

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 1. Identifying information.

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#### 4. Intellectual Property.

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

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### Section 1. Identifying Information

1. Given Name (First Name) Liangzhi	2. Surname (Last Name) Cai	3. Date 24-November-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Pengming Sun
5. Manuscript Title A comparison study of post-operative infection analysis of cold-knife conization and loop electrosurgical excision procedure for cervical high-grade squamous intraepithelial lesion		
6. Manuscript Identifying Number (if you know it)		

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Are there any relevant conflicts of interest?  Yes  No

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Dr. Jiang has nothing to disclose. Dr. Cai has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name) Yunmei	2. Surname (Last Name) Huang	3. Date 24-November-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Pengming Sun
5. Manuscript Title A comparison study of post-operative infection analysis of cold-knife conization and loop electrosurgical excision procedure for cervical high-grade squamous intraepithelial lesion		
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1. Given Name (First Name) Chaoqin	2. Surname (Last Name) Lin	3. Date 24-November-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Pengming Sun
5. Manuscript Title A comparison study of post-operative infection analysis of cold-knife conization and loop electrosurgical excision procedure for cervical high-grade squamous intraepithelial lesion		
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1. Given Name (First Name) Guifeng	2. Surname (Last Name) Liu	3. Date 24-November-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Pengming Sun
5. Manuscript Title A comparison study of post-operative infection analysis of cold-knife conization and loop electrosurgical excision procedure for cervical high-grade squamous intraepithelial lesion		
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Dr. Jiang has nothing to disclose. Dr. Liu has nothing to disclose.

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1. Given Name (First Name) Xiaodan	2. Surname (Last Name) Mao	3. Date 24-November-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Pengming Sun
5. Manuscript Title A comparison study of post-operative infection analysis of cold-knife conization and loop electrosurgical excision procedure for cervical high-grade squamous intraepithelial lesion		
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**Royalties:** Funds are coming in to you or your institution due to your patent



## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Binghua	2. Surname (Last Name) Dong	3. Date 24-November-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Pengming Sun
5. Manuscript Title A comparison study of post-operative infection analysis of cold-knife conization and loop electrosurgical excision procedure for cervical high-grade squamous intraepithelial lesion		
6. Manuscript Identifying Number (if you know it)		

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

Did you or your institution **at any time** 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 financial activities outside the submitted work.

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Are there any relevant conflicts of interest?  Yes  No

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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### Section 6. Disclosure Statement

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Dr. Jiang has nothing to disclose. Dr. Dong has nothing to disclose.

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#### 1. Identifying information.

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### Section 1. Identifying Information

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Pengming

2. Surname (Last Name)  
Sun

3. Date  
24-November-2019

4. Are you the corresponding author?  Yes  No

5. Manuscript Title

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