

Sample Receipt Details:

 POD : _____ Temp : _____
 Date & Time : _____ Sample Type : FFPE
 CS Name & Sign: _____ Logistics Name & Sign : _____
 Prenatal Sample Yes No Bill type

TEST REQUISITION FORM

Disease Segment* _____

Each sample must be accompanied by this completed requisition. * Fields are mandatory

Test Details

 Test Name:* Lung Cancer gene Panel by NGS (SNVs, InDels & Fusions) + PD-L1 (SP263) by IHC

 Test Code:* MGM1493

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Blood (in EDTA tube) | <input type="checkbox"/> Blood (in Streck tube) | <input type="checkbox"/> DNA, Specify Source: _____ | <input type="checkbox"/> Buccal swab |
| <input type="checkbox"/> Amniotic Fluid | <input type="checkbox"/> CVS | <input type="checkbox"/> Cultured CV | <input type="checkbox"/> Cultured amniocytes |
| <input type="checkbox"/> Fetal Blood (PUBS) | <input type="checkbox"/> Maternal blood for MCC (please send for prenatal studies) | <input type="checkbox"/> Products of Conception (POC), specify tissue: _____ | <input checked="" type="checkbox"/> FFPE tissue Block (Block no. <u>SWH1257A, SWH1257B, SWH1257C</u>) |
| <input type="checkbox"/> Fresh Frozen Tissue | <input type="checkbox"/> Saliva | <input type="checkbox"/> Other sample type (specify site) <u>SWH1257A, SWH1257B, SWH1257C</u> | <input type="checkbox"/> DBS/FTASWH1257C |

 Patient had a blood transfusion Yes No Date of last transfusion ___ / ___ / ___ (minimum 3 days of wait time is required for genetic testing)
 Has he/she undergone allogenic bone marrow transplant: Yes No.

Patient Details

 Name:* MRS. A.M.M.Z. MUNAWWARA D.O.B. DD MM YY Age:* 51Y/F Gender:* M / F
(In Capital Letters)
 Address: _____
 Phone: _____ E-mail ID: _____

Clinician Details

 Clinician's Name:* Dr. Senaka Kandededara Hospital Affiliation: _____
 Address: _____ Phone : _____
 _____ Email id : _____

 Date of sample collection* 21 08 2024

I understand that the current analysis is limited to variants which co-relate with disease phenotype/symptoms/terms as mentioned in the clinical details provided by me. Incidental findings which may or may not be actionable are not routinely reported. They can however be provided on request after informed consent from the patient/guardian. As disease phenotype may evolve over time, the appearance of new symptoms/signs may alter test results or their significance: MedGenome laboratories cannot be held responsible for this. A re-analysis or a re-test may be required due to the former; this will be performed (if deemed necessary) at an additional cost. I am authorised to order the above tests as I am the treating physician/consulting physician in this case. I confirm that the patient/guardian (in case of minors) has been provided complete information regarding the test, including its limitations in a language of their understanding.

Medical Professional Signature* _____ Date: _____ Place: _____

 Clinical notes/diagnosis:

 Disease affection status Parental consanguinity present Age of manifestation: _____
 Affected Siblings Details: _____

GOVERNING LAW, JURISDICTION AND DISPUTE RESOLUTION

These Terms and Conditions and this Test Requisition Form shall be governed by and construed in accordance with Indian law and the courts in Bangalore shall have exclusive injunctive jurisdiction. In the event of any dispute, controversy or claim whatsoever arising from these Terms and Conditions and/or this Test Requisition Form, the parties shall undertake to make every effort to reach an amicable settlement within fifteen (15) days upon reference of the dispute by any party through discussions among the concerned representatives of parties, failing which the dispute, controversy or claim shall be settled by Arbitration by a Sole Arbitrator appointed by the 'President-Arbitration Centre-Karnataka', Bangalore as per Indian Arbitration and Conciliation Act, 1996 as amended from time to time. The venue of arbitration shall be Bangalore and it shall be conducted in English language. The award passed by the Sole Arbitrator shall be final and binding upon the parties.

NOTICE

All notices, statements or other communication required or permitted to be given or made shall be in writing and in English language. Such notices will deliver by hand or sent by prepaid post with recorded delivery, or facsimile transmission addressed to the intended recipient at the address mentioned in this Test Requisition Form.

