#### ICMJE DISCLOSURE FORM

Date:18 <sup>th</sup> August, 2021
Your Name:_Jo Wray
Manuscript Title: My Core: conveying the everyday normality of living with congenital heart disease
Manuscript number (if known): CDT-21-387

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)  Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)  planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	Wellcome Trust Blavatnik Family Foundation Above&Beyond Great Ormond Street Hospital Children's Charity Arts Council England RapidformRCA 3D Life Print	Funding received to undertake and deliver the overall project and resulting exhibition (The Heart of the Matter), of which the described art work was a component.  As a researcher at Great Ormond Street Hospital, I am supported by the Great Ormond Street Hospital NIHR Biomedical Research Centre.
2	Grants or contracts from	Time frame: past As above	36 months
	any entity (if not indicated in item #1 above).	AS GDOVE	
3	Royalties or licenses	None	

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

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

I declare that the work is funded/supported by Wellcome Trust, Blavatnik Family Foundation, Above&Beyond, Great Ormond Street Hospital Children's Charity, Arts Council England, RapidformRCA and 3D Life Print.

I am supported by the Great Ormond Street Hospital NIHR Biomedical Research Centre.

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 18<sup>th</sup> August 2021 Your Name: Sofie Layton

Manuscript Title: My Core: conveying the everyday normality of living with congenital heart disease

Manuscript number (if known): CDT-21-387

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	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending meetings and/or travel	None	
	meetings and/or traver		
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data Safety Monitoring Board or	None	
10	Advisory Board	News	
10	Leadership or fiduciary role in other board, society, committee or advocacy	None	
	group, paid or unpaid		
11	Stock or stock options	None	
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#### ICMJE DISCLOSURE FORM

Date 18<sup>th</sup> August 2021

Your Name: Giovanni Biglino

Manuscript Title: My Core: conveying the everyday normality of living with congenital heart disease

Manuscript number (if known): CDT-21-387

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