

#### 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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Dr. Neidenbach has nothing to disclose.

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1. Given Name (First Name) Stephan	2. Surnam Achenbac	e (Last Name) .h	3. Date 27-November-2020
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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Dr. Freilinger has nothing to disclose.

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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 <b>present during the 36 months prior to publication</b> .
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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Dr. Gundlach has nothing to disclose.

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Kaemmerer



Section 1.	Identifying Inform	ation		
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)		
Section 2.	The Work Under Co	onsideration for Public	ation	
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Section 3.				
Section 5.	Relevant financial	activities outside the s	ubmitted work.	
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Section 4.	Intellectual Proper	ty Patents & Copyrig	hts	
Do you have any	patents, whether plan	hed, pending or issued, br	badly relevant to the work? Yes	✓ No



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Section 1. Identifying Inform	nation	
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)	_
Section 2. The Work Under C	onsideration for Public	ation
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Do you have any patents, whether plan	ned, pending or issued, br	oadly relevant to the work? 🔄 Yes 🛛 🖌 No



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Dr. Nagdyman has nothing to disclose.

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Section 1. Identifying Inform	ation	
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
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Oberhoffer-Fritz



Section 1. Identifying I	nformation	
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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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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Section 2.	The Work Under Co	onsideration for Public	cation	
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Section 3.	Relevant financial	activities outside the s	ubmitted work.	
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Section 4.	Intellectual Proper	ty Patents & Copyrig	hts	
Do you have any	patents, whether planr	ned, pending or issued, br	oadly relevant to the work? 🗌 Yes 🖌 I	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?

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# Section 6. Disclosure Statement

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Dr. Pieper has nothing to disclose.

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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

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		
Did you or your institution <b>at any time</b> 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?				
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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)				
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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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Are there any relevant conflicts of interest? $\Box$ Yes $\checkmark$ 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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Section 1. Identifying	J Information			
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	-	_		
Section 2. The Work U	Inder Consideration for Public	cation		
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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



Section 1.	dentifying Informa	ition		
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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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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Dr. Seidel has nothing to disclose.

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

### 5. Relationships not covered above.

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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	ation		
1. Given Name (Fir Michael	st Name)	2. Surname (Last Name) Weyand	3. Date	
4. Are you the corr	responding author?	Yes 🖌 No	Corresponding Author's Name Rhoia Clara Neidenbach	
5. Manuscript Title Systematic Asses		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	ation	
Did you or your institution <b>at any time</b> 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.				
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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

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✓ No other relationships/conditions/circumstances that present a potential conflict of interest

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. 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".

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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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Section 3.				
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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.

#### **Evaluation and Feedback**