INDEPENDENT PARTIES

All parties effected hereunder are independent entities and neither of the parties are an agent, employee or joint venture of the other and they shall not represent themselves as such to any third parties.

REFUND

Refund of fees for any reason has to be claimed by the Patient or the guardians of the Patients within 90 days from the date of delivery of report.

Patient/Guardian Authorization

By my signature below I attest to the following:

I have read and I understand the information provided on this form.

Patient Consent (sign here or on the consent document)

I have read the Informed Consent document and I give permission to MedGenome to perform genetic testing as described. I also give permission for my specimen / genetic data to be used in (de-identified) studies at MedGenome to improve genetic testing for other patients.

By agreeing to this informed consent below, I am confirming that I understand the benefits, risks and limitations associated with genetic testing. Furthermore, I am affirming that I recognize the seriousness of conditions for which {I am/my child} being tested, and that disease descriptions, prognoses, and treatment options have been made available to me by {my/my child's} health care provider. Finally, if I have the legal authorization to provide this informed consent on behalf of another person, I am attesting that the sample provided belongs to that person.

 Patient/Guardian Name **Ms A. Munawwara**

First Name

Middle Name

Last Name

Date of Birth: mm/dd/yyyy

Patient/Guardian Signature*

Date:

Place:

Father Name

Mother Name

Signature*

Date and time

Signature*

Date and time

 Relationship with the proband **Daughter**
Note :

Signature of both parents is requested for prenatal testing.

For trio testing, each parent should provide separate informed consent for the sequencing of his or her sample.

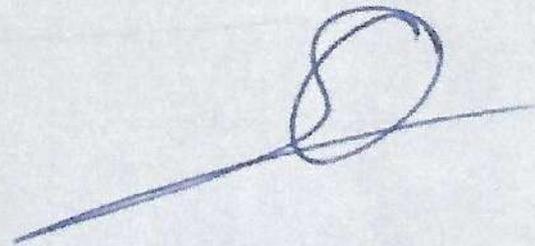
Dr. Mahendra Perera
Consultant Ophthalmologist

Re: -

Further ^{rise} ⁱⁿ ^{my} ^{eye} ^{for} ^{class B+}

As ^{Sq. Cells} ⁱⁿ ^{lens}

0300-028-000 ^{Thov}





CONFIDENTIAL LABORATORY REPORT

Member of Clinical and Laboratory Standards Institute, U.S.A.



ASIRI LABORATORIES

LIVE MORE
A Softlogic Group Company

Asiri Laboratories Kandy, 907, Peradeniya Road, Kandy
T. + 94 81 785 0404 -5 prlab@asiri.lk

HISTOPATHOLOGY

Block and sides of this specimen/s will be retained ONLY for six months after the date of this report. Specimen will be kept for one week.

** IP/AKH/AKH **

Page 1 of 1

UHID	: 150414621	
REFERENCE No.	: 05 4000 21/08/24	IP No. : AKH0058331
SAMPLE DATE & TIME	: 21/08/2024 08:14	AGE : 51 Y/F
REPORT DATE & TIME	: 23/08/2024 17:17	ADSL2500165 / AKH2430827
PATIENT	: MRS. A.M.M.S.Z . MUNAWWARA [ROOM NO.722A]	
REFERRED BY	: PROF DUSHANTHA MEDAGEDARA	

TEST : HISTOPATHOLOGY REPORT

Clinical details : CT - highly suggestive of lung carcinoma in the right upper lobe with regional LN metastasis.

Specimen : CT guided tru cut biopsy of the lung mass

Macroscopy : Three cores of tissue, each measuring 10mm, 15mm and 5mm in lengths.

Microscopy : Sections of the all three cores show a tumour composed of nests of squamoid cells with pleomorphic nuclei and eosinophilic abundant cytoplasm. Intercellular bridges and individual cells keratinization are present. Gland formation is not identified. The stroma is desmoplastic and shows a moderate lymphocytic infiltration.

Conclusion : Appearances are those of a moderately differentiated squamous cell carcinoma.

