

# ICMJE DISCLOSURE FORM

**Date:** 12/20/2021

**Your Name:** Gloria Del Rosario Castaneda

**Manuscript Title:** Metronidazole treatment rapidly reduces genital inflammation through effects on bacterial vaginosis-associated bacteria rather than lactobacilli

**Manuscript Number (if known):** 52930-JCI-RG-RV-2

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

	Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)						
<b>Time frame: Since the initial planning of the work</b>								
<b>1</b>	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input checked="" type="checkbox"/> <b>None</b> <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td>Click the tab key to add additional rows.</td></tr> </table>						Click the tab key to add additional rows.
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<b>Time frame: past 36 months</b>								
<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> <b>None</b> <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
<b>3</b>	Royalties or licenses	<input checked="" type="checkbox"/> <b>None</b> <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						

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4	Consulting fees	<input checked="" type="checkbox"/> <b>None</b> <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> <b>None</b> <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> <b>None</b> <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
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# ICMJE DISCLOSURE FORM

**Date:** 1/3/2022

**Your Name:** Anke Hemmerling

**Manuscript Title:** Metronidazole treatment rapidly reduces genital inflammation through effects on bacterial vaginosis-associated bacteria rather than lactobacilli

**Manuscript Number (if known):** 152930-JCI-RG-RV-2

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# ICMJE DISCLOSURE FORM

**Date:** 12/20/2021

**Your Name:** Emily Crawford

**Manuscript Title:** Metronidazole treatment rapidly reduces genital inflammation through effects on bacterial vaginosis-associated bacteria rather than lactobacilli

**Manuscript Number (if known):** 152930-JCI-RG-RV-2

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# ICMJE DISCLOSURE FORM

**Date:** 12/20/21

**Your Name:** Nico J.D. Nagelkerke

**Manuscript Title** Metronidazole treatment rapidly reduces genital inflammation through effects on bacterial vaginosis-associated bacteria rather than lactobacilli (our reference)

**Manuscript Number (if known):** 152930-JCI-RG-RV-2

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<b>9</b>	Participation on a Data Safety	x <b>None</b>									

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
	Monitoring Board or Advisory Board		
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	x <b>None</b>	
11	Stock or stock options	x <b>None</b>	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	x <b>None</b>	
13	Other financial or non-financial interests	x <b>None</b>	

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# ICMJE DISCLOSURE FORM

**Date:** 12/20/2021

**Your Name:** Bryan Coburn

**Manuscript Title:** Metronidazole treatment rapidly reduces genital inflammation through effects on bacterial vaginosis-associated bacteria rather than lactobacilli

**Manuscript Number (if known):** 152930-JCI-RG-RV-2

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		Nubiyota LLP	Intervention for investigator initiated interventional trials
		Sanofi Inc	Sponsor of COVID clinical trial for which I was a site investigator – trial support provided by Sanofi
<b>13</b>	Other financial or non-financial interests	<input type="checkbox"/> <b>None</b>	
<p><b>Please place an “X” next to the following statement to indicate your agreement:</b></p> <p><input checked="" type="checkbox"/> I certify that I have answered every question and have not altered the wording of any of the questions on this form.</p>			

# ICMJE DISCLOSURE FORM

**Date:** 1/27/2022

**Your Name:** Kerianne Burke

**Manuscript Title:** Metronidazole treatment rapidly reduces genital inflammation through effects on bacterial vaginosis-associated bacteria rather than lactobacilli

**Manuscript Number (if known):** 152930-JCI-RG-RV-2

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# ICMJE DISCLOSURE FORM

**Date:** 1/6/2022

**Your Name:** Hilary Reno

**Manuscript Title:** Metronidazole treatment rapidly reduces genital inflammation through effects on bacterial vaginosis-associated bacteria rather than lactobacilli

**Manuscript Number (if known):** 152930-JCI-RG-RV-2

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# ICMJE DISCLOSURE FORM

**Date:** 12/30/2021

**Your Name:** Craig R. Cohen

**Manuscript Title:** Metronidazole treatment rapidly reduces genital inflammation through effects on bacterial vaginosis-associated bacteria rather than lactobacilli

**Manuscript Number (if known):** 152930-JCI-RG-RV-2

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		Osel Inc.	For serving on Scientific Advisory Board
		Evvy Inc.	For serving on Scientific Advisory Board
<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> <b>None</b>	
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## ICMJE DISCLOSURE FORM

**Date:** 1/22/2006

**Your Name:** Rachel Liu

**Manuscript Title:** Metronidazole treatment rapidly reduces genital inflammation through effects on bacterial vaginosis-associated bacteria rather than lactobacilli

**Manuscript Number (if known):** 152930-JCI-RG-RV-2

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# ICMJE DISCLOSURE FORM

**Date:** 12/20/2021

**Your Name:** Steve Miller

**Manuscript Title:** Metronidazole treatment rapidly reduces genital inflammation through effects on bacterial vaginosis-associated bacteria rather than lactobacilli

**Manuscript Number (if known):** 152930-JCI-RG-RV-2

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# ICMJE DISCLOSURE FORM

**Date:** 1/7/2022

**Your Name:** Sheldon Morris

**Manuscript Title:** "Metronidazole treatment rapidly reduces genital inflammation through effects on bacterial vaginosis-associated bacteria rather than lactobacilli"

