

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</u> <u>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.

		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia	Specifications/Comments (e.g., if payments were made to you or to your institution) al 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.	None	
		Time frame: pas	t 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
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 testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	

10	Leadership or fiduciary role in other board, society, committee or advocacy	None	
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non- financial interests	None	

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

 \underline{X} I certify that I have answered every question and have not altered the wording of any of the questions on this form.

J.Sdgler

Date: <u>01.09</u>	Kabuluan	(In I was
Your Name:	Katanina	gendera
Manuscript Title:	Managemen	ut of a doubly polded, partially inflated Melod
Manuscript number (if known):0	Value after outer bollogy supposed where

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145		Time frame: pas	t 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

Payment or honoraria for	None	
lectures, presentations,		
	None	는 것, 19 년 년 19 일이라, 19 10 년 ⁴ 일이에 프랑크 카라 바랍 것
testimony		
Support for attending meetings and/or travel	None	
Patents planned, issued or pending	None	
Participation on a Data	None	
Safety Monitoring Board or	None	
in other board, society,	None	
Stock or stock options	None	
Receipt of equipment,	None	
materials, drugs, medical writing, gifts or other		
	None	
- Interests		
	lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony Support for attending meetings and/or travel Patents planned, issued or pending Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options Receipt of equipment, materials, drugs, medical	lectures, presentations, speakers bureaus, manuscript writing or educational events

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

Katanyna Gendera

Date:	_28.8.20021	
Your Name:	Peter Ewert	
Manuscript Title: Management of a doubly folded, partially inflated Melody valve after outer balloon rupture: a case		
report		
Manuscript number (if k	(nown):	_CDT-21-487

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		Name all entities with	Specifications/Comments
		whom you have this	(e.g., if payments were made to you or to your
		relationship or indicate	institution)
		none (add rows as	
		needed)	
		Time frame: Since the initial	planning of the work
1	All support for the present	None	
	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	None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees		Proctor for the Melody Valve
			Proctor for the Sapien Pulmonic valve

5	lectures, presentations,	None	
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	None	
0	testimony		
	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		
10	Advisory Board	News	
10	Leadership or fiduciary role in other board, society,	None	
	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		
12	services	Neze	
13	Other financial or non- financial interests	None	
	inancial interests		

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.

PEZZ

Date: 16.9.21

Your Name:____Harald Kaemmerer___

Manuscript Title: Management of a doubly folded, partially inflated Melody valve after outer balloon rupture: a case report

Manuscript number (if known):______ CDT-21-487______

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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.	xNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	xNone	
3	Royalties or licenses	xNone	
4	Consulting fees	xNone	

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

Harald Kaemmerer has received honoraria for lectures and/or consultancy from Actelion, Bristol Myers Squibb and Janssen.

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.

Date: 27.8.2021_____ Your Name:_Andreas Eicken MD

Manuscript Title:_Management of a doubly foldet, partially inflated Melody valve after outer balloon rupture: A case report

Manuscript number (if known):_CDT-2020-ACHD-35(CDT-21-487)

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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.	Proctoring for Medtronic Melody valve	
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2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

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Consulting fees	None					
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Payment or honoraria for	None	1244.7				
speakers bureaus, manuscript writing or educational events						
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Payment for expert testimony						
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			作品を			
Patents planned, issued or	None					
pending						
Participation on a Data	None	ALC: N				
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Advisory Board	(PE) 世在13	The second			当时当 代	
	None					
group, paid or unpaid						
11 Stock or stock options	None					
Receipt of equipment	None					
writing, gifts or other services						
Other financial or non-	None					
financial interests						
	manuscript writing or educational events Payment for expert testimony Support for attending meetings and/or travel Patents planned, issued or pending Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options Receipt of equipment, materials, drugs, medical writing, gifts or other services	Inclusion	International events	Individual of the second se	lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expertNone	Instruction on a Data

proctoring for Medtronic Melody valve

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Prof. Dr. med. A. Eicken Laliender Obstarzt Klinik für angewerene Herzfehler und Statischardiologie Deutast scherzzentrum München dast scherzzentrum München Klinik an der Flussischen Universität München Lazarettstr. 36 - 80636 München

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