SWH 1257

PROF. SULOCHANA WIJETUNGE
MBBS, Dpath, MD, Professor in Pathology
Consultant Pathologist



Name of patient : Mrs A M M S Z Munwara Age : 51 Yr Sex : F
SCAN Region : HRCT
Requested by : Prof.Dushantha Medagedara MBBS,MD,MRCP,FRCP. Date : 17/08/2024
Consultant Respiratory Physician.
Radiologist : Dr (Mrs) Samantha Perera MBBS,DCH, CT No : 00648840
MD (RAD)

CT SCAN REPORT

HRCT :

HISTORY : Cough, Haemoptysis for 2/52

TECHNIQUE Non contrast high resolution CT scan of the chest inspiratory and expiratory.

REPORT:

Both lungs are well expanded and applied to the chest wall in all aspects.
There are soft tissue density masses measuring 2.8x2.6cm in the apical segment, 1.3x1.7cm mass in the anterior segment and three other sub centimetre nodules in the vicinity in the right upper lobe.
They have slightly irregular margins.
No calcifications or cystic areas within them.
Largest mass is attached to the parietal pleura laterally.
Band atelectasis is noted in the right lung base.
No nodules in the left lung.
There is a 17x15mm soft tissue nodule in the right main bronchus causing partial obstruction.
No bronchiectasis.
No pleural effusions
Right hemidiaphragm is elevated.
There are enlarged pre tracheal, sub carinal and right hilar lymph nodes.
No cardiomegaly.
No supra renal masses.
Bones are unremarkable. No bone metastasis.

COMMENT:

- CT appearance is highly suggestive of lung carcinoma in the right upper lobe with local Ipsilateral lung metastasis.
Suggest histology
- Mediastinal and right hilar LN metastasis.
- Mass in the right bronchus , suggest bronchoscopy and biopsy.
Possible staging – T1cN2M1a

Dr. (Mrs) Samantha Perera. MBBS,DCH, MD(Radiology)
Consultant Radiologist
National Hospital,
Kandy.

Dr. (Mrs) Samantha Perera,
MBBS, DCH, MD (Radiology)
Consultant Radiologist
National Hospital - Kandy

Thank you very much for referring this patient



Name of patient : Mrs.A.M.M.S.Z Munwwara Age : 51 Yr Sex : F
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39563

PN: MRS A M M S Z MUNAWWARA
UHID : 150414621 IP : AKH0058331
AGE Y 51 M 11 D 3 SEX F DOB 14-Sep-1972
CONSULTANT PROF DUSHANTHA MEDAGEDARA



DIAGNOSIS CARD

No. :

Patient's Name : Mrs. A.M.M.S.Z. Munawwara
Age : 51 Years DOB : 14 / 09 / 1972 Gender: Female
Address :

UHID : 150414621 IPN : AKH 58331
Room / Unit / Bed No: 722 Speciality :
Primary Consultant : Prof D. Madegedara CRP
Date of Admission : 17 / 08 / 2024 Date of Discharge: 22 / 08 / 24

Diagnosis: - CPBA + Allergic Rhinitis.
- INVESTIGATED FOR HAEMOPTYSES ± CXR-PA
AA (Disseminated malignancy) R142 OP
? IT? ? IR. Hilar prom

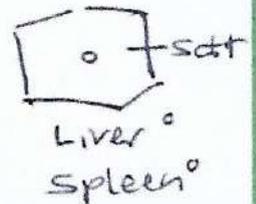
Surgery: 2) chronic infection

Presenting Complaint:

Headache - 3/12

cough } Aggravated
Haemoptysis } over 3/365
no Fever

Old
Pallor
clubbing
LNB



Past Medical History:

Diabetes Mellitus <input type="checkbox"/>	Hypertension <input type="checkbox"/>	Dyslipidemia <input type="checkbox"/>
IHD <input type="checkbox"/>	Bronchial Asthma <input checked="" type="checkbox"/>	Renal Impairment <input type="checkbox"/>
Other	Allergic Rhinitis	

Physical Examination:

Temperature: °C Pulse : /min BP : 130 / 80 mmHg



Investigations:

Date	Test	Result/s
17/8/24	FBC	WBC 6.8 x 10 ⁹ N=78.1% L=16.1% E=0% Hb=11.7 g/dl PCV 34.7% Plt=303 x 10 ⁹
	ESR	138 CRP=50.8 → 13.5
		Na ⁺ 136 K ⁺ 3.9
		creatinine 0.86 eGFR=0.86
		ALT=19.1 AST=24.7 GGT=55.4
		T. Protein=79 Alb=44.1
		FT3=1.090 FT4=0.380 TSH=27.69
	Sputum AFB	1 st neg 2 nd Neg 3 rd Neg.
	INR	1.00

Blood picture Normal Blood picture.

