Date: 10.01.2024_	
Your Name: Sebas	tian Feickert
Manuscript Title: I	mpact of atrial fibrillation on one-year outcome in patients with ICD or CRT: Results from the
German DEVICE Ro	egistry
Manuscript numb	er (if known): JTD-23-274-R2

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,	xNone	
	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	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		
	meetings and/or travel			
8	Patents planned, issued or	x None		
Ü	pending			
	Ferrang			
9	Participation on a Data	x None		
	Safety Monitoring Board or			
	Advisory Board			
10	Leadership or fiduciary role	x None		
-0	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-	x None		
	financial interests			
Ple	ease summarize the above c	onflict of interest in the fol	lowing box:	
	No conflicts of interest			

No conflicts of interest		

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

Date: 12.01.2024	
Your Name: Niels Christia	n Ewertsen
Manuscript Title: Impact	of atrial fibrillation on one-year outcome in patients with ICD or CRT: Results from the
German DEVICE Registry	
Manuscript number (if kr	own): JTD-23-274-R2

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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		Time frame: Since the initial	planning of the work
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	x_None	
	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		
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,	xNone	
	materials, drugs, medical		
	writing, gifts or other		
10	services	•	
13	Other financial or non- financial interests	xNone	
	inanciai interests		
	ease summarize the above co	onflict of interest in the fol	lowing box:
	NONE		

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

Date: 16-01-2024
Your Name: Julia Köbe
Manuscript Title: Impact of atrial fibrillation on one-year outcome in patients with implantable cardioverter
defibrillator or cardiac resynchronization therapy with defibrillator: Results from the German DEVICE
RegistryManuscript number (if known):

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>.

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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	

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

Julia Köbe has received honoraria for lectures and travel grants from Abbott, Boston Scientific and Biotronik.	

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

Date:15.01.2024	
Your Name:Thomas Kleemann	25 张 [[15] [2] [3] [4] [4] [4]
Manuscript Title:_Impact of atrial fibrillation on one-year outcome in	patients with implantable cardioverter
defibrillator or cardiac resynchronization therapy with defibrillator:	
Results from the German DEVICE Registry	
Manuscript number (if known):	

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 initia	al planning of the work
1	All support for the present	/None	
	manuscript (e.g., funding,		
	provision of study materials,	:	14.1 加工机会 1000和联络
	medical writing, article		
1.	processing charges, etc.)		
	No time limit for this item.		
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		Time frame: pas	t 36 months
2	Grants or contracts from	None/	
	any entity (if not indicated		
	in item #1 above).		
3 -	Royalties or licenses	None	
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4	Consulting fees	None	and the state of t

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		None -	
5	Payment or honoraria for lectures, presentations,	None -	
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	speakers bureaus,		And the second of the second o
	manuscript writing or	And it a few and years to be the few and the	
	educational events	I V I Mara	
6	Payment for expert testimony	None)	The state of the s
	testimony		
7	Support for attending	None	
	meetings and/or travel	RITTING AND	
		1100	
8	Patents planned, issued or pending	/None)	
			À
9	Participation on a Data	None .	
	Safety Monitoring Board or	ALCONOMICS OF THE STREET	
184	Advisory Board	English of the second	
10	Leadership or fiduciary role	None)	
	in other board, society,	据制造》/	
	committee or advocacy	1 · · · · · · · · · · · · · · · · · · ·	
	group, paid or unpaid	间的特殊。	
11	Stock or stock options	None	
		And the Control of th	
12	Receipt of equipment,	<u>√</u> None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests	The state of the s	
		Carry States 115	

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/ V U 42 L 1	r	n.
	a a	

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.

15,12024 Thoms Clean

Date: 17.01.2024

Your Name: Joachim Jehle

Manuscript Title: Impact of atrial fibrillation on one-year outcome in patients with ICD or CRT

Manuscript number (if known):

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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3	Grants or contracts from any entity (if not indicated in item #1 above). Royalties or licenses	None None	36 months
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		
10	Advisory Board	News	
10	Leadership or fiduciary role in other board, society,	None	
	committee or advocacy		
	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		
DI.	and a summer of the second	andline of international in the fel	University to be a second

None		

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

Date: 16.01.2024

Your Name: Jochen Senges

Manuscript Title: Impact of atrial fibrillation on one-year outcome in patients with ICD or CRT

