

## ICMJE DISCLOSURE FORM

Date: 21/03/2023

Your Name: Charlotte Verrall

Manuscript Title: Biological and structural phenotypes associated with neurodevelopmental outcomes in congenital heart disease

Manuscript number (if known): TP-22-687

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"/> None	
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:**

No conflicts real or perceived.
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**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: 15/03/2023

Your Name: Shrujna Patel

Manuscript Title: Biological and structural phenotypes associated with neurodevelopmental outcomes in congenital heart disease

Manuscript number (if known): TP-22-687

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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.**

## ICMJE DISCLOSURE FORM

Date: 03/14/2023

Your Name: Leksi Travitz

Manuscript Title: Biological and structural phenotypes associated with neurodevelopmental outcomes in congenital heart disease

Manuscript number (if known): TP-22-687

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

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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No conflicts real or perceived.
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**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: 2023-03-14

Your Name: Jason Tchieu

Manuscript Title: Biological and structural phenotypes associated with neurodevelopmental outcomes in congenital heart disease

Manuscript number (if known): TP-22-687

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The following questions apply to the author’s relationships/activities/interests as they relate to the current manuscript only.

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<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>	This work was supported by the Office of the Assistant Secretary of Defense for Health Affairs through the Autism Research Program under Award No. (W81XWH-21-ARP- CDA). Opinions, interpretations, conclusions, and recommendations are those of the author and are not necessarily endorsed by the Department of Defense.	Payments made to institution.
<b>Time frame: past 36 months</b>			
2	Grants or contracts from	None	

	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	

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

The author receives funding from the Autism Research Program as part of the Office of the Assistant Secretary of Defense for Health Affairs.

**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: 14/03/23

Your Name: Russell C Dale

Manuscript Title: Biological and structural phenotypes associated with neurodevelopmental outcomes in congenital heart disease

Manuscript number (if known): TP-22-687 \_\_\_\_\_

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No conflicts real or perceived.
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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: March 17, 2023

Your Name: Nadine Angele Kasparian

Manuscript Title: Biological and structural phenotypes associated with neurodevelopmental outcomes in congenital heart disease

Manuscript number (if known): TP-22-687

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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).	National Heart Foundation of Australia	Research grant only. Payments made to institution.
		Additional Ventures	Research grant only. Payments made to institution.
		National Health and Medical Research Council of Australia	Research grant only. Payments made to institution.
3	Royalties or licenses	<u> X </u> 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"/>	
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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:**

The author receives funding from the National Heart Foundation of Australia, Additional Ventures and the National Health and Medical Research Council of Australia (research grant only, payment made to the institution).

**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: 15/03/2023

Your Name: David Winlaw

Manuscript Title: Biological and structural phenotypes associated with neurodevelopmental outcomes in congenital heart disease

Manuscript number (if known): TP-22-687

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No conflicts real or perceived.
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## ICMJE DISCLOSURE FORM

Date: 20/03/2023

Your Name: Gillian M. Blue

Manuscript Title: Biological and structural phenotypes associated with neurodevelopmental outcomes in congenital heart disease

Manuscript number (if known): TP-22-687

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