18/08/2024

Mantoux 7 0mm Negative
21/8/2024

In-Ward Management:

- 1) IV Merasan 1g bd
- 2) IV Ranitidine 50mg bd
- 3) Mometasone 100mg noct. - with
- 4) Dexamethasone 15mg st
- 5) Gabap 200mg bd
- 6) R Max 20mg bd
- 7) IV Hydrocortisone 100mg stat
- 8) Nebulizer c salbutamol + ipratropium 4x

Discharge Plan

Medication:

- 9) MDI Salmeterol 250/250µm 2pm bd
- 10) MDI Triam 18µm noct.
- 11) Thyroxin 100µg max. - stat
- 12) IV MgSO4 2g in large normal over 1hr.
- 13) IV Hydrocortisone 100mg 6x - 48hr.

① E

Duracet 200mg bd - 1/2

MDI Salmeterol 250/250µm 2pm bd

MDI Triam 18µm noct.

MDI Duobeta 2puff 4hrly - 5days then 6hrly

③ + ④

Fenoprenadine 120mg bd

Pantocid 200mg bd

Endocrinology drugs.

Advice & Follow-up Plan:

- 1) Force CT Guided Lung Biopsy for 1) Histology + DTC
- 2) TB PCR, AFB stain
- 3) ① E Duracet 200mg bd - 1/2

Prof. Dushantha Madegedara
FRCR, FCCP(USA), FRCPEd, FAPSR
Chief professor of Medicine,
University of Weyburne,
Consultant Respiratory Physician,
National Hospital, Kandy

Name of Consultant:

Signature :

(Consultant's Stamp)

Multidisciplinary Care:

Referring Consultant 1. : Dr. Samantha Perera (Consultant Radiologist)

In-Ward Management: HxCT chest:-
CT appearance is highly suggestive of Lung Carcinoma in the R Upper lobe with Local ipsilateral Lung metastases mediastinal and Right Hilar metastases.
Mass in the R Bronchus, suggest Bronchoscopy and biopsy.

Advice & Follow-up Plan: Possible T1c N2 M1a ,

.....
Signature / Stamp

Referring Consultant 2. : Dr. S. Maniharan (Consultant Interventional Radiologist)

In-Ward Management:
CT Guided Lung Biopsy done.
Aseptic Technique.
under CT Guidance upper lobe Lung mass targeted
4 Biopsies were taken

Advice & Follow-up Plan:
Samples for 1) Histology, IHC
2) TB smear, TB PCR.

.....
Signature / Stamp

Referring Consultant 3. : Dr. Sonali Gunathilake (CB)

In-Ward Management: FT3 1.09 ↓ RAL 05/2024
FT4 0.380 ↓ now hypothyroid
TSit = 27 ↑ - Stop carbimazole.
start Thyroxin 100µg now.

Advice & Follow-up Plan: Repeat TSit in 2/12

.....
Signature / Stamp

Referring Consultant 4. : Dr.

In-Ward Management:

Advice & Follow-up Plan:

.....
Signature / Stamp

26th August 2024

Mrs. A.M.M.S.A Munawwara
Age 51Y/F
Kandy

Dear Madam,

QUOTATION FOR CONDUCTING GENETIC TESTING

As requested by Dr Senaka Kandegedara Clinical Oncologist, we are pleased to offer you the following services for Diagnostic purpose through Strand Life Sciences, India.

Financial Offer

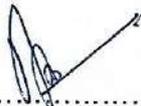
Test Cord	Unique Test Name	Total Cost, Package (LKR)
MGM1493	Lung Cancer gene Panel by NGS (SNVs, InDels & Fusions) + PD-L1 (SP263) by IHC	Rs. 371,400 /-

- **Terms & Conditions.**
- Diagnose results, reports will be given after 29 working days.
- Full payments should be transferred before the execution of the process.

Account Details.

Aegle Omics (Private) Limited
Bank - Commercial Bank
Branch- Narahenpita
Acc No- 1000756928
Swift Cord- CCEYLK LX

Thank you!



.....
Amila Herath
Manager Operations