

Supplementary Materials

Table S1. Case Report Form

Demographics		
Date of Birth:	<div style="display: flex; justify-content: space-between; width: 100%;"> □ □ □ □ - □ □ □ □ - □ □ □ □ □ □ </div> <div style="display: flex; justify-content: space-between; width: 100%;"> M M - D D - Y Y Y Y </div>	
Sex: <i>(select only one response)</i>	<input type="checkbox"/> Male	
	<input type="checkbox"/> Female	
	<input type="checkbox"/> Not Reported/Unknown	
	<input type="checkbox"/> Hispanic or Latino	
Ethnicity: <i>(select only one response)</i>	<input type="checkbox"/> Not Hispanic or Latino	
	<input type="checkbox"/> Not Reported/Unknown	
	<input type="checkbox"/> Patient Refused	
	<input type="checkbox"/> American Indian or Alaska Native	
	<input type="checkbox"/> Asian	
Race: <i>(select only one response)</i>	<input type="checkbox"/> Black or African American	
	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	
	<input type="checkbox"/> White	
	<input type="checkbox"/> Other, specify: _____	
	<input type="checkbox"/> Not Reported/Unknown	
Medical History		
Does the Subject have any Medical History Findings to Record? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<i>Only complete the CRF if data is not included in a data transfer.</i>		
	Diagnosis	ICD9 Code
1.		
2.		
3.		
4.		
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8.		
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11.		
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24.		

Table S1. Cont.

Cardiac Complexities (Read 1)	
Date of Read:	_ _ - _ _ - _ _ _ _ M M - D D - Y Y Y Y
Reader's Initials:	_ _ _ (XXX, X-X) <input type="checkbox"/> Abnormal
Echo Findings:	<input type="checkbox"/> Normal
	<input type="checkbox"/> Cannot Evaluate
	<input type="checkbox"/> Grossly Normal
	<input type="checkbox"/> Normal study with PFO/PDA at <1yr (additional imaging not available to confirm closure) (select all that apply) <input type="checkbox"/> PFO <input type="checkbox"/> PDA
	<input type="checkbox"/> Normal based on incomplete or limited study/studies

Completed by: Cardiologist Other Personnel

Cardiac Malformations (Read 1)
If applicable, select only one primary diagnosis from the Cardiac Malformations section. If the relevant diagnosis is not listed, choose "Other" and specify at the bottom of the chart.

	Level Three	Level Two	Level One
<input type="checkbox"/>	Conotruncal	Truncus	Truncus
<input type="checkbox"/>	Conotruncal	IAA, Type B	IAA, B
<input type="checkbox"/>	Conotruncal	IAA, nos	IAA, nos
<input type="checkbox"/>	Conotruncal	d-TGA	d-TGA-IVS
<input type="checkbox"/>	Conotruncal	d-TGA	d-TGA-IVS + LVOTO (PS)
<input type="checkbox"/>	Conotruncal	d-TGA	d-TGA-IVS + RVOTO (AS, COA)
<input type="checkbox"/>	Conotruncal	d-TGA	TGA nos
<input type="checkbox"/>	Conotruncal	d-TGA	TGA os
<input type="checkbox"/>	Conotruncal	d-TGA	d-TGA-VSD
<input type="checkbox"/>	Conotruncal	d-TGA	d-TGA-VSD + LVOTO (PS)
<input type="checkbox"/>	Conotruncal	d-TGA	d-TGA-VSD + RVOTO (AS, COA)
<input type="checkbox"/>	Conotruncal	Fallot	TOF
<input type="checkbox"/>	Conotruncal	Fallot	TOF, absent pulmonary valve
<input type="checkbox"/>	Conotruncal	Fallot	PA-VSD (TOF anatomy)
<input type="checkbox"/>	Conotruncal	Fallot	DORV-TOF type
<input type="checkbox"/>	Conotruncal	DORV-TGA	DORV-TGA type
<input type="checkbox"/>	Conotruncal	DORV-other	DORV, os
<input type="checkbox"/>	Conotruncal	DORV-other	DORV, nos
<input type="checkbox"/>	Conotruncal	VSD, conov	VSD conov
<input type="checkbox"/>	Conotruncal	IAA, Type B Truncus	IAA, B + truncus
<input type="checkbox"/>	AVSD	AVSD	AVSD, unspecified
<input type="checkbox"/>	AVSD	AVSD	ASD-1
<input type="checkbox"/>	AVSD	AVSD	VSD, inlet type
<input type="checkbox"/>	AVSD	AVSD	AVSD, complete
<input type="checkbox"/>	AVSD	AVSD	AVSD, transitional
<input type="checkbox"/>	AVSD	AVSD	AVSD + LVOTO
<input type="checkbox"/>	AVSD	AVSD	AVSD + RVOTO

Table S1. *Cont.*

Cardiac Malformations (<i>Read 1—continued</i>)			
	Level Three	Level Two	Level One
<input type="checkbox"/>	APVR	TAPVR	TAPVR
<input type="checkbox"/>	APVR	TAPVR	TAPVR + RVOTO
<input type="checkbox"/>	APVR	TAPVR	TAPVR + LVOTO
<input type="checkbox"/>	APVR	PAPVR	PAPVR
<input type="checkbox"/>	APVR	PAPVR	PAPVR + RVOTO
<input type="checkbox"/>	APVR	PAPVR	PAPVR + LVOTO
<input type="checkbox"/>	APVR	Cor Triatriatum	Cor Triatriatum
<input type="checkbox"/>	LVOTO	HLHS	HLHS-IVS
<input type="checkbox"/>	LVOTO	HLHS	HLHS + VSD
<input type="checkbox"/>	LVOTO	HLHS	HLHS + APVR
<input type="checkbox"/>	LVOTO	IAA, Type A	IAA, A
<input type="checkbox"/>	LVOTO	Coarctation	COA-IVS
<input type="checkbox"/>	LVOTO	AS	AS
<input type="checkbox"/>	LVOTO	AS Coarctation	AS + COA
<input type="checkbox"/>	LVOTO	Aortic valve malformation	BAV - RL, RN or other
<input type="checkbox"/>	LVOTO	Aortic valve malformation	Aortic Valve Malformations (nos)
<input type="checkbox"/>	LVOTO	Mitral valve malformation	MVP
<input type="checkbox"/>	LVOTO	Mitral valve malformation	MS
<input type="checkbox"/>	LVOTO	Multiple obstruction	Shone Anomaly variant
<input type="checkbox"/>	RVOTO	Pulm valve stenosis	PVS
<input type="checkbox"/>	RVOTO	Pulm valve stenosis	PVS, nos
<input type="checkbox"/>	RVOTO	Tricuspid atresia	Tricuspid atresia, IVS
<input type="checkbox"/>	RVOTO	Tricuspid atresia	Tricuspid atresia + VSD
<input type="checkbox"/>	RVOTO	Ebstein's	Ebstein
<input type="checkbox"/>	RVOTO	Pulm atresia	PA-IVS
<input type="checkbox"/>	RVOTO	Pulm atresia	PA, nos
<input type="checkbox"/>	RVOTO	Pulm atresia	PA-VSD (not TOF anatomy)
<input type="checkbox"/>	RVOTO	Pulm atresia	PA-VSD, nos
<input type="checkbox"/>	RVOTO	Pulm atresia Ebstein's	PA-IVS + Ebstein
<input type="checkbox"/>	RVOTO	Tricuspid atresia Pulm atresia	Tricuspid atresia + PA-IVS
<input type="checkbox"/>	RVOTO	Anatomic Peripheral PS	Anatomic Peripheral PS
<input type="checkbox"/>	Septal	VSD, pm	VSD pm
<input type="checkbox"/>	Septal	VSD, musc	VSD musc
<input type="checkbox"/>	Septal	VSD, os/nos	VSD nos
<input type="checkbox"/>	Septal	VSD, os/nos	VSD os
<input type="checkbox"/>	Septal	ASD2	ASD2
<input type="checkbox"/>	Septal	ASD, os/nos	ASD, nos
<input type="checkbox"/>	Septal	ASD, os/nos	ASD, os
<input type="checkbox"/>	Septal	VSD pm, musc, os/nos, conov	VSDs multiple (pm, musc, or nos)

Table S1. Cont.

Cardiac Malformations (Read 1—continued)			
	Level Three	Level Two	Level One
<input type="checkbox"/>	Septal	VSD pm, musc, os/nos, conov ASD2, ASD nos/os	VSD (non-inlet) + ASD2/ASD nos
<input type="checkbox"/>	Septal	PFO at age > 1 yr	PFO at age ≥ 1 yr.
<input type="checkbox"/>	Septal	PDA at age > 1 yr	PDA at age ≥ 1 yr.
<input type="checkbox"/>	Heterotaxy	Heterotaxy	Heterotaxy or S.I.totalis, simple CVM
<input type="checkbox"/>	Heterotaxy	Heterotaxy	Heterotaxy or S.I.totalis, complex CVM
<input type="checkbox"/>	Heterotaxy	Heterotaxy	Heterotaxy or S.I.totalis, no CVM
<input type="checkbox"/>	Heterotaxy	Heterotaxy	Right Isomerism (Asplenia)
<input type="checkbox"/>	Heterotaxy	Heterotaxy	Left Isomerism (Polyplenia)
<input type="checkbox"/>	Heterotaxy	Heterotaxy	Dextrocardia + mirror image strap vessels + normal intracardiac anatomy
<input type="checkbox"/>	Complex	SV or other complex	Multiple, complex heart anomaly
<input type="checkbox"/>	Complex	SV or other complex	SV
<input type="checkbox"/>	Complex	SV or other complex	SV, DILV, nos
<input type="checkbox"/>	Complex	SV or other complex	SV, DILV, l-malposition
<input type="checkbox"/>	Complex	SV or other complex	SV, DILV, d-malposition
<input type="checkbox"/>	Complex	SV or other complex	SV, DIRV
<input type="checkbox"/>	Complex	SV or other complex	SV, os
<input type="checkbox"/>	Complex	SV or other complex	SV, nos
<input type="checkbox"/>	Complex	L-TGA	L-TGA
<input type="checkbox"/>	Complex	L-TGA	L-TGA + RVOTO (AS, COA)
<input type="checkbox"/>	Complex	L-TGA	L-TGA + LVOTO (PS)
<input type="checkbox"/>	Conotruncal, AVSD	d-TGA AVSD	d-TGA-IVS + AVSD
<input type="checkbox"/>	Conotruncal, AVSD	d-TGA AVSD	d-TGA-VSD + AVSD
<input type="checkbox"/>	Conotruncal, AVSD	Fallot AVSD	TOF + AVSD
<input type="checkbox"/>	Conotruncal, AVSD	Fallot AVSD	PA-VSD (TOF anatomy) + AVSD
<input type="checkbox"/>	APVR, AVSD	TAPVR AVSD	TAVPR + AVSD
<input type="checkbox"/>	APVR, AVSD	PAPVR AVSD	PAVPR + AVSD
<input type="checkbox"/>	Septal, LVOTO	VSD pm, musc, os/nos, conov Coarctation	VSD (non-inlet) + COA
<input type="checkbox"/>	Septal, LVOTO	VSD pm, musc, os/nos, conov ASD2, ASD nos/os AS	VSD (non-inlet) + ASD2/nos + AS
<input type="checkbox"/>	Septal, LVOTO	VSD pm, musc, os/nos, conov ASD2, ASD nos/os Coarctation	VSD (non-inlet) + ASD2/nos + COA
<input type="checkbox"/>	Septal, RVOTO	ASD2 Pulm valve stenosis	ASD + PVS
<input type="checkbox"/>	Septal, RVOTO	VSD pm, musc, os/nos, conov Pulm valve stenosis	VSD (non-inlet) + PVS
<input type="checkbox"/>	Septal, RVOTO	VSD pm, musc, os/nos, conov ASD2, ASD nos/os Pulm valve stenosis	VSD (non-inlet) + ASD2/nos + PVS

Table S1. Cont.

Cardiac Disease (Read 1—continued)		
<i>If applicable, select only one primary diagnosis from the Cardiac Disease section. If the relevant diagnosis is not listed, choose “Other” and specify at the bottom of the chart.</i>		
Level Three	Level Two	Level One
<input type="checkbox"/> Aortopathy	Aortopathy	Aortic root dilation ($z \geq 2.5$)
<input type="checkbox"/> Aortopathy	Aortopathy	Ascending aorta dilation ($z \geq 2.5$)
<input type="checkbox"/> Aortopathy	Aortopathy	Aortic sinotubular junction dilation ($z \geq 2.5$)
<input type="checkbox"/> Arteriopathy	Vascular Anomaly	Right Aortic Arch
<input type="checkbox"/> Arteriopathy	Vascular Anomaly	Double Aortic Arch
<input type="checkbox"/> Arteriopathy	Vascular Anomaly	Aberrant Subclavian Artery
<input type="checkbox"/> Arteriopathy	Vascular Anomaly	PA Anomaly (nos)
<input type="checkbox"/> Arteriopathy	Vascular Anomaly	Vascular Ring (nos)
<input type="checkbox"/> Arteriopathy	Vascular Anomaly	Aortopulmonary Window
<input type="checkbox"/> Arteriopathy, LVOTO	Arteriopathy	Supravalvar AS
<input type="checkbox"/> Coronary Anomaly	Coronary Anomaly	ALCAPA
<input type="checkbox"/> Coronary Anomaly	Coronary Anomaly	Coronary Anomaly (nos)
<input type="checkbox"/> Cardiomyopathy	Cardiomyopathy	HCM
<input type="checkbox"/> Cardiomyopathy	Cardiomyopathy	DCM
<input type="checkbox"/> Cardiomyopathy	Cardiomyopathy	RCM
<input type="checkbox"/> Cardiomyopathy	Cardiomyopathy	ARVC
<input type="checkbox"/> Cardiomyopathy	Cardiomyopathy	LVNC
<input type="checkbox"/> Cardiomyopathy	Left Ventricular Dysfunction	Left Ventricular Dysfunction
Other (Read 1—continued)		
<i>This section is to be used when a primary diagnosis is not listed in the Cardiac Malformations and/or Cardiac Disease sections. It may also be used to record any secondary diagnoses relative to selections in the Cardiac Malformations and/or Cardiac Disease sections.</i>		
Level Three	Level Two	Level One
<input type="checkbox"/> * Other, specify: _____	** Other, specify: _____	*** Other, specify: _____
<input type="checkbox"/> * Other, specify: _____	** Other, specify: _____	*** Other, specify: _____
<input type="checkbox"/> * Other, specify: _____	** Other, specify: _____	*** Other, specify: _____

* Level 3: For “Other”, indicate any of the listed category 3 diagnoses or specify an “other” unlisted classification; ** Level 2: For “Other”, indicate any of the listed category 2 diagnoses or specify an “other” unlisted classification; *** Level 1: For “Other”, indicate any of the listed category 1 diagnoses or specify an “other” unlisted classification.