

# ICMJE DISCLOSURE FORM

Date: 5.5.2022

Your Name: Katalin Szöcs

Manuscript Title: Concomitant Cardiovascular Malformations in Isolated Bicuspid Aortic Valve Disease: a Retrospective Cross- Sectional Study and Meta-Analysis

Manuscript number (if known): CDT-22-112

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 current manuscript only.

The author's relationships/activities/interests should be defined broadly. 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)	Specifications/Comments (e.g., if payments were made to you or to your institution)
<b>Time frame: Since the initial planning of the work</b>			
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>	<input checked="" type="checkbox"/> None	
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	

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

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

I have 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.**

# ICMJE DISCLOSURE FORM

Date: 07.05.2022

Your Name: Betül Toprak

Manuscript Title: Concomitant Cardiovascular Malformations in Isolated Bicuspid Aortic Valve Disease: a Retrospective Cross- Sectional Study and Meta-Analysis

Manuscript number (if known): CDT-22-112

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<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<b>German Heart Foundation</b>	Project-related research grant
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	

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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	

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

B. T. receives a project-related research grant by the German Heart Foundation outside the submitted work. No other COI 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.

# ICMJE DISCLOSURE FORM

Date: 13.05.2022

Your Name: Gerhard Schön

Manuscript Title: Concomitant Cardiovascular Malformations in Isolated Bicuspid Aortic Valve Disease: a Retrospective Cross- Sectional Study and Meta-Analysis

Manuscript number (if known): CDT-22-112

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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	

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

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.

# ICMJE DISCLOSURE FORM

Date: 17.05.2022

Your Name: Meike Rybczynski , MD, PhD

Manuscript Title: „Concomitant Malformations in Isolated Bicuspid Aortic Valve Disease"

Manuscript number (if known): CDT-22-112

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 current manuscript only.

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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:

I have no interests to 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.



# ICMJE DISCLOSURE FORM

Date: 13.5.2022

Your Name: Tatjana Brinken

Manuscript Title: Concomitant Cardiovascular Malformations in Isolated Bicuspid Aortic Valve Disease: a Retrospective Cross- Sectional Study and Meta-Analysis

Manuscript number (if known): CDT-22-112

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

I have 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.**

# ICMJE DISCLOSURE FORM

Date: 07 may 2022

Your Name: Adrian Mahlmann

Manuscript Title: Concomitant Cardiovascular Malformations in Isolated Bicuspid Aortic Valve Disease: a Retrospective Study and Meta-Analysis

Manuscript number (if known): CDT-22-112

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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13	Other financial or non-financial interests	<u>      </u> None	

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**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.

A handwritten signature in blue ink on a light gray background. The signature consists of a large, sweeping, curved stroke that starts from the left and ends with a small loop, followed by the word "Zahlmann" written in a cursive script.

# ICMJE DISCLOSURE FORM

Date: 12.05.2022

Your Name: Girdauskas Evaldas

Manuscript Title: Concomitant Cardiovascular Malformations in Isolated Bicuspid Aortic Valve Disease: a Retrospective Cross- Sectional Study and Meta-Analysis

Manuscript number (if known): CDT-22-112

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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

None
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**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: 12/5/2022

Your Name: Stefan Blankenberg

Manuscript Title: Concomitant Cardiovascular Malformations in Isolated Bicuspid Aortic Valve Disease: a Retrospective Cross- Sectional Study and Meta-Analysis

Manuscript number (if known): CDT-22-112

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# ICMJE DISCLOSURE FORM

Date: 17.05.2022

Your Name: Yskert von Kodolitsch

Manuscript Title: Concomitant Cardiovascular Malformations in Isolated Bicuspid Aortic Valve Disease: a Retrospective Cross- Sectional Study and Meta-Analysis

Manuscript number (if known): CDT-22-112

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