ICMJE DISCLOSURE FORM

Date	e:March26,2021							
You	r Name:Koichiro Niwa							
Mar	nuscript Title: Current diagn	osis and management of la	ate complications in adult congenital heart disease					
Mar	Manuscript number (if known): CDT-21-165							
relar part to to to relar The mar to	ted to the content of your name ies whose interests may be ransparency and does not not interest, it following questions apply the content only. author's relationships/active epidemiology of hypertexication, even if that medical	nanuscript. "Related" mean affected by the content of ecessarily indicate a bias. It is preferable that you do to the author's relationship wities/interests should be dension, you should declare a tion is not mentioned in the	es/activities/interests as they relate to the <u>current</u> <u>lefined broadly</u> . For example, if your manuscript pertains all relationships with manufacturers of antihypertensive					
		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)					
		Time frame: Since the initia	planning of the work					
1	All support for the present	None						
-	manuscript (e.g., funding,	1,0110						
	provision of study materials,							
	medical writing, article							
	processing charges, etc.)							
	No time limit for this item.							
		Time frame: past	36 months					
2	Grants or contracts from	None						
	any entity (if not indicated							
	in item #1 above).							
3	Royalties or licenses	None						
	,	1.13						
4	Consulting fees	None						

None

	Payment or honoraria for	
	lectures, presentations,	
	speakers bureaus,	
	manuscript writing or	
	educational events	
6	Payment for expert	None
	testimony	
7	Support for attending meetings and/or travel	None
8	Patents planned, issued or	None
	pending	
9	Participation on a Data	None
	Safety Monitoring Board or	
	Advisory Board	
10	Leadership or fiduciary role	None
	in other board, society,	
	committee or advocacy group, paid or unpaid	
11	Stock or stock options	None
12	Receipt of equipment,	None
	materials, drugs, medical	
	writing, gifts or other services	
13	Other financial or non-	None
	financial interests	

Please summarize the above conflict of interest in the following box:

None			

Please place an "X" next to the following statement to indicate your agreement:

_x__ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date:	26.3.21	
Your Nar	me:Harald Kaemmerer	
Manuscr	ript Title: Current diagnosis and r	nanagement of late complications in adult congenital heart disease
Manuscr	ript number (if known):	CDT-21-165
related to parties we to transp	to the content of your manuscrip whose interests may be affected parency and does not necessarily	to u to disclose all relationships/activities/interests listed below that are t. "Related" means any relation with for-profit or not-for-profit third by the content of the manuscript. Disclosure represents a commitment indicate a bias. If you are in doubt about whether to list a
relations	ship/activity/interest, it is prefera	able that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
1	All consent for the consent		planning of the work
1	All support for the present	xNone	
	manuscript (e.g., funding, provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	x_None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	xNone	
4	Consulting fees	xNone	

5	Payment or honoraria for	xNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	x_None	
	testimony		
7	Support for attending	x_None	
	meetings and/or travel		
8	Patents planned, issued or	x_None	
	pending		
9	Participation on a Data	x_None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	x_None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	x_None	
12	Receipt of equipment,	x_None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	x None	
13	financial interests	x_None	
	ililaliciai liiterests		

Please summarize the above conflict of interest in the following box:

None		

Please place an "X" next to the following statement to indicate your agreement:

_x__ I certify that I have answered every question and have not altered the wording of any of the questions on this

form.

ICMJE DISCLOSURE FORM

Date:	26.3.21
Your Name:	Yskert v. Kodolitsch
Manuscript	Fitle: Current diagnosis and management of late complications in adult congenital heart disease
Manuscript	number (if known): CDT-21-165

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4		Time frame: Since the initial	planning of the work
1	All support for the present	xNone	
	manuscript (e.g., funding,		
	provision of study materials, medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	x None	30 months
_	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	x None	
4	Consulting fees	xNone	

5	Payment or honoraria for	xNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	x_None	
	testimony		
7	Support for attending	x_None	
	meetings and/or travel		
8	Patents planned, issued or	x_None	
	pending		
9	Participation on a Data	x_None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	x_None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	x_None	
12	Receipt of equipment,	x_None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	x None	
13	financial interests	x_None	
	ililaliciai liiterests		

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