

Instructions

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Section 1. Identifying Inform	nation	
1. Given Name (First Name) Rhoia	2. Surname (Last Name) Neidenbach	3. Date 25-November-2020
4. Are you the corresponding author?	✓ Yes No	
5. Manuscript Title Systematic Assessment of Health Care	Perception in Adults with Congenital Heart Disease ir	n Germany
6. Manuscript Identifying Number (if you k CDT-2020-ACHD-24(CDT-20-825)	now it)	
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	ned, pending or issued, broadly relevant to the work	?Yes 🖌 No



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Dr. Neidenbach has nothing to disclose.

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4. Are you the correspondin	g author? Yes	✓ No	Corresponding Author's Name Neidenbach
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1. Given Name (Fin Ulrike M. M.	rst Name)	2. Surname (Last Name) Bauer	3. Date 30-Nove	mber-2020
4. Are you the cor	responding author?	Yes 🖌 No	Corresponding Author's Name Rhoia Clara Neidenbach	
		re The Most Neglected Pa	ients In Modern Cardiology: Patient'	s Perspectives On
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Section 1. Ider	ntifying Information		
1. Given Name (First Nan Ulrike	ne) 2. Sur Gund	rname (Last Name) Ilach	3. Date 10-December-2020
4. Are you the correspon	ding author?	es 🖌 No	Corresponding Author's Name Rhoia Neidenbach
5. Manuscript Title Systematic Assessmen	t of Health Care Percept	ion in Adults with	n Congenital Heart Disease in Germany
6. Manuscript Identifying CDT-2020-ACHD-24(CI	-		
Section 2. The	Work Under Conside	eration for Pub	lication
			m a third party (government, commercial, private foundation, etc.) for data monitoring board, study design, manuscript preparation,
Are there any relevant	conflicts of interest?	Yes 🖌 No	
Section 3. Rele	vant financial activit	ies outside the	submitted work.
of compensation) with	entities as described in x. You should report rela	the instructions. I	thether you have financial relationships (regardless of amount Use one line for each entity; add as many lines as you need by ere present during the 36 months prior to publication .
Section 4. Intel	llectual Property Pa	atents & Copyr	ights
Do you have any pater	its, whether planned, pe	nding or issued, I	broadly relevant to the work? Yes 🖌 No



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Kaemmerer



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1. Given Name (Fir Ann-Sophie	rst Name)	2. Surname (Last Name) Kaemmerer	3. Date 30-Novem	ber-2020
4. Are you the cor	responding author?	Yes 🖌 No	Corresponding Author's Name Rhoia Neidenbach	
5. Manuscript Title Systematic Asses		Perception in Adults with C	ongenital Heart Disease in Germany	
6. Manuscript Ider CDT-2020-ACHD	ntifying Number (if you kn -24(CDT-20-825)	ow it)		
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Do you have any	patents, whether plan	hed, pending or issued, br	badly relevant to the work? Yes	✓ No



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1. Given Name (First Name) Nicole	2. Surname (Last Name) Nagdyman	3. Date 30-September-2020
4. Are you the corresponding author?	Yes 🖌 No	Corresponding Author's Name Rhoia Neidenbach
5. Manuscript Title Systematic Assessment of Health Care	Perception in Adults with C	Congenital Heart Disease in Germany
6. Manuscript Identifying Number (if you ki CDT-2020-ACHD-24(CDT-20-825)	now it)	_
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1. Given Name (First Name) Kathrin	2. Surname (Last Name) Nebel	3. Date 01-December-2020
4. Are you the corresponding author?	Yes 🖌 No	Corresponding Author's Name Dr. Rhoia Neidenbach
5. Manuscript Title Systematic Assessment of Health Care P	Perception in Adults with C	Congenital Heart Disease in Germany
6. Manuscript Identifying Number (if you kn CDT-2020-ACHD-24(CDT-20-825)	now it)	_
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Oberhoffer-Fritz



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1. Given Name (First Name) Renate	2. Surname (Last Name) Oberhoffer-Fritz	3. Date 30-November-2020
4. Are you the corresponding autho	r? Yes 🖌 No	Corresponding Author's Name Rhoia Neidenbach
5. Manuscript Title Systematic Assessment of Health	Care Perception in Adults with C	ongenital Heart Disease in Germany
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Section 1.	Identifying Inform	ation		
1. Given Name (Fin Lars	rst Name)	2. Surname (Last Name) Pieper	3. Date 07-December-20	020
4. Are you the cor	responding author?	Yes 🖌 No	Corresponding Author's Name Rhoia Clara Neidenbach	
		re The Most Neglected Pa	tients In Modern Cardiology: Patient's Perspe	ectives On
6. Manuscript Ider CDT-2020-ACHD	ntifying Number (if you kn 9-24(CDT-20-825)	low it)		
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Reinhard



