

### Physician C3 Patient Attestation Form

I, \_\_\_\_\_, confirm that my patient, \_\_\_\_\_, is a member of the Canadian Cholangiocarcinoma Collaborative (C3) and that they have agreed to this request for receiving molecular testing from UHN Laboratory Medicine Program with associated Patient Report.

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

Date: \_\_\_\_\_

### Physician Checklist for C3 Molecular Testing via UHN Laboratory Medicine Program

Please ensure the following is true/included in with your request for molecular testing:

- ✓ Physician C3 Patient Attestation Form
- ✓ Patient is an Ontario resident
- ✓ Fully completed UHN Test Requisition Form (TRF)
  1. On page 2/5, please check only:
    - Cholangiocarcinoma (Hepatobiliary) - Advanced/Metastatic**
    - Comprehensive Sequencing (NGS) - FGFR2 (fusions only)
- ✓ Sample for testing adheres to the minimum requirements found on Page 1 of TRF:
  1. Sample Materials:
    - a. Tissue Sample block + H&E (Preferred)
    - OR
    - b. 8 unstained slides + 2 H&E (before and after unstained cuts)
  2. H&E slide(s) must be circled and annotated by a pathologist
  3. Pathology Report must be included (all information included and un-redacted)

**\*Note:** If requirements are not met, UHN retains the right to reject or submit for internal pathology consultation without notifying the submitting facility which will result in additional charges. Responsibility for pathology assessment is assumed by the submitting facility.

