

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.
2. I have translated the annexed documents and carefully compared the translations from Chinese into English with regard to the following documents:

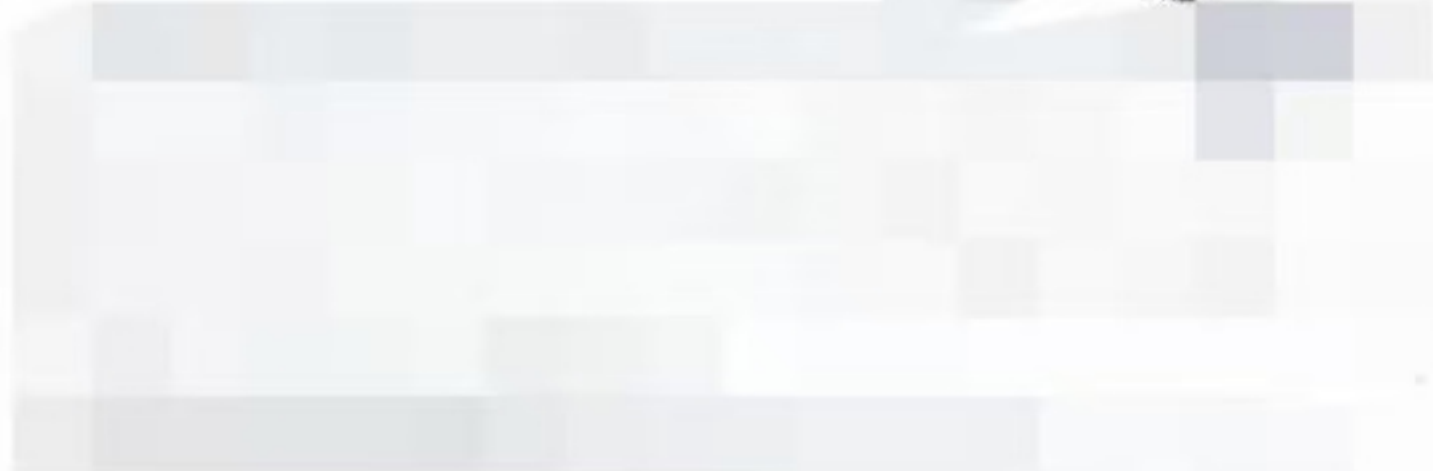
Colorful Graphic Report of Pathological Diagnosis,
Medical Diagnosis and Treatment Certificate
3. The said translations are, to the best of my knowledge and ability, the complete and correct translations of said documents.

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

This ⁴4 day of Jan., 20¹⁵ 15



Wuwen Guo



University
Colorful Graphic Report of Pathological Diagnosis

Name: [redacted]	Gender: [redacted]	Pathology No: [redacted]
Submitting Hospital: [redacted]	Submitting Dept.: Breast and Thyroid Surgery	Date of Birth: [redacted]
Inpatient No.: [redacted]	Application physician: [redacted]	Submission [redacted]
Ward: [redacted]		

Submitted Specimen: Breast

Gross Findings:

Left breast: It was a piece of breast tissue with a fusiform skin flap and nipple. The size was 23x20x7cm, the area of the skin flap was 16x10.5cm, the diameter of the nipple was 1cm, with a slight inward depression. A mass was visible 2cm under the skin, 1.5cm away from the nipple, with a diameter of 3cm. The cut surface of the mass was gray-white and gray-brown, ranging from soft to tough in texture, and the boundary with the surrounding tissue was unclear. Samples taken: 1-5 partial sampled, nipple - 6 sampled:

Left sentinel lymph node: One frozen box containing a pile of gray-yellow and gray-brown tissues with a total diameter of 2cm, all sampled - 7.

Gross and Macroscopic Images:



Pathological Diagnosis:

<Left breast> Mucinous carcinoma, type B.

No cancer involvement was found in the nipple.

<Left sentinel lymph node> No cancer metastasis was found in lymph nodes (0/4)

Immunohistochemistry: ER (90%) (+), PR 90 (+), Her-2 (0), KI67 15% (+), Syn (+), CgA (+), E-cad (membrane +), P120 (membrane +), MHC (-), P63 (-), CK5/6 (-), AR 90% (+), Calponin (-), EMA (+).

Seal: [redacted] Hospital
Special stamp for Medical Record duplication (1)

Initial Diagnosis Doctor: [redacted] Review Doctor: [redacted] Valid with signature or seal) Report D [redacted]

Note: This report only reflects the current situation of the submitted specimen. If there are any clinical questions, please contact our department. [redacted]
Address: [redacted]

Medical Diagnosis and Treatment Certificate

Patient's Name: _____ Gender: _____ Date of Birth: _____ Dept.: Breast and Thyroid Surgery
Case No.: _____ Admission Date: _____ Discharge Date: _____

Diagnosis:

1. Malignant breast tumor (left side)
2. Hypertension

(The diagnosis part of this certificate has ended. The following is blank.)

Advice: It is recommended to take a two-week complete rest. For the rest, please refer to the discharge record.

Physician: _____ January _____

Warm reminder: _____





病理诊断彩色图文报告

姓名:	性别:	病理号:
送检单位:	送检科室:	出生日期:
住院号:	送检医生:	床号:
病区:		送检日期:

送检标本: 乳腺

肉眼所见:

左乳: 带梭形皮瓣及乳头的乳腺组织一个, 大小23x20x7cm, 皮瓣面积16x10.5cm, 乳头直径1cm稍内陷, 距乳头1.5cm皮下2cm处见一肿块, 直径3cm, 肿块切面灰白灰褐色质软至质韧, 与周围组织分界不清, 送包1-5; 乳头-6;
左前哨: 冰冻盒一个, 内见灰黄灰褐色组织一堆, 直径共2cm, 全包-7。

大体及镜下图片:



病理诊断:

<左乳>黏液癌, B型。

乳头未见癌累及。

<左前哨>淋巴结未见癌转移 (0/4)。

免疫组化: ER 90% (+), PR 90% (+), Her-2 (0), KI67 15% (+), Syt
E-cad膜 (+), P120膜 (+), MHC (-), P63 (-), CK5/6 (-), AR (-), CEA (-), CK7 (+), CK20 (-), EMA (+)。



初诊医生:

审核医生:

报告日期:

(签字或盖章有效)

注: 此报告只反映当前送检标本情况, 临床如有疑问请与本科联系, 电话:

地址:

病理科。





重庆大学附属第一医院
The First Affiliated Hospital of Chongqing Medical University

诊疗证明书

患者姓名: _____ 性别: _____ 出生日期: _____ 科室: _____
 病案号: _____ 入院日期: _____ 出院日期: _____
 床号: _____

(此证明书诊断部分已结束, 以下空白)

意见: 建议全休贰周, 余详见出院记录。

医师: _____

温馨提示: _____

