

# 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:

Admission Reservation Certificate, Surgical Note Admission _____ Hospitalization	
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3. The said translations are, to the best of my knowledge and ability, the complete and correct translations of said documents.

**SWORN** before me  
In the Regional Municipality of  
Toronto

This 22<sup>nd</sup> day of Nov., 2024

Wuwen Guo



**Yunnan Cancer Hospital**  
**The Third Affiliated Hospital of Kunming Medical University**  
**Admission Reservation Certificate**

Outpatient No.: [REDACTED] 0

Inpatient No. [REDACTED]

Name: [REDACTED]	Gender: [REDACTED]	ID No.: [REDACTED]	
Contact No.: [REDACTED]	Proposed Admission Date: [REDACTED]	Reservation [REDACTED]	Registration [REDACTED] Time: [REDACTED]
Outpatient Diagnosis: Malignant Tumor in the Upper Lobe of the Right Lung			
Admission Dept.: Minimally Invasive Interventional Medicine		Admission Ward: Nurse Station of Minimally Invasive Interventional Medicine Admission bed: [REDACTED]	
Precautions for Admission: <u>Please bring the original and photocopies of the patient's ID card and medical insurance card when handling hospitalization procedures.</u>			
Services Required after Admission: Stretcher <input type="checkbox"/>		Wheelchair <input type="checkbox"/>	
Remarks: Please pay the hospitalization deposit on the first floor of Building 3 or follow the official WeChat account of the hospital.			

Signature for Payment and Accounting (by the Cashier's Office) Physician's Signature and Phone [REDACTED]

Seal: [REDACTED]

The Third Affiliated Hospital  
[REDACTED]

**JOSEPH JOHN FAUST**  
Barrister, Solicitor and Notary Public  
Tel: 416-409-2071  
Add: 87 Legends Way, Markham, ON. L3R 5Z9



**Yunnan Cancer Hospital**  
**The Third Affiliated Hospital of Kunming Medical University**  
**Yunnan Cancer Center**

**Surgical Note**

Name: [REDACTED]	Dept.: Minimally Invasive Interventional Medicine	Bed No. [REDACTED]	Gender: Female	Age: [REDACTED]	Second [REDACTED]	Admission No.: [REDACTED]
<hr/>						
Operation Time: [REDACTED]						
Preoperative Diagnosis:	Malignant Tumor of the Left Lung					
Post-operative Diagnosis:	1. Invasive Adenocarcinoma of the Malignant Tumor in the Upper Lobe of the Right Lung, pT1cN0M0, Stage IA3 2. Hypertension, Grade 3 3. Type 2 Diabetes Mellitus					
Name of the Operation:	Percutaneous Microwave Ablation of Pulmonary Lesions under DSA					
Surgeon:	Assistant: 1. [REDACTED] 2. [REDACTED] 3. [REDACTED]					
Anesthesia Method:	Local Anesthesia Anesthetic Agent: Lidocaine Dosage: 20 ml					
Anesthesiologist:	Scrub Nurse: [REDACTED] Circulating Nurse: [REDACTED] Instrument Nurse: [REDACTED]					
Operation Site:	Left Lung					
Start Time of the Operation	[REDACTED]		End Time of the Operation		[REDACTED]	
Infusion: 0 ml		Blood Transfusion: 0 ml		Workload of the Operation: 1 hour		
				Medication during the Operation: Lidocaine		

Findings and Steps during the Operation: The patient was given 5 µg of Sufentanil by intravenous push before the operation. The patient was in the prone position. Three-dimensional scanning and reconstruction of the left side were performed under the rotation of Dany-CT to clarify the location of the tumor, the needle insertion path and the depth of needle insertion. Surface markings were made. After routine disinfection and draping with the marked point as the center, local infiltration anesthesia was performed with 2% Lidocaine. After satisfactory local anesthesia, a 16G 15cm (KY2450b-T2) microwave ablation needle was inserted into the left lung lesion (1 needle) under the fluoroscopy of DSA. After repeated scanning, the tip of the needle was found to be located in the tumor. The ablation needle was connected, and ablation was carried out at 40W for 5 minutes. After repeated scanning, the density of the tumor was found to be increased and the gasification was obvious, considering complete ablation. The ablation needle was removed, and the pain score after returning to the ward was performed. After the operation, CT review showed that the patient had no pneumothorax. The operation process was smooth, and the patient had no discomfort and returned to the ward safely.

