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.

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.

		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)
		Time frame: Since the initial planning	of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	None  Time frame: past 36 month	Click the tab key to add additional rows.
2	Grants or contracts from any entity (if not indicated in item #1 above).	None None	
3	Royalties or licenses	None     Non	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)  Specifications/Comments (e.g., if made to you or to your institution)	
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

			e all entities with whom you have this onship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
Plea	Please place an "X" next to the following statement to indicate your agreement:    Certify that I have answered every question and have not altered the wording of any of the questions on this 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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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.

		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)
		Time frame: Since the initial planning of	of the work
1	All support for the present	None	
	manuscript (e.g.,	NIH/NIAID	Institution
	funding, provision of study materials, medical writing,		Click the tab key to add additional rows.
	article processing charges, etc.)		
	No time limit for this item.		
		Time frame: past 36 months	s
2	Grants or contracts from	None	
	any entity (if not	CDC	Institution
	indicated in item #1 above).	NIH/FIC & NIH/NICHD	Institution
	#1 above).		
3	Royalties or licenses	None	
	necrises		

		Name all entities with whom you have this relationship or indicate none (add rows as needed)  Specifications/Comments (e.g., if made to you or to your institution)	
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

			e all entities with whom you have this onship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
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.				

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		
Mar	nuscript Number (if k	(nown):	152930-JCI-RG-RV-2		
In the interest of transparency, we content of your manuscript. "Rela affected by the content of the ma indicate a bias. If you are in doubt			eted" means any relation with for-profit or no nuscript. Disclosure represents a commitment t about whether to list a relationship/activity es/interests should be defined broadly. For e	/interest, it is preferable that you do so. example, if your manuscript pertains to the	
-	lemiology of hyperte medication is not mo	-		acturers of antihypertensive medication, even if	
In it		all suppo	rt for the work reported in this manuscript w	ithout time limit. For all other items, the time	
			l entities with whom you have this ship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
			Time frame: Since the initial planning	of the work	
	All support for the present manuscript (e.g., funding, provision	⊠ Ne	one		
	of study materials, medical writing, article processing charges, etc.) No time limit for this item.			Click the tab key to add additional rows.	
			Time frame: past 36 month	s	
2	Grants or contracts from any entity (if not indicated in item #1 above).	⊠ No	ne		
3	Royalties or licenses	⊠ N	one		

		Name all entities with whom you have this relationship or indicate none (add rows as needed)  Specifications/Comments (e.g., if made to you or to your institution	
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None None	

		e all entities with whom you have this ionship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea		e following statement to indicate your agreeme	

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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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.

Time frame: Since the initial planning of the work  1 All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.			with whom you have this dicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for				
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	x None		Click the tab key to add additional rows.

		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)
2	Grants or contracts from any entity (if not indicated in item #1 above).	x None	
3	Royalties or licenses	x None	
4	Consulting fees	X None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	x None	
6	Payment for expert testimony	x None	
7	Support for attending meetings and/or travel	X None	
8	Patents planned, issued or pending	x None	
9	Participation on a Data Safety	x None	

		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 None
11	Stock or stock options	x None
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	x None
13	Other financial or non-financial interests	X None

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 FO	RM
Date:	12/20/2021	
Your Name:	Bryan Coburn	
Manuscript Title:		educes genital inflammation through ociated bacteria rather than lactobacilli
Manuscript Number (if known):	152930-JCI-RG-RV-2	
content of your manuscript. "Rela affected by the content of the maindicate a bias. If you are in doub  The author's relationships/activiti epidemiology of hypertension, yo that medication is not mentioned	ated" means any relation with for-profit or no inuscript. Disclosure represents a commitmer t about whether to list a relationship/activity/res/interests should be defined broadly. For e u should declare all relationships with manufain the manuscript.	interest, it is preferable that you do so.
Name a	Il entities with whom you have this	Specifications/Comments (e.g. if payments were

		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)
		Time frame: Since the initial planning of	of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	Canadian Institutes for Health Research	Click the tab key to add additional rows.
		Time frame: past 36 months	3
2	Grants or contracts from any entity (if not indicated in item #1 above).	□ None  Canadian Institutes for Health Research  Weston Foundation  Cystic Fibrosis Foundation	National Cancer Institute
3	Royalties or licenses	None None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)  Specifications/Comments (e.g., made to you or to your institutions)	
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

		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)
11	Stock or stock options	None     Non	
12	Receipt of equipment,	□ None	
	materials, drugs, medical writing,	Nubiyota LLP	Intervention for investigator initiated interventional trials
	gifts or other services	Sanofi Inc	Sponsor of COVID clinical trial for which I was a site investigator – trial support provided by Sanofi
13	Other financial or non-financial	□ None	
	interests		
Please place an "X" next to the following statement to indicate your agreement:			
$\boxtimes$	☐ I certify that I have answered every question and have not altered the wording of any of the questions on this 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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The author's relationships/activities	es/interests should be defined broadly. For example, if your manuscript pertains to the	

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.

