Date:01.01.2021
Your Name:_ Abd El Rahman, Mohamed Youssef
Manuscript Title: Left Atrial Remodelling among Turner Syndrome Patients:Novel Insights from Non-Invasive 3E Echocardiography
Manuscript number (if known):QIMS-21-515

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 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 initial	Specifications/Comments (e.g., if payments were made to you or to your institution)  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		None	

	Grants or contracts from any entity (if not indicated in item #1 above).		
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 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	

None			

orm.			

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

Date: 11/01/2021

Your Name: Anna-Maria Jung

Manuscript Title: Left Atrial Remodelling among Turner Syndrome Patients: Novel Insights from Non-Invasive 3D

**Echocardiography** 

Manuscript number (if known): QIMS-21-515-R2.

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		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	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	
4.0	Advisory Board	N. M.
10	Leadership or fiduciary role in other board, society,	XNone
	committee or advocacy	
	group, paid or unpaid	
11	Stock or stock options	XNone
12	Receipt of equipment,	X_None
	materials, drugs, medical	
	writing, gifts or other services	
13	Other financial or non-	XNone
	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.

Date:Oct 26, 20	21
Your Name:Micha	el Zemlin
Manuscript Title:	Left atrial remodeling among turner Syndrome Patients: Novel insights from non-Invasive 3D
echocardiography	_
Manuscript number (i	f known: OIMS-21-515-R2

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		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.	_X_None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	X_None	
4	Consulting fees	X None	

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	X None	
Ü	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	X None	
10	in other board, society,	XNone	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	X_None	
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		

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:

X | Legrify that I have answered every question and have not altered the wording of

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

Milul Do.

Manuscript Title: Left Atrial Remodelling among Turner Syndrome Patients: Novel Insights from Non-Invasive 3D

Date: 02. Nov., 2021\_\_

**Echocardiography** 

Your Name: \_Tilman R. Rohrer\_

Grants or contracts from any entity (if not indicated

in item #1 above).

Royalties or licenses

3

Mar	nuscript number (if known):	QIMS-21-515-R2.		
rela part to ti	ted to the content of your miles whose interests may be	nanuscript. "Related" mean affected by the content of ecessarily indicate a bias.	relationships/activities/interests listed below that are any relation with for-profit or not-for-profit third the manuscript. Disclosure represents a commitment of you are in doubt about whether to list a so.	
	following questions apply to nuscript only.	o the author's relationship	s/activities/interests as they relate to the <u>current</u>	
to tl	•	nsion, you should declare a	efined broadly. For example, if your manuscript pertaill relationships with manufacturers of antihypertensive manuscript.	
	em #1 below, report all sup time frame for disclosure is	·	in this manuscript without time limit. For all other ite	ms,
		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	XNone		
	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	

X\_\_None

X\_\_None

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					
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					
10	Advisory Board	V. None				
10	Leadership or fiduciary role in other board, society,	XNone				
	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					
Plea	Please summarize the above conflict of interest in the following box:					

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

None.

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

# ICM IF DISCLOSUDE FORM

	ICMJE DISCLUSUKE FURM
	L RIAL REMODELING AMONG TURNER SYNDROME PATIENTS LIMS-21-515-R2
related to the content of your manu parties whose interests may be affect	ask you to disclose all relationships/activities/interests listed below that are script. "Related" means any relation with for-profit or not-for-profit third cted by the content of the manuscript. Disclosure represents a commitment sarily indicate a bias. If you are in-doubt about whether to list a referable that you do so.
The following questions apply to the manuscript only.	e author's relationships/activities/interests as they relate to the <u>current</u>
to the epidemiology of hypertension	s/interests should be <u>defined broadly</u> . For example, if your manuscript pertains a, you should declare all relationships with manufacturers of antihypertensive is not mentioned in the manuscript.
In item #1 below, report all support the time frame for disclosure is the	for the work reported in this manuscript without time limit. For all other items, past 36 months.
	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)
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
2 Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: past 36 months _X_None .
3 Royalties or licenses	∑None
4 Consulting fees	X None
5 Payment or honoraria for lectures, presentations, speakers bureaus,	None

manuscript writing or educational events

6	Payment for expert testimony	X None		
7	Support for attending meetings and/or travel	X_None		
8	Patents planned, issued or pending	X None		
9	Participation on a Data Safety Monitoring Board	XNone		
10	or Advisory Board  Leadership or fiduciary	XNone		
	society, committee or advocacy group, paid or unpaid	-Arone		
11	Stock or stock options	X None		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X None		
13	Other financial or non- financial interests	X_None		

No conflict of interest concerning Manuscript
QIMS-21-515-R2.

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

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

Date: 1st of November 2021

Your Name: Felix Sebastian Oberhoffer

Manuscript Title: Left Atrial Remodelling among Turner Syndrome Patients: Novel Insights from Non-Invasive 3D

**Echocardiography** 

Manuscript number (if known): QIMS-21-515-R2.

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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
		Time frame. Since the mittal	plaining of the work
1	All support for the present	XNone	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	26 months
		Time frame: past	56 months
2	Grants or contracts from	XNone	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	X None	

4	Consulting fees	X None	
	consuming rees		
5	Payment or honoraria for	X None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending meetings and/or travel	XNone	
	meetings and, or traver		
8	Patents planned, issued or	XNone	
	pending		
9	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	XNone	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		

None.			

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 $\underline{\hspace{0.1cm}} X_{\underline{\hspace{0.1cm}}}$  I certify that we have answered every question and have not altered the wording of any of the questions on this form.

Date:, 2021/10 (30	
Vour Name: Prof. Dr. Hashim Abdul-Idhalig	
Manuscript Title: Left Atrial Remodelling among Turner Syndrome Patients: Novel Insights f	rom Non-Invasive 3D
Echocardiography	

Manuscript number (if known): QIMS-21-515-R2.

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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: pa	st 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	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, materials, drugs, medical	X_None	
	writing, gifts or other services		
13	Other financial or non-	XNone	
	financial interests		

None.			

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