

## 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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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.

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<b>Time frame: Since the initial planning of the work</b>			
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2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>None</u>	
3	Royalties or licenses	<u>None</u>	
4	Consulting fees	<u>None</u>	

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## ICMJE DISCLOSURE FORM

Date: \_\_\_\_\_ 14 December 2023 \_\_\_\_\_

Your Name: DR Guan Hoe Han

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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## ICMJE DISCLOSURE FORM

Date: 23 NOVEMBER 2023  
 Your Name: Waye Hann Kang  
 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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