

AFFIDAVIT

I, _____ 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:

Certificate of Diagnosis
Discharge Note
Painless electronic colonoscopy report

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)
Toronto)
This 13th day of Jan., 2022)
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)
A Notary Public in and for the Province of Ontario)

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Solicitor and Notary Public
in and for the Province of Ontario
Tel. 4
Add. 8 oronto, On. M6H1A4

Zhujiang Hospital of Southern Medical University

Certificate of Diagnosis

Name:	Age: 67y	Gender: Female	ID No.:	Inpatient No.:
Dept.: General surgical ward		Date of admission: Date of discharge:		
Result of examination: Please refer to summary of discharge. Diagnosis comments: 1. Rectal tubular adenoma Treatment comments: Please refer to summary of discharge.				
				Physician: 2019-09-12

Issued by(stamp): Zhujiang Hospital of Southern Medical University
Special stamp for diagnosis (33)

Solicitor, and Notary Public
Province of Ontario
Tel:
Add: 372 College St. Toronto, On. M6H1A4

Zhujiang Hospital of Southern Medical University

Discharge Note

Name: Dept.: General Bed No.: Inpatient No.: ID No.:
surgical ward
Gender: Female Age: Occupation: Other workers The length of stay: 10 days
Date of admission: Date of discharge:

Chief complaints: Abdominal pain and stool habit changed more than 2 months
Admission status: There was no obvious cause to change in defecation habit 2 months ago, the main manifestation was an increase in the number of defecation, about 2-3 times/day, most of them were loose without shape, and black color; Before stool, the anus had a falling feeling, accompanied by tenesmus, defecation was not completed, occasionally constipation, accompanied by persistent abdominal pain, without fixed position, accompanied by fatigue, loss of appetite, the above symptoms were persistent, there was no chills and fever, no nausea and vomiting. Electronic colonoscopy in our hospital on 2019-08-21 showed: Rectal lateral developmental polyps (tubular adenomatous polyps). Pathological indicated: (Rectum) tubular adenoma. The patient came to our hospital for further treatment, and was admitted to our department because of rectal lump.

Admission diagnosis: 1. Rectal tubular adenoma

Treatment course: The patient completed the relevant preoperative examination after admission, there was no obvious surgical contraindications, but with surgical indications, Laparoscopic-assisted intestinal adhesion lysis and radical rectal tumor resection were performed under venous general anesthesia on 2019-09-04, the surgical procedure went smoothly, there was a few intraoperative bleeding. After surgery, analgesia, anti-infection, hemostasis, acid production, and nutritional support were given. Postoperative pathological indicated: 1. (Rectum) villus-tubular adenoma;No tumor tissue was found in the self-test parenteral lymph nodes (0/6). 2. (Distal margin) No tumor tissue was found. 3. (Proximal margin) No tumor tissue was found. 4. (Lymph node) No tumor tissue appeared in the lymph nodes (0/2).Currently the patient had no special discomfort, the general condition of the patient was regular, the incision had no swelling or exudation, and he was approved to discharge from the hospital.

Discharge diagnosis: 1. Rectal tubular adenoma

Discharge status: The patient did not complain obvious discomfort, generally in good condition, incision healed well, there was no bleeding and exudation, and no subcutaneous blood accumulation.

Discharge instructions:
1. Pay attention to rest and supplement nutrition; 2. Change dressing in the local hospital every 2-3 days, the wire was removed on postoperative day 7 according to the specific situation. 3. Take medicine on time, please visit a doctor if feel unwell.

Follow-up plan:
Professor and attending physician Clinic are on Tuesday and Attending physician n Clinic is on Friday afternoon.

Seal: Zhujiang Hospital of Southern Medical University
Special stamp for diagnosis (33)

Signature of physician:

Solicitor, and Notary Public
in and for the Province of Ontario
Tel:
Add: Toronto, On. M6H1A4

