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 <u>OR</u> metastatic
- □ Must be a C3 member (refer patient to contact C3 at <u>www.cholangio.ca</u> 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 (<u>click here</u>) or scanning the QR code:

C3 Attestation for Physicians and Patients

Physicians:

I,, confirm that my pati	ent,,	, 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 (<u>www.cholangio.ca</u>). 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 <u>before</u> 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:	
	Date:	
Patient's Email or phone number:		
OR The patient has given verbal consent obtained by ordering physician \Box YES		



