

## ICMJE DISCLOSURE FORM

Date: 2021-4.21

Your Name: Yao Xu

Manuscript Title: Clinical value of traditional laparotomy, extensive vaginal hysterectomy, and laparoscope-assisted vaginal hysterectomy in the treatment of patients with CIN III

Manuscript number (if known): \_\_\_\_\_

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4	Consulting fees	_____ None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<u>    </u> None	
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u>    </u> None	
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**Please summarize the above conflict of interest in the following box:**

<p>The authors have no conflicts of interest to declare.</p>
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**X I certify that I have answered every question and have not altered the wording of any of the questions on this form.**

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Your Name: Haiyan Wu

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Your Name: Chaolin Huang

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