Date: 25<sup>th</sup> Feb 2022 Your Name: Celina Fritz Manuscript Title: A Multi-Center Trial on efficacy and safety of the LifeTech CeraFlex<sup>™</sup> ASD Occluder for Transcatheter Closure in Patients with Secundum Atrial Septal Defects Manuscript number (if known): CDT-21-798

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)	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.) <b>No time limit for this item.</b>	None	
		Time frame: past	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	None	
	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		
11	group, paid or unpaid	News	
11	Stock or stock options	None	
12	Receipt of equipment,	None	
12	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial 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.

/

C. Frile

Date: 25<sup>th</sup> Feb 2022 Your Name: Andrea Engelhardt Manuscript Title: A Multi-Center Trial on efficacy and safety of the LifeTech CeraFlex<sup>™</sup> ASD Occluder for Transcatheter Closure in Patients with Secundum Atrial Septal Defects Manuscript number (if known): CDT-21-798

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)	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.) <b>No time limit for this item.</b>	None	Institutional grant (DHM) for study conduct by Medtronic / LifeTech
	学校 达南部市 的 医外丛外病	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	a consistent and a consistent and a consistent and a constant and a constant and a constant and a constant and a

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

This study was supported financially by grants from Medtronic and LifeTech			
28-Teb-2022	D. Leeselhardt-		

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: 25<sup>th</sup> Feb 2022 Your Name: Jochen Grohmann Manuscript Title: A Multi-Center Trial on efficacy and safety of the LifeTech CeraFlex<sup>™</sup> ASD Occluder for Transcatheter Closure in Patients with Secundum Atrial Septal Defects Manuscript number (if known): CDT-21-798

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)	Specifications/Comments (e.g., if payments were made to you or to your institution)
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	Time frame: Since the initialXNone	
Sec. 14		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	XNone	
	lectures, presentations, speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	XNone	
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or pending	XNone	
4.6			
9	Participation on a Data Safety Monitoring Board or	XNone	
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society, committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X_None	
12	Receipt of equipment,	X None	
(The second second	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	XNone	
	financial interests		

1
ED Dr. med. Jochen Grohmann
JC 28-02-2012

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: 28th Feb. 2022 Your Name: hgo Dahnert

Manuscript Title: Ă Multi-Center Trial on efficacy and safety of the LifeTech CeraFlex<sup>™</sup> ASD Occluder for Transcatheter Closure in Patients with Secundum Atrial Septal Defects Manuscript number (if known): CDT-21-798

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)	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.) <b>No time limit for this item.</b>	None Rein-Surgement (study fees) 5400 EURO paid by Gener Hent Center Municy	
91 (B)	2.47 £ 1.5 46 £ 5.5 4 【 · · · · · · · · · · · · · · · · · ·	Time frame: past	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	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		
		Contraction of the second	
		and the desired of the	
8	Patents planned, issued or	None	
	pending	<u></u>	
Constanting of			
9	Participation on a Data	X_None	
	Safety Monitoring Board or		
10	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	
		Anone	
12	Receipt of equipment,	V None	
	materials, drugs, medical	-	
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		

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.

28. FEB 202

Prof. Dr. med. Ingo Dähnert FA für Kinder- u. Jugendmedizin SP Kinderkardiologie Erwachsene mit angeborenen Herztehlern (EMAH) Pädiatrische Intensivmedizin

Herzzentrum Leipzig Universitätsklinik für Kinderkardiologie Direktor: Prof. Dr. med. Ingo Dähnert Strümpellstraße 39 04289 Leipzig Tel.: 0341 865-1036 | Fax: 0341 865-1143

Date: 25<sup>th</sup> Feb 2022 Your Name: Johanna Hummel Manuscript Title: A Multi-Center Trial on efficacy and safety of the LifeTech CeraFlex<sup>™</sup> ASD Occluder for Transcatheter Closure in Patients with Secundum Atrial Septal Defects Manuscript number (if known): CDT-21-798

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)	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.) <b>No time limit for this item.</b>	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	XNone	
5	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending meetings and/or travel	XNone	
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		
11	group, paid or unpaid 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	
1.0	financial interests		

28.02.2022	O. Je el	

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: 25<sup>th</sup> Feb 2022 Your Name: Daniel Tanase Manuscript Title: A Multi-Center Trial on efficacy and safety of the LifeTech CeraFlex<sup>™</sup> ASD Occluder for Transcatheter Closure in Patients with Secundum Atrial Septal Defects Manuscript number (if known): CDT-21-798

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)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initia	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	implicitution & Sont COHIM for Auchy conduct & by Mechtonic / Life te
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	_X_None	
3	Royalties or licenses	None	~
4	Consulting fees	None	

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus, 🧹 🧭		
	manuscript writing or	A SALE AND A SALE AND A SALE	and the second state of th
1.31	educational events		
6	Payment for expert	<u> </u>	
	testimony	147 - 119 - 119 - 119 - 119 - 119 - 119 - 119 - 119 - 119 - 119 - 119 - 119 - 119 - 119 - 119 - 119 - 119 - 119	
7	Support for attending	X_None	
1	meetings and/or travel	1 None	
	inceangs and/or traver		
8	Patents planned, issued or	× None	3 dr
0	pending		
	1		
9	Participation on a Data	X None	
Dar ta Ci	Safety Monitoring Board or	The second s	
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy	2	
	group, paid or unpaid		
11	Stock or stock options	None	
12	Descript of earlies of		
12	Receipt of equipment, materials, drugs, medical	X_None	
	writing, gifts or other		
	services	2	
13	Other financial or non-	V None	
	financial interests		

of interint No Get Con

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.

Contel Tomos

Date: 25<sup>th</sup> Feb 2022 Your Name: Beeg Euser Manuscript Title: A Multi-Center Trial on efficacy and safety of the LifeTech CeraFlex<sup>™</sup> ASD Occluder for Transcatheter Closure in Patients with Secundum Atrial Septal Defects Manuscript number (if known): CDT-21-798

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> manuscript only.

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)	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.	None	
		Time frame: past	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	None	
	lectures, presentations, speakers bureaus, manuscript writing or educational events		
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 group, paid or unpaid	None	
11	Stock or stock options	None	
		N.	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-	None	
	financial interests	an a farma the state for a second	and the second

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.

Kinderkardiologio /Deutsches Hernzeninner Manich, 14.3.2022 des Preistaales 5: Ninik on der Technischer Universität Lezerottstr. 36 – 80388 Million im Le

Date: 14<sup>th</sup> Feb. 2022 Your Name: Andreas Eicken MD Manuscript Title: A Multi-Center Trial on efficacy and safety of the LifeTech CeraFlexTM ASD Occluder for Transcatheter Closure in Patients with Secundum Manuscript number (if known): CDT-21-798

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)	Specifications/Comments (e.g., if payments were made to you or to your institution)
	计中心 化化学 化化学化学 化化学化学	Time frame: Since the initia	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	
	The second s	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	1500 Euro	Proctor Lifetech ASD-Occlusion

5	Payment or honoraria for	None	
	lectures, presentations, speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert testimony	None	
7	Support for attending	None	
	meetings and/or travel		
8	Patents planned, issued or pending	None	
	pending	4	
9	Participation on a Data Safety Monitoring Board or	None	
119	Advisory Board		
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
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:

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

of. Dr. med. A. Eicken Loitendar Oberarzt Klinix für angehorena Herzfahler und Kingerkardiologie Kingerkardiologie Deutschos Gerzzentrum München des Freistaaten Doyem - Klinik en der Technischen Underdete München -Lazareltistr. 36 - 80636 München