

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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### Section 1. Identifying Information

1. Given Name (First Name) Jun	2. Surname (Last Name) Liu	3. Date 11-August-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Shuzhen Wang
5. Manuscript Title Association of high-risk human papillomavirus infection duration and cervical lesions with vaginal microbiota composition		
6. Manuscript Identifying Number (if you know it) _____		

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Dr. Liu has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Mei	2. Surname (Last Name) Luo	3. Date 11-August-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Shuzhen Wang
5. Manuscript Title Association of high-risk human papillomavirus infection duration and cervical lesions with vaginal microbiota composition		
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1. Given Name (First Name) Yang	2. Surname (Last Name) Zhang	3. Date 11-August-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Shuzhen Wang
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1. Given Name (First Name) Guangming	2. Surname (Last Name) Cao	3. Date 11-August-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Shuzhen Wang
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Shuzhen
2. Surname (Last Name)  
Wang
3. Date  
11-August-2020
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5. Manuscript Title  
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