

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Donna L.

2. Surname (Last Name)  
Williams

3. Date  
05-October-2016

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
The accuracy and validity of HPV testing through self-collection with tampons for cervical cancer screening

6. Manuscript Identifying Number (if you know it)

### Section 2. The Work Under Consideration for Publication

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Dr. Williams 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) Michael	2. Surname (Last Name) Hagensee	3. Date 05-October-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Donna L. Williams
5. Manuscript Title The accuracy and validity of HPV testing through self-collection with tampons for cervical cancer screening		
6. Manuscript Identifying Number (if you know it)		

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Dr. Hagensee has nothing to disclose.

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1. Given Name (First Name) Ruijuan	2. Surname (Last Name) Gao	3. Date 05-October-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Donna L. Williams
5. Manuscript Title The accuracy and validity of HPV testing through self-collection with tampons for cervical cancer screening		
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Dr. Gao has nothing to disclose.

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1. Given Name (First Name) Danny	2. Surname (Last Name) Barnhill	3. Date 05-October-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Donna L. Williams
5. Manuscript Title The accuracy and validity of HPV testing through self-collection with tampons for cervical cancer screening		
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Dr. Barnhill has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name) Elizabeth T. H.	2. Surname (Last Name) Fontham	3. Date 05-October-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Donna L. Williams
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Dr. Fontham has nothing to disclose.

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