

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 1. Identifying information.

#### 2. The work under consideration for publication.

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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.

Use this section to report 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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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Dominik

2. Surname (Last Name)

Gabbert

3. Date

13-November-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Carsten Rickers

5. Manuscript Title

Abnormal Torsion and Helical Flow Patterns of the Neo-Aorta in Hypoplastic Left Heart Syndrome Assessed with 4D-Flow MRI

6. Manuscript Identifying Number (if you know it)

CDT-20-770

### 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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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

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Dr. Gabbert 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) Patrick	2. Surname (Last Name) Trotz	3. Date 13-November-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Carsten Rickers
5. Manuscript Title Abnormal Torsion and Helical Flow Patterns of the Neo-Aorta in Hypoplastic Left Heart Syndrome Assessed with 4D-Flow MRI		
6. Manuscript Identifying Number (if you know it) CDT-20-770		

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Dr. Trotz 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) Arash	2. Surname (Last Name) Kheradvar	3. Date 22-October-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Carsten Rickers
5. Manuscript Title Abnormal Torsion and Helical Flow Patterns of the Neo-Aorta in Hypoplastic Left Heart Syndrome Assessed with 4D-Flow MRI		
6. Manuscript Identifying Number (if you know it) CDT-20-770		

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Are there any relevant conflicts of interest?  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.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Humboldt Foundation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

### Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest?  Yes  No

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No



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Dr. Kheradvar reports grants from Humboldt Foundation, during the conduct of the study; .

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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) Jerosch-Herold	3. Date 27-October-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Carsten Rickers
5. Manuscript Title Abnormal Torsion and Helical Flow Patterns of the Neo-Aorta in Hypoplastic Left Heart Syndrome Assessed with 4D-Flow MRI		
6. Manuscript Identifying Number (if you know it) CDT-20-770		

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

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Dr. Jerosch-Herold 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) Jens	2. Surname (Last Name) Scheewe	3. Date 23-October-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Carsten Rickers
5. Manuscript Title Abnormal Torsion and Helical Flow Patterns of the Neo-Aorta in Hypoplastic Left Heart Syndrome Assessed with 4D-Flow MRI		
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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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**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) Hans-Heiner	2. Surname (Last Name) Kramer	3. Date 04-November-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Carsten Rickers
5. Manuscript Title Abnormal Torsion and Helical Flow Patterns of the Neo-Aorta in Hypoplastic Left Heart Syndrome Assessed with 4D-Flow MRI		
6. Manuscript Identifying Number (if you know it) CDT-20-770		

### 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

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

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### 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. Kramer has nothing to disclose.

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#### 1. Identifying information.

#### 2. The work under consideration for publication.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Inga	2. Surname (Last Name) Voges	3. Date 13-November-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Carsten Rickers
5. Manuscript Title Abnormal Torsion and Helical Flow Patterns of the Neo-Aorta in Hypoplastic Left Heart Syndrome Assessed with 4D-Flow MRI		
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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

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Carsten

2. Surname (Last Name)

Rickers

3. Date

23-October-2020

4. Are you the corresponding author?

Yes  No

5. Manuscript Title

Abnormal Torsion and Helical Flow Patterns of the Neo-Aorta in Hypoplastic Left Heart Syndrome Assessed with 4D-Flow MRI

6. Manuscript Identifying Number (if you know it)

CDT-20-770

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Are there any relevant conflicts of interest?  Yes  No

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Dr. Rickers has nothing to disclose.

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