

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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1. Identifying information.

2. The work under consideration for publication.

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4. Intellectual Property.

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

5. Relationships not covered above.

Use this section to report 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.

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Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

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Section 1. Identifying Information

1. Given Name (First Name) Nicolas	2. Surname (Last Name) Wentzensen	3. Date 14-September-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Marc Arbyn
5. Manuscript Title Genotyping for HPV16 and HPV18 in women with minor cervical lesions: a systematic review and meta-analysis		
6. Manuscript Identifying Number (if you know it) M15-2735		

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

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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

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I am an employee of the National Cancer Institute (NCI). NCI has received received cervical cancer screening assays in-kind or at reduced cost from BD, Cepheid, Hologic, and Roche.

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Section 1. Identifying Information

1. Given Name (First Name) Julia	2. Surname (Last Name) Gage	3. Date 14-September-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Marc Arbyn
5. Manuscript Title Genotyping for HPV16 and HPV18 in women with minor cervical lesions: a systematic review and meta-analysis		
6. Manuscript Identifying Number (if you know it) M15-273		

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Are there any relevant conflicts of interest? Yes No

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receiving HPV testing for research at no cost from Roche and BD.

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Dr. Gage reports receiving HPV testing for research at no cost from Roche and BD..

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Section 1. Identifying Information

1. Given Name (First Name)
Marc

2. Surname (Last Name)
Arbyn

3. Date
14-September-2016

4. Are you the corresponding author? Yes No

5. Manuscript Title
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6. Manuscript Identifying Number (if you know it)
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Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
European Commission through the COHEAHR Network (grant No 603019)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
the Belgian Foundation Against Cancer, Brussels, Belgium	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
the Joint Action CANCON, European Union	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
the Medizinische Hochschule of Hannover (Hannover, Germany)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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VALGENT projects: see Arbyn, J Clin Virol 2016.

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Section 1. Identifying Information

1. Given Name (First Name) Freija 2. Surname (Last Name) Verdoort 3. Date 15-September-2016

4. Are you the corresponding author? Yes No Corresponding Author's Name
Marc Arbyn

5. Manuscript Title
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European Commission through the COHEAHR Network (grant No. 603019)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	coordinated by the Free University of Amsterdam (The Netherlands), funded by the 7th Framework program of DG Research (Brussels, Belgium)
Joint Action CANCON which has received funding from the European Union in the framework of the Health Programme (2008-13)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	the Joint Action CANCON has received funding from the European Union in the framework of the Health Programme (2008-13)
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Dr. Verdoodt reports grants from Belgian Foundation Against Cancer, Brussels, Belgium; , grants from European Commission through the COHEAHR Network (grant No. 603019), grants from Joint Action CANCON which has received funding from the European Union in the framework of the Health Programme (2008-13) , grants from Medizinische Hochschule of Hannover (Hannover, Germany). , during the conduct of the study; .

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LX was supported by: (i) the Belgian Foundation Against Cancer, Brussels, Belgium; (ii) the European Commission through the COHEAHR Network (grant No. 603019), coordinated by the Free University of Amsterdam (The Netherlands), funded by the 7th Framework program of DG Research (Brussels, Belgium); (iii) the Joint Action CANCON which has received funding from the European Union in the framework of the Health Programme (2008-13); and (iv) the Medizinische Hochschule of Hannover (Hannover, Germany).

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

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.

1. Identifying information.

2. The work under consideration for publication.

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3. 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.

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4. Intellectual Property.

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

5. Relationships not covered above.

Use this section to report 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.

Definitions.

Entity: government agency, foundation, commercial sponsor, academic institution, etc.

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Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

Issued: The patent has been issued by the agency

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 patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Jack 2. Surname (Last Name) Cuzick 3. Date 15-September-2016

4. Are you the corresponding author? Yes No Corresponding Author's Name
Marc Arbyn

5. Manuscript Title
Genotyping for HPV16 and HPV18 in women with minor cervical lesions: a systematic review and meta-analysis

6. Manuscript Identifying Number (if you know it)
M15-2735

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

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Qiagen	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BD	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Abbott	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Hologic	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Trovagene	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Genera	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cepheid	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Merck	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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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 **present during the 36 months prior to publication**.

Are there any relevant conflicts of interest? Yes No

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 4. Intellectual Property -- Patents & Copyrights

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

Section 5. Relationships not covered above

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Dr. Cuzick reports grants from Qiagen , grants and non-financial support from BD, grants and non-financial support from Abbott, grants and non-financial support from Hologic, grants and non-financial support from Trovogene, grants from Genera, grants and non-financial support from Cepheid, personal fees from Merck, during the conduct of the study; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Jerome 2. Surname (Last Name) Belinson 3. Date 16-September-2015

4. Are you the corresponding author? Yes No Corresponding Author's Name
Marc Arbyn MD

5. Manuscript Title
Genotyping for HPV16 and HPV18 in women with minor cervical lesions: a systematic review and meta-analysis

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Hologic Inc.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Funded part of SHENCCAST II
BGI Shenzhen	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	assays

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Are there any relevant conflicts of interest? Yes No

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

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Dr. Belinson reports grants from Hologic Inc., non-financial support from BGI Shenzhen, during the conduct of the study; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Michelle

2. Surname (Last Name) Khan

3. Date 18-September-2016

4. Are you the corresponding author? Yes No Corresponding Author's Name Marc Arbyn

5. Manuscript Title Genotyping for HPV16 and HPV18 in women with minor cervical lesions: a systematic review and meta-analysis

6. Manuscript Identifying Number (if you know it) M15-2735

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Cepheid, Inc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Travel reimbursement for Investigator's Meeting
American Society for Colposcopy and Cervical Pathology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Travel reimbursement for Board meetings and faculty involvement.

Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Khan reports other from Cepheid, Inc., other from American Society for Colposcopy and Cervical Pathology, outside the submitted work.

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