

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
- Previously treated (progressed on First Line)
- Must be a C3 member (refer patient to contact C3 at www.cholanigo.ca to get started)*

Submission Checklist:

- 1. Completed UHN Test Requisition Form (TRF)
 - On page 2/5, please check:
- 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 the address found on UHN TRF along with the Sample
- 5. Notify the C3 by filling out this form ([click here](#)) or scanning the QR code:

Cholangiocarcinoma (Hepatobiliary) - Advanced/Metastatic

- Comprehensive Sequencing (NGS) - FGFR2 (fusions only)
- Canadian Cholangiocarcinoma Collaborative (C3) – Please follow www.cholangio.ca/en/physicians/patientforms/attestation for study specific requisition, patient attestation form as well as testing details and directions for submitting sample for testing.



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). 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**