Section 1. Identifying Inform	ation			
1. Given Name (First Name) Wibke	2. Surname (Last Name) Reinhard	3. Date 30-November-2020		
4. Are you the corresponding author?	Yes 🖌 No	Corresponding Author's Name Rhoia Neidenbach		
5. Manuscript Title Systematic Assessment of Health Care P	Perception in Adults with C	Congenital Heart Disease in Germany		
6. Manuscript Identifying Number (if you know it) CDT-2020-ACHD-24(CDT-20-825)				
Section 2. The Work Under Co	onsideration for Public	cation		
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Section 4. Intellectual Proper	ty Patents & Copyrig	yhts		
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? 🗌 Yes 🖌 No				



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1. Given Name (First Name) Linda	2. Surname (Last Name) Sanftenberg	3. Date 30-November-2020		
4. Are you the corresponding author?	Yes 🖌 No	Corresponding Author's Name Rhoia Neidenbach		
5. Manuscript Title Systematic Assessment of Health Ca	are Perception in Adults with C	Congenital Heart Disease in Germany		
6. Manuscript Identifying Number (if you know it) CDT-2020-ACHD-24(CDT-20-825)				
	r Consideration for Public			
any aspect of the submitted work (inclu		a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation,		
statistical analysis, etc.)? Are there any relevant conflicts of interest? Yes 🖌 No				
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Do you have any patents, whether p	blanned, pending or issued, br	oadly relevant to the work? 🗌 Yes 🖌 No		



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1. Given Name (First Name) Fabian	2. Surname (Last Name) von Scheidt	3. Date 07-December-2020		
4. Are you the corresponding aut	nor? Yes 🖌 No	Corresponding Author's Name Rhoia Clara Neidenbach		
5. Manuscript Title Systematic Assessment of Hea	Ith Care Perception in Adults with (Congenital Heart Disease in Germany		
6. Manuscript Identifying Number CDT-2020-ACHD-24(CDT-20-82	-	_		
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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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Schelling



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1. Given Name (First N Joerg		2. Surname (Last Name) Schelling		3. Date 30-November-2020
4. Are you the corresp	oonding author?	Yes 🖌 No	Corresponding Author's Na Rhoia Neidenbach	me
5. Manuscript Title "Systematic Assessn	nent of Health Care Po	erception in Adults wi	h Congenital Heart Disease i	n Germany"
6. Manuscript Identifying Number (if you know it) CDT-2020-ACHD-24(CDT-20-825)				
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Section 1. Identifying Inform	ation			
1. Given Name (First Name) Lavinia	2. Surname (Last Name) Seidel	3. Date 29-November-2020		
4. Are you the corresponding author?	Yes 🖌 No	Corresponding Author's Name Rhoia Clara Neidenbach		
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6. Manuscript Identifying Number (if you know it) CDT-2020-ACHD-24(CDT-20-825)				
Section 2.	The Work Under Co	onsideration for Public	ation	
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 Ves Ves				
Section 3. Relevant financial activities outside the submitted work.				
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 Yes No				
Section 4.				
	Intellectual Proper	ty Patents & Copyrig	nts	
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? 🗌 Yes 🖌 No				



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?

Yes, the following relationships/conditions/circumstances are present (explain below):

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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. Weyand has nothing to disclose.

Evaluation and Feedback



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.

For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

4. Intellectual Property.

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

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patent

Definitions.

Entity: government agency, foundation, commercial sponsor, academic institution, etc.

Grant: A grant from an entity, generally [but not always] paid to your organization

Personal Fees: Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

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 Issued: The patent has been issued by the agency 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



Section 1.	Identifying Inform	nation		
1. Given Name (Fir Harald	rst Name)	2. Surname (Last Name) KAEMMERER	3. Date 25-November-2020	
4. Are you the corr	responding author?	Yes 🖌 No	Corresponding Author's Name Rhoia NEIDENBACH	
5. Manuscript Title Systematic Asses		Perception in Adults with C	Congenital Heart Disease in Germany	
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Do you have any	patents, whether plan	ned, pending or issued, bro	oadly relevant to the work? 🗌 Yes 🖌 No	



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Dr. KAEMMERER has nothing to disclose.

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