		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)
		Time frame: Since the initial planning	of the work
	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	None □	Click the tab key to add additional rows.
		Time frame: past 36 month	s
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)  Specifications/Comments (e.g., if made to you or to your institution	
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None None	

			e all entities with whom you have this ionship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
Plea	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.			

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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		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)	
		Time frame: Since the initial planning of the work		
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.		Lactin V grant  Click the tab key to add additional rows.	
		Time frame: past 36 months	5	
2	Grants or contracts from any entity (if not indicated in item #1 above).	None		
3	Royalties or licenses	None		

		Name all entities with whom you have this relationship or indicate none (add rows as needed)  Specifications/Comments (e.g., if made to you or to your institution	
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None None	

			e all entities with whom you have this ionship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
Plea	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.			

Date:			12/30/2021	
You	ır Name:		Craig R. Cohen	
Manuscript Title:			Metronidazole treatment rapidly reduces genital inflammation through effects on bacterial vaginosis-associated bacteria rather than lactobacilli	
Ma	nuscript Number (if	known):	152930-JCI-RG-RV-2	
In the interest of transparency, we content of your manuscript. "Rela affected by the content of the maindicate a bias. If you are in doubt. The author's relationships/activitic epidemiology of hypertension, you that medication is not mentioned."		ript. "Rela of the man re in doubt ps/activition ension, you nentioned	nted" means any relation with for-profit or no nuscript. Disclosure represents a commitme about whether to list a relationship/activity es/interests should be defined broadly. For each of the should declare all relationships with manuf in the manuscript.	/interest, it is preferable that you do so.
			l entities with whom you have this ship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
			Time frame: Since the initial planning	of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	□ No	one AID	Institution
				Click the tab key to add additional rows.
			Time frame: past 36 month	s
2	Grants or contracts from any entity (if not indicated in item #1 above).	CDC NIH/FIC		Institution Institution
3	Royalties or licenses	× No	one	

		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)
4	Consulting fees	□ None
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None
6	Payment for expert testimony	None None
7	Support for attending meetings and/or travel	None
8	Patents planned, issued or pending	None
9	Participation on a Data Safety Monitoring Board or Advisory Board	None — — — — — — — — — — — — — — — — — — —
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None None

		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)
11	Stock or stock options	Osel Inc. Evvy Inc.	For serving on Scientific Advisory Board For serving on Scientific Advisory Board
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	□ None	
13	Other financial or non-financial interests	None	
Plea ⊠	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.		

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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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.

		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)
		Time frame: Since the initial planning	of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	None None	Click the tab key to add additional rows.
		Time frame: past 36 month	ns
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)  Specifications/Comments (e.g., if made to you or to your institution)	
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

			e all entities with whom you have this onship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
Plea	Please place an "X" next to the following statement to indicate your agreement:			

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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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.

		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)
		Time frame: Since the initial planning	of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	None None	Click the tab key to add additional rows.
		Time frame: past 36 month	ns
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)  Specifications/Comments (e.g., i made to you or to your institution)	
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None None	

			e all entities with whom you have this onship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
Plea	Please place an "X" next to the following statement to indicate your agreement:			

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		
content of your manuscript. "Rela affected by the content of the mai indicate a bias. If you are in doubt The author's relationships/activitic epidemiology of hypertension, you that medication is not mentioned		ript. "Rela of the mal re in doubt ps/activition ension, you nentioned	rt for the work reported in this manuscript without time limit. For all other items, the time		
			l entities with whom you have this ship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
			Time frame: Since the initial planning	of the work	
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	NIH	one	Click the tab key to add additional rows.	
			Time frame: past 36 month	s	
2	Grants or contracts from any entity (if not indicated in item #1 above).	CHRP CIRM Gilead	ne	Merck	
3	Royalties or licenses	□ No	one		