Body Position: Autonomous Skin Disinfection: Iodophor Incision: Class I Blood Loss: 0 ml  
Incision Suture Method: - Name of the Intervention Material: Microwave Ablation Placement Site:  
Drainage: Name of the Drainage Material: - Number of the Drainage Material:  
Patient's Condition at the End of the Operation: Good  
Gross Appearance of the Pathological Specimen: -

Doctor's Signature: [REDACTED]

Seal: Yunnan Cancer Hospital [REDACTED]

Seal: Yunnan Cancer Hospital [REDACTED]

Stamp: [REDACTED]





Yunnan Cancer Hospital  
Hospital of Kunming Medical University  
Yunnan Cancer Center

Admission Record for the Second Hospitalization

Name: Dept.: Bed : Gender: Female Second Admission No.:  
Age: Interventional Medicine D

1. Invasive Adenocarcinoma of the Malignant Tumor in the Upper Lobe of the Right Lung, pT1cN0M0, Stage IA3

2. Hypertension, Grade 3

3. Type 2 Diabetes Mellitus

Signature of physician:
1. Invasive Adenocarcinoma of the Malignant Tumor in the Upper Lobe of the Right Lung, pT1cN0M0, Stage IA3

2. Hypertension, Grade 3

3. Type 2 Diabetes Mellitus

Signature of physician:

Seal:

Seal:



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云 南 省 肿 瘤 医 院

第 三 附 属 医 院

# 预约住院证

门诊号:

住院号:

姓名: 性别: 年龄: 岁

身份证:

联系电话:

拟入院日期:

预约登记时间:

门诊诊断: 右肺上叶恶性肿瘤

收住科室: 科

收住

收住床位:

入院注意事项: 办理住院时请备齐患者身份

入院的服务:

拒

备注: 一楼或关注医院公众号缴纳住院预

缴费 (由出纳室) 签章

医师签名及电话:

document





## 手术记录

姓名: 科室: 学科 床号: 性别: 年龄: 岁 第2次住院 住院号:

手术时间

手术前诊断: 左肺恶性肿瘤

手术后诊断: 1.右肺上叶恶性肿瘤浸润性腺癌 pT1cN0M0 IA3 期  
2.高血压3级  
3.2型糖尿病

手术名称: DSA 下经皮肺病损微波消融术

手术医师: 助手: 1: 3:

麻醉方式: 局麻 麻醉剂: 利多卡因 量: 20ml

麻醉医生: 洗手护士: 巡回护士: 器械护士:

手术部位: 左肺

手术开始时间: 手术结束时间: 手术工作量: 小时

输液: 0ml 输血: 0ml 术中用药: 利多卡因

手术所见和步骤: 患者术前静脉推注舒芬太尼 5ug。患者俯卧位, Dany-CT 旋转下行左侧部三位扫描重建, 明确肿瘤位置、进针路径及进针深度, 行体表标记, 以标记点为中心常规消毒铺巾后, 以 2%利多卡因局部浸润麻醉, 局麻满意后, 在 DSA 透视下以 10 微波消融针穿刺入左肺灶 (枚), 复扫描见针尖位于肿瘤, 连接消融针, W, 持续消融 5 分钟, 复扫描见肿瘤密度增高, 气化明显, 考虑完全消融。拔除消融针, 返病房疼痛评分分。术后 CT 复查患者无气胸。手术过程顺利, 患者无不适, 安返病房。

体位: 自主 皮肤消毒: 碘伏 切口: I 类 出血量: 0ml

切口缝合方法: - 介入物名称: 微波消融 放置部位: -

引流: 引流材料名称: - 引流材料数目: -

手术终了时病人情况: 良好

病理标本肉眼所见: -

医生签名:





云南省肿瘤医院 昆明医科大学第三附属医院 云南省癌症中心

Yunnan Cancer Hospital & The Third Affiliated Hospital of Kunming Medical University & Yunnan Cancer Center

## 第2次入院志

姓名: 科室: 联网病区 床号: 性别: 年龄: 岁 第2次住院 住院号:

1. 右肺上叶恶性肿瘤浸润性腺癌 pT1cN0M0 IA3  
期

2. 高血压3级

3. 2型糖尿病

医师签字:

1. 右肺上叶恶性肿瘤浸润性腺癌

2. 高血压3级

3. 2型糖尿病

医师签字:

