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| ICMJE DISCLOSURE FORM | |
| **Date:** | 12/9/2022 |
| **Your Name:** | Amr Samir |
| **Manuscript Title:** | **Impact of chronic liver disease on COVID 19 infection at Zagazig University Hospitals** |
| **Manuscript Number (if known):** | Click or tap here to enter text. |
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| **Time frame: Since the initial planning of the work** | | | | |
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