

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Isabel

2. Surname (Last Name)
Garrido

3. Date
14-June-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
Cirrhosis management in a major referral center during COVID-19

6. Manuscript Identifying Number (if you know it)
JHEPR-D-20-00105

Section 2. The Work Under Consideration for Publication

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Dr. Garrido has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)

Rui

2. Surname (Last Name)

Gaspar

3. Date

14-June-2020

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Isabel Garrido

5. Manuscript Title

Cirrhosis management in a major referral center during COVID-19

6. Manuscript Identifying Number (if you know it)

JHEPR-D-20-00105

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1. Given Name (First Name)
Rodrigo

2. Surname (Last Name)
Liberal

3. Date
14-June-2020

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Isabel Garrido

5. Manuscript Title
Cirrhosis management in a major referral center during COVID-19

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1. Given Name (First Name) Guilherme	2. Surname (Last Name) Macedo	3. Date 14-June-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Isabel Garrido
5. Manuscript Title Cirrhosis management in a major referral center during COVID-19		
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