

#### **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.

## Identifying information.

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This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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**Royalties:** Funds are coming in to you or your institution due to your patent

Bassis 1



Section 1.	Identifying Inform	ation	
1. Given Name (Fir Christine	st Name)	2. Surname (Last Name) Bassis	3. Date 20-April-2020
4. Are you the corr			Corresponding Author's Name Kimberly McKee
5. Manuscript Title The Vaginal Microbiota, High-risk Human Papillomavirus Infection, and Cervical Cytology: Results from a Population-Based Study			, and Cervical Cytology: Results from a Population-Based
6. Manuscript Iden GPM-2020-HPV-0	ntifying Number (if you kn 01(GPM-20-10)	ow it)	
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Section 2.	The Work Under Co	onsideration for Public	ation
any aspect of the su statistical analysis, o Are there any rele	titution <b>at any time</b> recei ubmitted work (including	ve payment or services from but not limited to grants, dat	a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation,
Section 3.	Relevant financial	activities outside the s	ubmitted work.
of compensation clicking the "Add	) with entities as descri	bed in the instructions. Us port relationships that were	ether you have financial relationships (regardless of amount e one line for each entity; add as many lines as you need by e present during the 36 months prior to publication.
Section 4.	Intellectual Proper	ty Patents & Copyrig	hts
Do you have any			oadly relevant to the work? ☐ Yes ✓ No

Bassis 2



Section 5. Relationships not severed above
Relationships not covered above
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Section 6. Disclosure Statement
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Dr. Bassis has nothing to disclose.

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paten<sup>.</sup>

Bell 1



Section 1.	Identifying Inform	nation	
1. Given Name (Fi Jason	rst Name)	2. Surname (Last Name) Bell	3. Date 27-April-2020
4. Are you the corresponding author?		Yes ✓ No	Corresponding Author's Name Kimberly Mckee
5. Manuscript Title The Vaginal Microbiota, High-risk Human Papillomavirus Infection, and Cervical Cytology: Results from a Population-Based Study			, and Cervical Cytology: Results from a Population-Based
6. Manuscript Ide GPM-2020-HPV-	ntifying Number (if you kr 01(GPM-20-10)	now it)	
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Bell 2



Section 5.				
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Carter 1



Section 1.	Identifying Inform	nation	
1. Given Name (Fi Kayla	rst Name)	2. Surname (Last Name) Carter	3. Date 20-April-2020
4. Are you the corresponding author?		Yes ✓ No	Corresponding Author's Name Kimberly S. McKee
5. Manuscript Title The Vaginal Mici Study		an Papillomavirus Infectior	, and Cervical Cytology: Results from a Population-Based
6. Manuscript Ide	ntifying Number (if you kr	now it)	
			-
Section 2.	The Work Under Co	onsideration for Public	ation
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Do you have any		, , , , ,	oadly relevant to the work? ☐ Yes ✓ No

Carter 2



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Harper 1



Section 1. Identifying	Information		
1. Given Name (First Name) Diane M	2. Surname (Last Name) Harper	3. Date 20-April-2020	
4. Are you the corresponding auth	nor? Yes 🗸 No	Corresponding Author's Name Kimberly McKee	
5. Manuscript Title The Vaginal Microbiota, High-r Study	isk Human Papillomavirus Infectior	a, and Cervical Cytology: Results from a Population-Based	
6. Manuscript Identifying Number GPM-2020-HPV-01(GPM-20-10	•		
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Did you or your institution <b>at any</b> any aspect of the submitted work statistical analysis, etc.)? Are there any relevant conflicts	time receive payment or services from (including but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation,	
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Section 4. Intellectual	Duonoutry Dotonto & Commis	hte	
intellectua	Property Patents & Copyrig		
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo			

Harper 2



Section 5.	Relationships not covered above			
	relationships not covered above			
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McKee 1



Section 1. Identifying Inform	nation				
1. Given Name (First Name) Kimberly	2. Surname (Last Name) McKee	3. Date 24-April-2020			
4. Are you the corresponding author?	✓ Yes No				
5. Manuscript Title The Vaginal Microbiota, High-risk Hum Study	The Vaginal Microbiota, High-risk Human Papillomavirus Infection, and Cervical Cytology: Results from a Population-Based				
6. Manuscript Identifying Number (if you k GPM-2020-HPV-01(GPM-20-10)	now it)				
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McKee 2



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Other: Anything not covered under the previous three boxes

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**Licensed:** The patent has been licensed to an entity, whether earning royalties or not

