorary
Philips	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	lecture honorary
Abbott Medical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	compensation for study participation
Biotronik	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	compensation for study participation

ICMJE Form for Disclosure of Potential Conflicts of Interest

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Boston Scientific	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	compensation for study participation
Microport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	compensation for study participation

Section 4. Intellectual Property -- Patents & Copyrights

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Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

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Dr. Kolb reports non-financial support from Abbott Medical, personal fees and non-financial support from Biotronik, personal fees from Bristol-Myers-Squibb, personal fees from Microport, personal fees from Novartis, personal fees from Philips, other from Abbott Medical, from Biotronik, other from Boston Scientific, other from Microport, outside the submitted work; .

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