

## Part 7

## Part 7: Choice in Following Diagnostic and Treatment Protocols Regulations

☐ I choose to be treated within the Diagnostic and Treatment Protocols Regulation as indicated on Form AB-1 (Notice of Loss and Proof of Claim).

☐ I choose not to be treated within the Diagnostic and Treatment Protocols Regulation.

☐ I am the claimant, OR ☐ I am the Authorized Representative of the claimant.

*Date (dd-mm-yyyy)*

Signature