Zhujiang Hospital of Southern Medical University

Painless electronic colonoscopy report

Examination No.: 1

Patient ID: _____

Name: _____

Gender: Female

Date of birth: 195

Application Dept.: General surgical ward

Bed No.: Equipment: _____

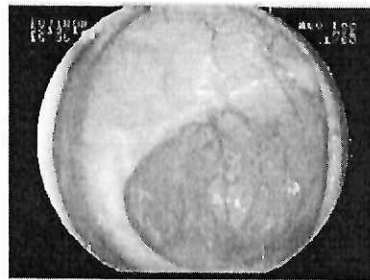
Clinical diagnosis: _____

Examination date: 2

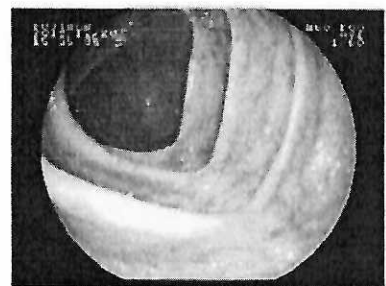
Terminal ileum



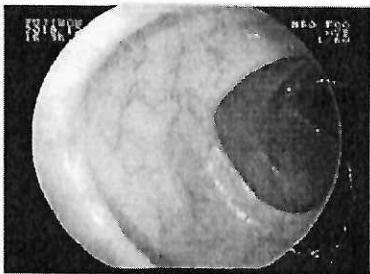
Appendices



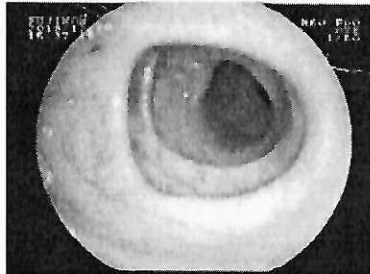
Colon ascendens



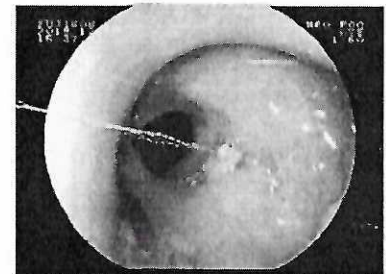
Colon transversum



Sigmoid



Rectum



Intestinal preparation: _____

Into the mirror time: _____

Back the mirror time: _____

Endoscopic findings:

It was routine colonoscopy examination, the operation went well. The colonoscopy entered into the end of ileum. No abnormalities were found at the terminal ileum and at the inner orifice of appendices. No abnormalities were observed in the ileocecal valves. The rest of colon mucosa vascular network had clear texture, with smooth surface and no abnormalities were observed. Surgical anastomotic scar and anastomosis were found in the rectum about 5cm from the anus, no abnormalities were observed in the anastomosis mucosa, no abnormalities were observed in the rectal mucosa.

Biopsy site: _____

Pathologic diagnosis: _____

Pathology No.: _____

Endoscopic diagnosis: _____

No abnormalities were observed in the anastomotic mucosa after rectal surgery.

Suggestions: _____

Report time: _____

Operated physician: _____

Nurse: H _____

Tel: 0 _____

Address: _____
Avenue, Guangzhou

This signature has been certified by
Guangdong E-commerce Certification Center

Solicitor and Notary Public

Tel: _____
Add: _____
College St. Toronto, On. M6H1A4

TC

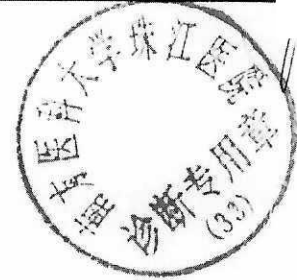
2040

南方医科大学珠江医院

诊断证明书

姓名	年龄	性别女	ID号	住院号
科别：普通外科病区		入院日期：2019年09月02日		
		出院日期：2019年09月12日		
检查结果：见出院小结。				
诊断意见： 1. 直肠管状腺瘤				
处理意见：见出院小结。				
				医师： 2019年09月

签发单位：（盖章）



I certify that this is a true copy of the original document

Date: 13th day of Jan, 2022



出院小结

姓名 科别 普通外科病区 床号 3 住院号 ID号:
性别: 女 年龄: 6 职业: 其他劳动者 住院天数: 10
入院时间: 出院时间:

主诉: [腹痛并大便习惯改变2月余。]

入院情况: 2月前无明显诱因出现排便习惯改变, 主要表现为排便次数增加, 约2-3次/日, 多为稀烂不成形便、黑色, 便前肛门有下坠感、伴里急后重感、排便不尽感、偶有便秘, 伴持续性腹部隐痛, 位置不固定, 伴乏力、食欲下降, 以上症状呈持续性无畏寒、发热, 无恶心、呕吐。曾于2019-08-21我院行电子肠镜检查示: 直肠侧向发育型息肉(管状腺瘤性息肉)。病理提示: (直肠)管状腺瘤。患者为求进一步治疗来我院就诊, 门诊拟“直肠肿物”收入我科。

