

ICMJE DISCLOSURE FORM

Date: 20.06.2022

Your Name: Annika Freiberger

Manuscript Title: Psychosocial Well-Being in Postpartum Women with Congenital Heart Disease

Manuscript number (if known): CDT-22-213

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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Date: 20.06.2022

Your Name: Jürgen Beckmann

Manuscript Title: Psychosocial Well-Being in Postpartum Women with Congenital Heart Disease

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Date: 20.06.2022

Your Name: Sebastian Freilinger

Manuscript Title: Psychosocial Well-Being in Postpartum Women with Congenital Heart Disease

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Date: 20.06.2022

Your Name: Harald Kaemmerer

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Date: 20.06.2022

Your Name: Nicole Nagdyman

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Your Name: Lars Pieper

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Your Name: Charlotte Deppe

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Your Name: Bettina Kuschel

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6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

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.