ICMJE DISCLOSURE FORM

Date: 25th Feb 2022
Your Name: Celina Fritz
Manuscript Title: A Multi-Center Trial on efficacy and safety of the LifeTech CeraFlex™ 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 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) |
|---|-------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| **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.) | None                                                                             |
|   | **No time limit for this item.**                                                              |                                                                                  |
| **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, 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 |

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

[Signature]
ICMJE DISCLOSURE FORM

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

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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.

| Item | Time frame: Since the initial planning of the work | Time frame: past 36 months |
|------|--------------------------------------------------|----------------------------|
| 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 | Institutional grant (DHM) for study conduct by Medtronic / LifeTech |
| 2    | Grants or contracts from any entity (if not indicated in item #1 above). | X None | |
| 3    | Royalties or licenses | X None | |
| 4    | Consulting fees | X None | |
|   |   |   |
|---|---|---|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | _X_ None |
| 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 or Advisory Board | _X_ None |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | _X_ None |
| 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 |

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

This study was supported financially by grants from Medtronic and LifeTech

28-Feb-2022

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

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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.)<br>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). | X | None |
| **3** | Royalties or licenses | X | None |
| **4** | Consulting fees | X | None |
Please summarize the above conflict of interest in the following box:

Nothing to disclose.

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: 28th Feb 2022
Your Name: [Signature]
Manuscript Title: A Multi-Center Trial on efficacy and safety of the LifeTech CeraFlex™ ASD Occluder for Transcatheter Closure in Patients with Secundum Atrial Septal Defects
Manuscript number (if known): CDT-21-798

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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) |
|---|-------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | None
|   | No time limit for this item.                                                                   | Study fees                                                                     |
|   |                                                                                                 | 5,400 Euros paid                                                               |
|   |                                                                                                 | Center Munich                                                                  |

|   | Time frame: Since the initial planning of the work |

|   | 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 |
|   | X None |

| 4 | Consulting fees |
|   | X None |
|   | Description                                                                 |   |
|---|-----------------------------------------------------------------------------|---|
| 5 | None Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None |
| 6 | None Payment for expert testimony                                            | None |
| 7 | None Support for attending meetings and/or travel                            | None |
| 8 | None Patents planned, issued or pending                                       | None |
| 9 | None Participation on a Data Safety Monitoring Board or Advisory Board       | None |
| 10| None Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | None |
| 11| None Stock or stock options                                                   | None |
| 12| None Receipt of equipment, materials, drugs, medical writing, gifts or other services | None |
| 13| None Other financial or non-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 I certify that I have answered every question and have not altered the wording of any of the questions on this form.

28. FEB 2022
ICMJE DISCLOSURE FORM

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

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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.) | _X_ None |
| **No time limit for this item.** |
| **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 | _X_ None |
| 4 | Consulting fees | _X_ None |
|   |   |   |
|---|---|---|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | X None |
| 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 or Advisory Board | X None |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | X None |
| 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 |

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

28.02.2022

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

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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. | None | institutional grant from CSHM for study conduct & by Hekmo/Lifelec |
| **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, 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 |

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

no conflict 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.

[Signature] Daniel Tonos
ICMJE DISCLOSURE FORM

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

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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.)               | None                                                                              |
|   | No time limit for this item.                                                                     |                                                                                  |

|   |                                                                                                 | 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, 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 |

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

Munich 14.3.2022 [Signature]
ICMJE DISCLOSURE FORM

Date: 14\textsuperscript{th} 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

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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                                                                             |

**Time frame: Since the initial planning of the work**

|   |   |
|---|---|
| 2 | Grants or contracts from any entity (if not indicated in Item #1 above). |
| 3 | Royalties or licenses |
| 4 | Consulting fees |

**Time frame: past 36 months**

|   |   |
|---|---|
| 2 |   |
| 3 |   |
| 4 | 1500 Euro   Proctor Lifetech ASD-Occlusion |
|   | Description                                                                 | Answer |
|---|----------------------------------------------------------------------------|--------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus,        | None   |
|   | 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| None   |
|   | group, paid or unpaid                                                      |        |
| 11| Stock or stock options                                                      | None   |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other    | None   |
|   | services                                                                   |        |
| 13| Other financial or non-financial interests                                 | None   |

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

Prof. Dr. med. A. Eicken
Klinik für Augenheilkunde Herzklinik und Kinderheilkunde
Klinikum der Universität München - Technische Universität München -
Lazarettstr. 86 - 80636 München

[Signature]