		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)
4	Consulting fees	□ None  Primmune Therapeutics	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	□ None	
6	Payment for expert testimony	□ None	
7	Support for attending meetings and/or travel	□ None	
8	Patents planned, issued or pending	□ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	Gates Foundation NIH	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	Aspera Biomedicines	

		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)	
11	Stock or stock options	□ None  BMS  Pfizer  Geron		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	□ None		
13	Other financial or non-financial interests	□ None		
Please place an "X" next to the following statement to indicate your agreement:				
$\boxtimes$	I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

3

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		
Ma	nuscript Number (if kr	nown)	52930-JCI-RG-RV-2		
content of your manuscript. "Rela affected by the content of the man			e ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be nuscript. Disclosure represents a commitment to transparency and does not necessarily t about whether to list a relationship/activity/interest, it is preferable that you do so.		
epi		ision,		example, if your manuscript pertains to the acturers of antihypertensive medication, even if	
	em #1 below, report and the service is the service is the service is the service in the service is the service in the service is the service in the service	-		rithout time limit. For all other items, the time	
			all entities with whom you have this nship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
			Time frame: Since the initial planning	of the work	
1	All support for the present	$\boxtimes$	None		
	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.			Click the tab key to add additional rows.	
	funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for		Time frame: past 36 month		
2	funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for		Time frame: past 36 month		
2	funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.  Grants or contracts from any entity (if not indicated in item				
	funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.  Grants or contracts from any entity (if not indicated in item #1 above).		lone		

		Name all entities with whom you have this relationship or indicate none (add rows as needed)  Specifications/Comments (e.g., i made to you or to your institution)	
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None None	

			e all entities with whom you have this onship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
Plea	Please place an "X" next to the following statement to indicate your agreement:			

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

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)
		Time frame: Since the initial planning	of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	None None	Click the tab key to add additional rows.
		Time frame: past 36 month	ns
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)  Specifications/Comments (e.g., if made to you or to your institution)	
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

			e all entities with whom you have this onship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
Plea	Please place an "X" next to the following statement to indicate your agreement:    Certify that I have answered every question and have not altered the wording of any of the questions on this form			

3 8/26/2021 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

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)
		Time frame: Since the initial planning	of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	Division of Microbiology and Infectious Diseases National Institute of Allergy and Infectious Diseases National Institutes of Health  Phase II-b Randomized Double-Blind Placebo-Controlled Trial of Lactobacillus crispatus CTV-05 (LACTIN-V) to Prevent the Recurrence of Bacterial Vaginosis	I was supported at 20% time to work as the clinical site PI at Zuckerberg San Francisco General for this study  07/01/2016 10/30/2019  Click the tab key to add additional rows.
		Time frame: past 36 month	ns .
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	

		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)
3	Royalties or licenses	None None	
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None     ■	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None     ■	
10	Leadership or fiduciary role in other board,	None     ■	

			e all entities with whom you have this ionship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
	society, committee or advocacy group, paid or unpaid			
11	Stock or stock options		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
Plea	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.			

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

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)
		Time frame: Since the initial planning	of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	None None	Click the tab key to add additional rows.
		Time frame: past 36 month	ns
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

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4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

			e all entities with whom you have this onship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
Plea	Please place an "X" next to the following statement to indicate your agreement:    Certify that I have answered every question and have not altered the wording of any of the questions on this form			

3 8/26/2021 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								
Ma	nuscript Number (if k	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.										
		ame all entities with whom you have this Specifications/Comments (e.g., if payments we lationship or indicate none (add rows as needed) made to you or to your institution)	ere							
Time frame: Since the initial planning of the work										
1	All support for the	None								
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	Canadian Institutes of Health Research (CIHR)  Federal peer-reviewed grant, paid to institution  Click the tab key to add additional rows.								
		<u>'</u>								
	Time frame: past 36 months									
2	Grants or contracts from	<b>⊠</b> None								

any entity (if not indicated in item #1 above).

None

None

		Name all entities with whom you have this relationship or indicate none (add rows as needed)  Specifications/Comments (e.g., in made to you or to your institution)	
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
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8	Patents planned, issued or pending	None None	
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			e all entities with whom you have this onship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)			
11	Stock or stock options		None				
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None				
13	Other financial or non-financial interests		None				
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.							