**Manuscript Number (if known):** 152930-JCI-RG-RV-2

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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	Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)						
<b>Time frame: Since the initial planning of the work</b>								
<b>1</b>	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input type="checkbox"/> <b>None</b> <table border="1"> <tr> <td>NIH</td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td>Click the tab key to add additional rows.</td> </tr> </table>	NIH					Click the tab key to add additional rows.
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<b>Time frame: past 36 months</b>								
<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> <b>None</b> <table border="1"> <tr> <td>CHRP</td> <td>Merck</td> </tr> <tr> <td>CIRM</td> <td></td> </tr> <tr> <td>Gilead</td> <td></td> </tr> </table>	CHRP	Merck	CIRM		Gilead	
CHRP	Merck							
CIRM								
Gilead								
<b>3</b>	Royalties or licenses	<input type="checkbox"/> <b>None</b> <table border="1"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>						

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4	Consulting fees	<input type="checkbox"/> <b>None</b> <table border="1"> <tr> <td>Primmune Therapeutics</td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>		Primmune Therapeutics							
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8	Patents planned, issued or pending	<input type="checkbox"/> <b>None</b> <table border="1"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>									
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> <b>None</b> <table border="1"> <tr> <td>Gates Foundation</td> <td></td> </tr> <tr> <td>NIH</td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>		Gates Foundation		NIH					
Gates Foundation											
NIH											
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> <b>None</b> <table border="1"> <tr> <td>Aspera Biomedicines</td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>		Aspera Biomedicines							
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<b>11</b>	Stock or stock options	<input type="checkbox"/> <b>None</b> <table border="1"> <tr><td>BMS</td><td></td></tr> <tr><td>Pfizer</td><td></td></tr> <tr><td>Geron</td><td></td></tr> </table>	BMS		Pfizer		Geron		
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<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> <b>None</b> <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
<b>13</b>	Other financial or non-financial interests	<input type="checkbox"/> <b>None</b> <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							

**Please place an "X" next to the following statement to indicate your agreement:**

☒ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

# ICMJE DISCLOSURE FORM

**Date:** 12/22/2021

**Your Name:** Sanja Huibner

**Manuscript Title:** Metronidazole treatment rapidly reduces genital inflammation through effects on bacterial vaginosis-associated bacteria rather than lactobacilli

**Manuscript Number (if known):** 52930-JCI-RG-RV-2

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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4	Consulting fees	<input checked="" type="checkbox"/> <b>None</b> <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
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<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b> <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
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## ICMJE DISCLOSURE FORM

**Date:** 12/26/2021

**Your Name:** Eric Armstrong

**Manuscript Title:** Metronidazole treatment rapidly reduces genital inflammation through effects on bacterial vaginosis-associated bacteria rather than lactobacilli

**Manuscript Number (if known):** 152930-JCI-RG-RV-2

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The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)						
<b>Time frame: Since the initial planning of the work</b>									
<b>1</b>	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<div style="display: flex; align-items: center;"> <input checked="" type="checkbox"/> <b>None</b> </div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> </table> <div style="text-align: right; font-size: small; color: #ccc; margin-top: 5px;">Click the tab key to add additional rows.</div>							
<b>Time frame: past 36 months</b>									
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# ICMJE DISCLOSURE FORM

**Date:** 1/6/2022

**Your Name:** Sara Newmann

**Manuscript Title:** Metronidazole treatment rapidly reduces genital inflammation through effects on bacterial vaginosis-associated bacteria rather than lactobacilli

**Manuscript Number (if known):** 152930-JCI-RG-RV-2

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<b>Time frame: past 36 months</b>		
<b>2</b>	<div> <div>Grants or contracts from any entity (if not indicated in item #1 above).</div> <div> <input checked="" type="checkbox"/> None </div> </div>	<div> <div></div> <div></div> <div></div> </div>



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10	Leadership or fiduciary role in other board,	<input checked="" type="checkbox"/> <b>None</b> <table border="1"> <tr><td></td><td></td></tr> </table>									

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# ICMJE DISCLOSURE FORM

**Date:** 12/30/2021

**Your Name:** Maria Kulikova

**Manuscript Title:** Metronidazole treatment rapidly reduces genital inflammation through effects on bacterial vaginosis-associated bacteria rather than lactobacilli

**Manuscript Number (if known):** 152930-JCI-RG-RV-2

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<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b> <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
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**Please place an "X" next to the following statement to indicate your agreement:**

☒ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

# ICMJE DISCLOSURE FORM

**Date:** 1/5/2022

**Your Name:** Rupert Kaul

**Manuscript Title:** Metronidazole treatment rapidly reduces genital inflammation through effects on bacterial vaginosis-associated bacteria rather than lactobacilli

**Manuscript Number (if known):** 152930-JCI-RG-RV-2

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

	Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)						
<b>Time frame: Since the initial planning of the work</b>								
<b>1</b>	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input type="checkbox"/> None <table border="1"> <tr> <td>Canadian Institutes of Health Research (CIHR)</td> <td>Federal peer-reviewed grant, paid to institution</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td>Click the tab key to add additional rows.</td> </tr> </table>	Canadian Institutes of Health Research (CIHR)	Federal peer-reviewed grant, paid to institution				Click the tab key to add additional rows.
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<b>Time frame: past 36 months</b>								
<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None <table border="1"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>						
<b>3</b>	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>						

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4	Consulting fees	<input checked="" type="checkbox"/> <b>None</b> <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
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