

# Canadian Cholangiocarcinoma Collaborative (C3) x UHN Laboratory Medicine Program Molecular Testing Program Checklist

\*Please submit this form with your test requisition form and sample to UHN\*

## Required eligibility criteria:

- Patient is an Ontario resident
- Biliary Tract Cancer (i.e., intrahepatic, extrahepatic, gallbladder)
- Unresectable locally advanced **OR** metastatic
- Must be a C3 member (refer patient to contact C3 at [www.cholanigo.ca](http://www.cholanigo.ca) to get started)\*

## Submission Checklist:

- 1. Completed UHN Test Requisition Form (TRF)
  - On page 2/5, please check:
    - Comprehensive Sequencing (NGS) - FGFR2 (fusions only)
- 2. Completed C3 Attestation Form for Physicians and Patients
- 3. Sample adheres to requirements found on Page 1 of UHN TRF
- 4. Submit #1-3 to address found on UHN TRF
- 5. Notify the C3 by filling out this form ([click here](#)) or scanning the QR code:

**Cholangiocarcinoma (Hepatobiliary) -  
Advanced/Metastatic**



## C3 Attestation for Physicians and Patients

### Physicians:

I, \_\_\_\_\_, confirm that my patient, \_\_\_\_\_, is eligible and has agreed to this request for molecular testing from UHN Laboratory Medicine Program with an associated Patient Report. I have informed them about the Canadian Cholangiocarcinoma Collaborative (C3) and how to contact the C3 ([www.cholangio.ca](http://www.cholangio.ca)). They have given me permission to share their contact information with the C3.

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Patients:

I acknowledge that I need to contact the C3 before the testing can be completed. Should I not reach out in a timely manner, I permit the C3 to contact me.

Patient's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Patient's Email or phone number: \_\_\_\_\_

**OR** The patient has given verbal consent obtained by ordering physician  **YES**

