# AFFIDAVIT

I, WUWEN GUO, translator in the City of Toronto, Province of Ontario, make oath and say:

1. I am fluent in both Chinese and English.

Province of Ontario

I have translated the annexed document and carefully compared the translation from Chinese into English with regard to the following document:

Her-2/neu Gene Amplification Test Report

3. The said translation is, to the best of my knowledge and ability, the complete and correct translation of said document.

SWORN before me at the City of Toronto
In the Regional Municipality of Metropolitan
Toronto

This day of Nov, 2014

A Notary Public in and for the

## Henan Provincial People's Hospital Department of Pathology, Her-2/neu Gene Amplification Test Report

| Molecular No.:             |  |
|----------------------------|--|
| Pathological No.:          |  |
| Age:                       |  |
| Inpatient No               |  |
| Pathological Diagnosis: In |  |
| Carcinoma                  |  |

Report Date: \_\_\_\_,

Date of Submission Test item: Her-2/neu Gene Amplification assay

Application Hospital: Our Hospital

Test Site: Mass in the Right Breast

Application Physician

Test Method: Fluorescence in Situ Hybridization (FISH)

Test Reagents and Instruments: Her-2/neu Gene Amplification Detection Kit (Abbott);

Gender: Funda

Department

Surgery

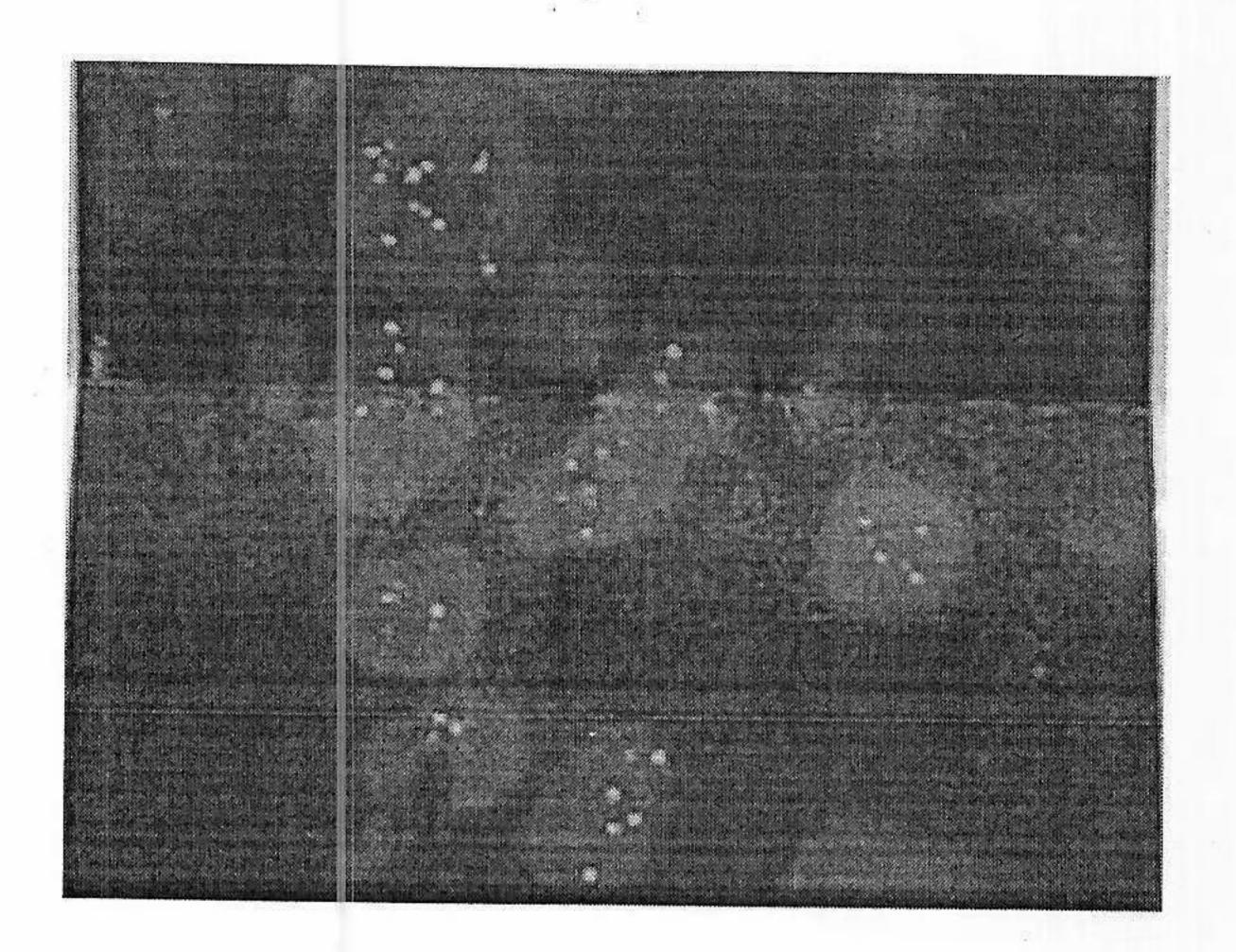
Tissue

ThermoBrite Fluorescence in Situ Hybridization Instrument (Leica), BX63 Fluorescence Microscopy System (OLYMPUS)