入院诊断: 1. 直肠管状腺瘤

诊治经过: 患者入院后完善相关术前检查, 无明显手术禁忌症, 有手术指征, 于2019-09-04 在静脉全麻下行腹腔镜辅助肠粘连松解、直肠肿瘤根治术, 手术过程顺利, 术中出血少, 术后予镇痛、抗感染、止血、制酸、营养支持等治疗。术后病理提示: 1. (直肠)绒毛-管状腺瘤; 肠旁白结淋巴结未见瘤组织(0/6)。2. (远切缘)未见瘤组织。3. (近切缘)未见瘤组织。4. (淋巴结)淋巴结未见瘤组织(0/2)。现患者无特殊不适, 一般情况可, 切口无红肿渗液, 办理出院。

出院诊断: 1. 直肠管状腺瘤

出院情况: 患者未诉明显不适, 一般情况良好, 切口愈合良好, 无渗血及渗液, 皮下无积血。

出院医嘱: 1. 注意休息, 补充营养; 2. 每2-3天至当地医院换药, 术后第7天视具体情况拆线; 3. 按时服药, 不适随诊。

随访计划:

 医师周二全天门诊, 医师周五下午门诊。



医生签名

I certify that this is a true copy
of the original document

Date: 13th day of Jan., 2022

南方医科大学珠江医院

无痛电子肠镜检查报告单

检查号: _____

病人ID: _____

姓名: _____

性别: 女

出生日期: _____

/ 68岁

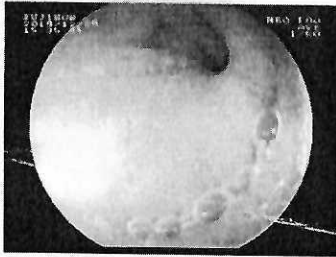
申请科室: 普通外科门诊

床号: _____

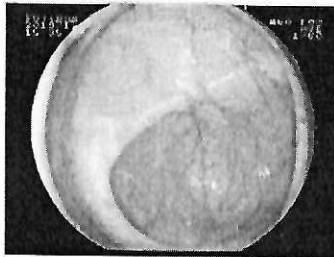
设备: _____

临床诊断: _____

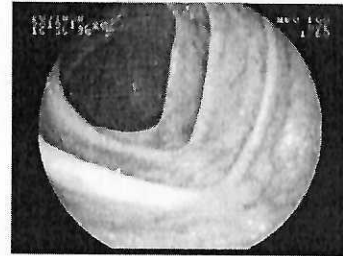
检查日期: _____



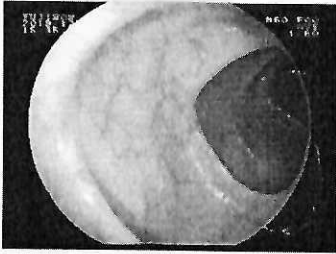
回肠末端



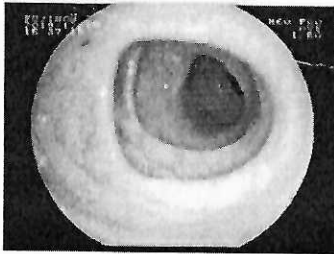
盲肠



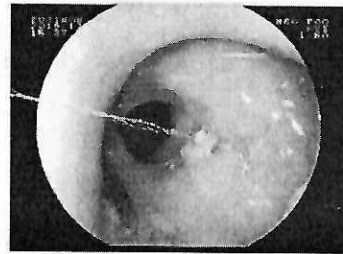
升结肠



横结肠



乙状结肠



直肠

肠道准备情况: _____

进镜时间: _____

退镜时间: _____

内镜所见:

常规结肠镜检查, 插镜顺利。进镜达回肠末端。回肠末端未见异常, 阑尾内口未见异常。回盲瓣未见异常。余所见结肠粘膜血管网纹理清晰, 表面光滑, 未见异常。直肠距肛门约5cm见手术吻合口疤痕及吻合钉, 所见吻合口粘膜未见异常, 直肠粘膜未见异常。

活检部位: _____

病理诊断: _____

内镜诊断: _____

直肠手术后吻合口粘膜未见异常

建议: _____

报告日期: _____

操作医师: _____

配合护士: _____

电话: (_____) _____

地址: 广州市工业大道中253

本签名已经广东省电子商务认证中心认证

病理编号: _____

I certify that this is a true copy
of the original document

Date: 13th day of Jan, 2022