

ICMJE DISCLOSURE FORM

Date: 10 December, 2022

Your Name: Konstantinos Hantzidiamantis

Manuscript Title: Hepatorenal Syndrome: A Case Based Practical Guide

Manuscript number (if known): DMR-22-45-R1

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6	Payment for expert testimony	___ None	
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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.

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Date: 10 December, 2022

Your Name: Arpan Mohanty

Manuscript Title: Hepatorenal Syndrome: A Case Based Practical Guide

Manuscript number (if known): DMR-22-45-R1

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