Specimen Type: Paraffin-embedded

FISH Images:

Name.



#### FISH Results:

Counted ≥ 40 tumor cells, GLP HER-2/CSP17 = 1.15.

The average copy number of GLP CSP17 green signals was 3.60,

and the average copy number of GLP HER-2 red signals was 4.0 < 4.15 < 6.0.

#### Conclusion:

The result of HER-2 immunohistochemistry was (2+). Combined with the results of immunohistochemistry and FISH, it is suggested that there is no amplification (negative) of the HER-2 gene in the submitted sample this time.

This report is only responsible for the submitted specimen this time. If you have any questions, please contact the Department of Pathology immediately.

| TEL       |                | Review Physicia- |            |
|-----------|----------------|------------------|------------|
| Address - | Floor, Impatin | West Inpatient   | Provincial |
|           |                |                  | ,          |



### 河南省人民医院病理科 Her-2/neu 基因扩增检测报告分子号: F

病理号: \_

名:

别:

龄: 年

送检医院:

本院

别: 乳腺外科二病区

住院号:

检测部位: 右乳肿块

标本类型: 石蜡组织

病理诊断: 浸润性癌

申请医师:

送检日期: ~~~~~

报告日期:

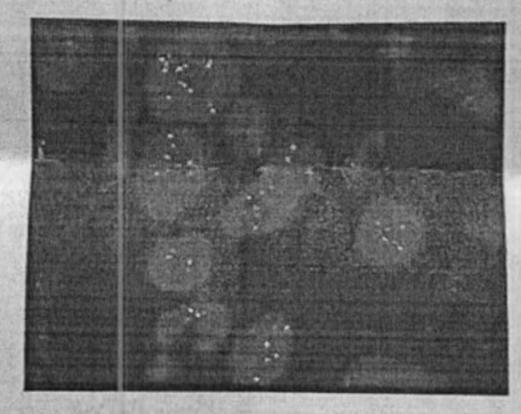
检测项目: Her-2/neu 基因扩增检测

检测方法: 荧光原位杂交(FISH)

检测试剂与仪器: Her-2/neu 基因扩增检测试剂盒(雅培):

ThermoBrite荧光原位杂交仪(Leica), BX63荧光显微系统(OLYMPUS)

FISH图像:



FISH结果:

计数≥40个肿瘤细胞, GLP HER-2/CSP17= 1.15,

GLP CSP17 绿信号平均拷贝数为 3.60,

GLP HER-2 红信号的平均拷贝数为 4.0<4.15<6.0.

结论:

HER-2免疫组化结果为(2+),结合免疫组化和FISH结果,提示本次送 检样本的HER-2基因无扩增(阴性)。

本报告只对本次送检标本负责, 如有疑问, 请速与购型科联系。

地址:河南省人民医院

检测者:

、审核医师

1/1