

## ICMJE DISCLOSURE FORM

Date: 26-02-2023

Your Name: *Ana Maria Gracioli*

Manuscript Title: Post-COVID-19 Cholangiopathy

Manuscript number (if known): DMR-22-83

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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## ICMJE DISCLOSURE FORM

Date: 26-02-2023

Your Name: *Bruna Raasch De Bortoli*

Manuscript Title: Post-COVID-19 Cholangiopathy

Manuscript number (if known): DMR-22-83

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## ICMJE DISCLOSURE FORM

Date: 26-02-2023

Your Name: *Caroline Maslonek*

Manuscript Title: Post-COVID-19 Cholangiopathy

Manuscript number (if known): DMR-22-83

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## ICMJE DISCLOSURE FORM

Date: 26-02-2023

Your Name: *Eveline Maciel Corrêa Gremelmier*

Manuscript Title: Post-COVID-19 Cholangiopathy

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## ICMJE DISCLOSURE FORM

Date: 26-02-2023

Your Name: *Carlos Frederico Henrich*

Manuscript Title: Post-COVID-19 Cholangiopathy

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## ICMJE DISCLOSURE FORM

Date: 26-02-2023

Your Name: *Karina Salgado*

Manuscript Title: Post-COVID-19 Cholangiopathy

Manuscript number (if known): DMR-22-83

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## ICMJE DISCLOSURE FORM

Date: 26-02-2023

Your Name: *Raul Angelo Balbinot*

Manuscript Title: Post-COVID-19 Cholangiopathy

Manuscript number (if known): DMR-22-83

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Date: 26-02-2023

Your Name: *Silvana Sartori Balbinot*

Manuscript Title: Post-COVID-19 Cholangiopathy

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Date: 26-02-2023

Your Name: Jonathan Soldera

Manuscript Title: Post-COVID-19 Cholangiopathy

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