**Royalties:** Funds are coming in to you or your institution due to your

Reed 1



Section 1. Identifying Inform			
Identifying Inform	nation		
Given Name (First Name) Barbara	2. Surname (Last Name) Reed	3. Date 21-April-2020	
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Kimberly McKee	
5. Manuscript Title : The Vaginal Microbiota, High-risk Hum Study	nan Papillomavirus Infectio	n, and Cervical Cytology: Results from a Population-Based	
6. Manuscript Identifying Number (if you kn	now it)		
		_	
Section 2. The Work Under Co	onsideration for Public	ation	
		a third party (government, commercial, private foundation, etc.) for	
		ta monitoring board, study design, manuscript preparation,	
Are there any relevant conflicts of interes	est?		
Section 3. Relevant financial	activities outside the s	ubmitted work.	
Place a check in the appropriate boxes i	n the table to indicate whe	ether you have financial relationships (regardless of amount	
of compensation) with entities as descri	ibed in the instructions. Us	e one line for each entity; add as many lines as you need by	
Are there any relevant conflicts of intere	<u> </u>	e present during the 36 months prior to publication.	
The there any relevant commets of interes	165		
Section 4. Intellectual Proper	rty Patents & Copyrig	ıhts	
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes V			

Reed 2



Section 5. Relationships not severed above
Relationships not covered above
Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?
Yes, the following relationships/conditions/circumstances are present (explain below):
✓ No other relationships/conditions/circumstances that present a potential conflict of interest
At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements On occasion, journals may ask authors to disclose further information about reported relationships.
Section 6. Disclosure Statement
Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.
Dr. Reed has nothing to disclose.

## **Evaluation and Feedback**

Please visit <a href="http://www.icmje.org/cgi-bin/feedback">http://www.icmje.org/cgi-bin/feedback</a> to provide feedback on your experience with completing this form.

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#### **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.

## Identifying information.

## The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

### Relevant financial activities outside the submitted work.

This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

## 4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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**Royalties:** Funds are coming in to you or your institution due to your patent

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Ruffin



Section 1. Identifying Inform	ation	
1. Given Name (First Name) Mack	2. Surname (Last Na Ruffin	3. Date 28-April-2020
4. Are you the corresponding author?	Yes 🗸 No	Corresponding Author's Name K McKee
<ul><li>5. Manuscript Title</li><li>The Vaginal Microbiota, High-risk Huma</li><li>Study</li><li>6. Manuscript Identifying Number (if you known)</li></ul>	·	fection, and Cervical Cytology: Results from a Population-Based
Section 2. The Work Under Co	onsideration for P	Publication
any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of intere	but not limited to gradest? Yes ormation below. If yo	es from a third party (government, commercial, private foundation, etc.) for ints, data monitoring board, study design, manuscript preparation,  No but have more than one entity press the "ADD" button to add a row.
Name of Institution/Company	Grant? Personal Fees?	Non-Financial Other Comments
National Cancer Institute	<b>V</b>	no involvement in analysis or review of publication
National Center for Advancing Translational Science	<b>✓</b>	no involvement in analysis or review of publication
Section 2		
Section 3. Relevant financial a	activities outside	the submitted work.
of compensation) with entities as describ	bed in the instructio	te whether you have financial relationships (regardless of amount ons. Use one line for each entity; add as many lines as you need by at were <b>present during the 36 months prior to publication</b> .
Are there any relevant conflicts of intere	sst? Yes	No
Section 4. Intellectual Proper	ty Patents & Co	pyrights
Do you have any patents, whether planr	ned, pending or issu	ed, broadly relevant to the work? Yes Vo

Ruffin 2



Section 5. Relationships not severed above			
Relationships not covered above			
Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?			
Yes, the following relationships/conditions/circumstances are present (explain below):			
✓ No other relationships/conditions/circumstances that present a potential conflict of interest			
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Section 6			
Section 6. Disclosure Statement			
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Dr. Ruffin reports grants from National Cancer Institute, grants from National Center for Advancing Translational Science, during the conduct of the study; .			

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**Royalties:** Funds are coming in to you or your institution due to your patent

Young 1



Section 1. Identifyin	g Information			
Given Name (First Name)  Vincent	2. Surname (Last Name) Young	3. Date 27-April-2020		
4. Are you the corresponding au	thor? Yes No			
5. Manuscript Title The Vaginal Microbiota, High-risk Human Papillomavirus Infection, and Cervical Cytology: Results from a Population-Based Study				
6. Manuscript Identifying Number (if you know it) GPM-2020-HPV-01(GPM-20-10)				
Section 2. The Work	Under Consideration for Publication			
Did you or your institution <b>at any time</b> receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?  Are there any relevant conflicts of interest? Yes No				
Section 3. Relevant f	inancial activities outside the submit	tted work.		
Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were <b>present during the 36 months prior to publication</b> .  Are there any relevant conflicts of interest?  Yes  No  If yes, please fill out the appropriate information below.				
Name of Entity	Grant? Personal Non-Finar Fees? Support	Other Comments		
Bio-K+ International		consultant		
/edanta Biosciences, Inc.		consultant		
Pantheryx, Inc.		consultant		
	al Property Patents & Copyrights other planned, pending or issued, broadly re	elevant to the work? Yes V No		

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Section 5. Relationships not sovered above
Relationships not covered above
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Dr. Young reports other from Bio-K+ International, other from Vedanta Biosciences, Inc., other from Pantheryx, Inc., outside the submitted work; .

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