Date: 30.03.2022

Your Name: Francesca Baessato

Manuscript Title: Detection of early signs of right ventricular systolic impairment in unoperated Ebstein's anomaly by

cardiac magnetic resonance feature tracking Manuscript number (if known): CDT-22-82

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.

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		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 initial	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.	_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	

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

No conflicts of interest		

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: 30.03.2022

Your Name: Claudia Furtmüller

Manuscript Title: Detection of early signs of right ventricular systolic impairment in unoperated Ebstein's anomaly by

cardiac magnetic resonance feature tracking Manuscript number (if known): CDT-22-82

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4	Consulting fees	XNone	

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	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending meetings and/or travel	XNone	
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8	Patents planned, issued or	_XNone	
	pending		
9	Participation on a Data	_XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	_XNone	
12	Receipt of equipment,	_XNone	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	XNone	
	financial interests		

No conflicts of interest to declare.		

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

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Date: 30.03.2022

Your Name: Nerejda Shehu

Manuscript Title: Detection of early signs of right ventricular systolic impairment in unoperated Ebstein's anomaly by

cardiac magnetic resonance feature tracking Manuscript number (if known): CDT-22-82

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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	XNone	
	testimony		
7	Support for attending	XNone	
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8	Patents planned, issued or	XNone	
	pending		
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9	Participation on a Data	XNone	
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	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	XNone	
	financial interests		

No conflicts of interest.		

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Date: 30.03.2022

Your Name: Irene Ferrari

Manuscript Title: Detection of early signs of right ventricular systolic impairment in unoperated Ebstein's anomaly by

cardiac magnetic resonance feature tracking Manuscript number (if known): CDT-22-82

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1	All support for the present manuscript (e.g., funding, provision of study materials,	_XNone	
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	XNone	
	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	X_None	
	testimony		
7	Support for attending	X None	
<b>'</b>	meetings and/or travel		
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8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	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-	_XNone	
	financial interests		

No conflicts of interest		

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: 28.C	3. 600		
Your Name:	REICH	BETTIN	A

Manuscript Title: Detection of early signs of right ventricular systolic impairment in unoperated Ebstein's anomaly by cardiac magnetic resonance feature tracking

Manuscript number (if known):

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		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)
S. V.	<b>为此人的意思的</b>	Time frame: Since the initial	planning of the work
1	All support for the present	<u>X</u> 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	X_None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	
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4	Consulting fees	X_None	,

5	Payment or honoraria for		
	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	None	
	meetings and, or traver		
8	Patents planned, issued or	X None	
	pending		
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9	Participation on a Data	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,	None	
	materials, drugs, medical		
	writing, gifts or other		
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13	financial interests	None	
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No	conflict	of	interest.

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 B. Resolu

Date: 28.03.2072

Your Name: NICOLE NAGDYNAN

Manuscript Title: Detection of early signs of right ventricular systolic impairment in unoperated Ebstein's anomaly by

cardiac magnetic resonance feature tracking

Manuscript number (if known):

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		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)
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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.	None	
	1994年17年第2日李宗等	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	

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כ	Payment or honoraria for lectures, presentations,	None	
	speakers bureaus, manuscript writing or educational events		
6	Payment for expert	None	
O	testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data	None	
	Safety Monitoring Board or Advisory Board		
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,	➤ None	
	materials, drugs, medical writing, gifts or other services		
13	Other financial or non-	None	
	financial interests	- 6 End 7 -	
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<i>No</i>	conficts	of	interest	ro	declare	

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

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

form.

My

Date: 30.03.2022

Your Name: Stefan Martinoff

Manuscript Title: Detection of early signs of right ventricular systolic impairment in unoperated Ebstein's anomaly by

cardiac magnetic resonance feature tracking Manuscript number (if known): CDT-22-82

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1	All support for the present manuscript (e.g., funding,	_XNone	
	provision of study materials,		
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	processing charges, etc.)		
	No time limit for this item.		
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		Time frame: past	36 months
2	Grants or contracts from	XNone	
	any entity (if not indicated in item #1 above).		
3	Royalties or licenses	X None	
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4	Consulting fees	XNone	

S Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events 6 Payment for expert testimony 7 Support for attending meetings and/or travel 8 Patents planned, issued or pending 9 Participation on a Data Safety Monitoring Board or Advisory Board 10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid 11 Stock or stock options 12 Receipt of equipment, materials, drugs, medical writing, gifts or other services 13 Other financial or non-  X None    X None	lectures, presentations, speakers bureaus, manuscript writing or educational events  6 Payment for expert testimony  7 Support for attending meetings and/or travel  8 Patents planned, issued or pending  9 Participation on a Data Safety Monitoring Board or Advisory Board  10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid  11 Stock or stock options  12 Receipt of equipment, materials, drugs, medical writing, gifts or other services			1	
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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  Other financial or non-  X_None  X_None	Advisory Board  10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid  11 Stock or stock options  X_None  12 Receipt of equipment, materials, drugs, medical writing, gifts or other services  13 Other financial or non-  X_None		=	_XNone	
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	financial interests	13	Other financial or non-	XNone	
financial interests			financial interests		
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No conflicts of interest to declare.		

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: March 28 2022 Your Name: Heiko Stern

Manuscript Title: Detection of early signs of right ventricular systolic impairment in unoperated Ebstein's anomaly by

cardiac magnetic resonance feature tracking Manuscript number (if known): CDT-22-82

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	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)
All suggest for the con-	I	planning of the work
	_x_ivone	
medical writing, article		
processing charges, etc.)		
No time limit for this item.		
	Time frame: past	36 months
Grants or contracts from	_X_None	
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Royalties or licenses	_X_None	
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	processing charges, etc.)  No time limit for this item.	whom you have this relationship or indicate none (add rows as needed)  Time frame: Since the initial  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.  Time frame: past X_None

		1	
5	Payment or honoraria for	_X_None	
	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		
	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	1 1 1	_X_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	_X_None	
	financial interests		

None		

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Date: 28.03. 22
Your Name: Prof. Dr. Peter Ewert
Manuscript Title: Detection of early signs of right ventricular systolic impairment in unoperated Ebstein's anomaly b
cardiac magnetic resonance feature tracking

Manuscript number (if known):

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		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 initi	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	

lectures, presentati speakers bureaus,	Payment or honoraria for	None	A MERICAN PARTICULAR PROPERTY AND
	manuscript writing or		
	educational events		
6	Payment for expert	None	See Agend State and Control of the Agent See See
0	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		a lendrid per person de la companya
	Advisory Board		
10	Leadership or fiduciary role in other board, society, committee or advocacy	None	
11	group, paid or unpaid	None	
11	Stock or stock options	None	
12	Receipt of equipment,	None	Nigotavenication control contr
12	materials, drugs, medical writing, gifts or other	Z None	
	services	1	
13	Other financial or non-	None	
	financial interests		

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Det, Muss, 26.3.2022

Date: March 28, 2022

Your Name: Christian Meierhofer

Manuscript Title: Detection of early signs of right ventricular systolic impairment in unoperated Ebstein's anomaly by

cardiac magnetic resonance feature tracking Manuscript number (if known): CDT-22-82

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		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 support for the present	XNone	praming or the tront
	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	XNone	
	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	XNone	
	testimony		
7	Support for attending meetings and/or travel	XNone	
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8	Patents planned, issued or pending	XNone	
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	_XNone	
12	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non- financial interests	X_None	
Plea	se summarize the above co	nflict of interest in the follo	owing box:

None.		

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