Manuscript number (if known): JTD-23-274-R2

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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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	
3	Grants or contracts from any entity (if not indicated in item #1 above). Royalties or licenses	None None	36 MONUS
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		
10	Advisory Board	News	
10	Leadership or fiduciary role in other board, society,	None	
	committee or advocacy		
	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		
DI.	and a summer of the second	andline of international in the fel	University to be a second

None		

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

Date: 16.01.2024

Your Name: Matthias Hochadel

Manuscript Title: Impact of atrial fibrillation on one-year outcome in patients with ICD or CRT

Manuscript number (if known): JTD-23-274-R2

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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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 None	
3	Grants or contracts from any entity (if not indicated in item #1 above). Royalties or licenses	None None	36 months
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		

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

Pate: 15.01.2024
our Name: Dietrich Andresen
Nanuscript Title: Impact of atrial fibrillation on one-year outcome in patients with ICD or CRT: Results from the German
PEVICE Registry
/lanuscript number (if known):

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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		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 lectures, presentations,	None	
	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		
	2		
9	Participation on a Data	None	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role	None	
10	in other board, society,	None	
	committee or advocacy 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		

None		

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

form.

Date: 16.01.2024	
Your Name: Christoph Stellbrink	
Manuscript Title: Impact of atrial fibrillation on one-year outcome in patients with ICD or CRT: Results from the Germ	an
DEVICE Registry	
Manuscript number (if known):	

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		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 lectures, presentations,	None	
	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		
	2		
9	Participation on a Data	None	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role	None	
10	in other board, society,	None	
	committee or advocacy 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		

None		

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

form.

Date: 17.01.2024
Your Name: Lars Eckardt
Manuscript Title: Impact of atrial fibrillation on one-year outcome in patients with ICD or CRT: Results from the Germa
DEVICE Registry
Manuscript number (if known):

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		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		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
12	services	Nege	
13	Other financial or non- financial interests	None	
	ilialiciai liiterests		

None			

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

Date: 16.01.2024			
Your Name: Prof. Dr. med. S	defan G. Spitzer		
Manuscript Title: Ompact of add	ial fibrillation on one-ye	ear outcome in patients with	h ICD or CRT-D
Manuscript number (if known):		Gernan DENCE Zejistro	

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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1		Time frame: Since the initia	l 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	
No. of		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 lectures, presentations,	None	
740.	speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	<u>≻_</u> None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	<u></u> ➤ 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	<u>×</u> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u>≻</u> None	
13	Other financial or non- financial interests	None	
Ple	ease summarize the above o	conflict of interest in the fo	llowing box:

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

Date: 13.01.2024

Your Name: Johannes Brachmann

Manuscript Title: Impact of atrial fibrillation on one-year outcome in patients with ICD or CRT: Results from the German

DEVICE Registry

Manuscript number (if known): JTD-23-274-R2

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	

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	x_None	
	meetings and/or travel		
8	Patents planned, issued or	x_None	
	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	
42	Descint of annings and	V Nove	
12	Receipt of equipment, materials, drugs, medical	XNone	
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
	financial interests		
P	ease summarize the above o	onflict of interest in the fo	llowing box:
_			-
	No conflicts of interest		

No conflicts of interest		

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

Date: 14.01.2024
Your Name: Hüseyin Ince
Manuscript Title: Impact of atrial fibrillation on one-year outcome in patients with ICD or CRT: Results from th
German DEVICE Registry
Manuscript number (if known): JTD-23-274-R2

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)	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).	_x_	Institutional research grant from Boston Scientific (3000 €).
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		
	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,	xNone	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	x None	
	financial interests		
		•	

Н	lüseyin Ince received an institutional research grant from Boston Scientific.

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

form.	ve answered every question and	Hot aftered the wording	5 c. any or the questions on this

Date: 12.01.2024
Your Name: Giuseppe D'Ancona
Manuscript Title: Impact of atrial fibrillation on one-year outcome in patients with ICD or CRT: Results from the
German DEVICE Registry
Manuscript number (if known): JTD-23-274-R2

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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)	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.)	xNone				
	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	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					
	meetings and/or travel						
8	Patents planned, issued or	xNone					
	pending						
9	Participation on a Data Safety Monitoring Board or Advisory Board	xNone					
10	Leadership or fiduciary role in other board, society, committee or advocacy	xNone					
	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	х	GD serves as a current Editorial Team member of Journal				
			of Thoracic Disease from February 2023 to January 2025				
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