

ICMJE DISCLOSURE FORM

Date: 11 DECEMBER 2023
 Your Name: Shomesh Raj Selva Raj
 Manuscript Title: COVID-19 infection with severe hypocalcemia and Superior Mesenteric Artery Syndrome – A Case Report
 Manuscript number (if known): ACR-23-106

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ICMJE DISCLOSURE FORM

Date: 15/12/2023

Your Name: Dr Malathi a/p Kerpaiah @ Karupiah

Manuscript Title: COVID-19 infection with severe hypocalcemia and Superior Mesenteric Artery Syndrome – A Case Report

Manuscript number (if known): ACR-23-106

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ICMJE DISCLOSURE FORM

Date: 15/12/23
 Your Name: Dr Shree Vidhya Nagendram
 Manuscript Title: COVID-19 infection with severe hypocalcemia and Superior Mesenteric Artery Syndrome – A Case Report
 Manuscript number (if known): ACR-23-106

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