

CORE DIAGNOSTICS™

Test Requisition Form 4th June 2024

TRF No.: 1080714

Accessioning ID

PATIENT INFORMATION (TO BE FILLED IN CAPITAL LETTERS ONLY)

Date of Birth / Age: 62Y/F
 Gender: Male Female
 First Name: Mrs. B.A.K.M Weerakoon
 Last Name: Colombo - Sri Lanka
 Address: _____
 PIN Code: _____
 Contact Number: _____
 Email ID: _____

Do you want us to send report & block at above given address? Yes No
 Do you want us to send report at above given email-id? Yes No
 If No, please specify: _____

PHYSICIAN INFORMATION (TO BE FILLED IN CAPITAL LETTERS ONLY)

Name: Dr. Mahendra Perera
 Speciality: Consultant Clinical Oncology & Radiotherapy
 Address: _____
 PIN Code: _____
 Contact Number: _____
 Email ID: _____
 Hospital / Institution Name: _____
 Institution Code: IN10392

PHYSICIAN CONSENT

I certify that the patient has been informed of the benefits, risks, and limitations of the tests requested, informed the patient of the availability of genetic counselling, and have obtained informed consent from the patient for the tests requested.

Signature and Stamp of the Physician

PATIENT HISTORY (TO BE FILLED IN CAPITAL LETTERS ONLY)

Clinical History Attached Yes No
 History of Smoking Yes No
 Past History of Cancer Yes No
 Diabetes Yes No
 Drug Intake if Any Yes No
 If any, Name of the Drug: _____ Amount and Time of Dose: _____
 Radiological / Endoscopic findings: _____
 Other Relevant History: _____
 Repeat Sample, If Yes, Please share old case number: _____

FOR GYNECOLOGICAL CYTOLOGY

Previous Cytology / PAP Reports Yes _____ No _____
 Last Menstrual Period (LMP) _____
 Details of Hormonal Status _____
 Details of Hormonal Therapy _____
 Details of Contraception _____
 Details of Previous Surgery _____

PATIENT CONSENT

My healthcare provider has provided me with information regarding the tests requested on this form and advised me of the availability of professional genetic counselling. I confirm that the details provided on the form are correct and I have been informed of the benefits, risks, and limitations of the tests requested. I understand the implications of the information provided on the TRF on the test results. I have read and am aware of the conditions of reporting mentioned on the TRF. I give my consent that upon completion of the test, the remaining sample and test data may be "de-identified" and CORE Diagnostics may use this sample and test data for quality improvement, and/or research studies.

Signature/Thumb Impression of Patient

MODE OF PAYMENT (TO BE FILLED IN CAPITAL LETTERS ONLY)

Cash Cheque DD
 Credit / Debit Card NEFT / RTGS Client Billing

For Client Billing:

Client Name: Aegle Omics Private Limited
 Client Code: CL02611

For Others:

Transaction ID/Receipt No.: _____
 Amount Paid: _____

TEST REQUIRED (TO BE FILLED IN CAPITAL LETTERS ONLY)

Test Code	Test Name
NA2452	BRCA1 and BRCA2 Somatic Gene Sequencing Panel
P00062	mammaCORE Panel 3
	Formalin fixed paraffin embedded tissue block
	Wax Block
	RG9723 A1
	RG9723 A2b
	RG9723 A10b
	RG9723 A2c

SPECIMEN DETAILS

Specimen Type	No.	Specimen Type	No.
FFPE Block	S1	Aspirate Material	S13
Whole Blood EDTA / ACD / Fluoride / Heparin / Sodium Citrate	S2	Plasma EDTA/ Fluoride / Citrate	S14
Urine 1st Morning / Random Urine / 24 hrs Urine	S3	10% Buffered Formalin / Saline / Michel's media / Glutaraldehyde	S19
Cervical Scraping	S5	Bone Marrow Aspirate and Smear	S16
3-4 ml Bone Marrow / Peripheral Blood in EDTA	S6	Bone Marrow Biopsy	S17
3-4 ml Bone Marrow / Peripheral Blood in Sodium Heparin Tube	S7	Bone Marrow Aspirate / Biopsy	S18
10% Neutralised Buffered Formalin	S8	2 ml Serum from SST Tube	S15
7-10 ml Maternal Blood	S9	Fine Needle Aspirate	S20
Buccal Swab	S10	Sputum	S21
Biopsy Small / Medium / Large / Radical	S4	Stool	S22
Stained Histopathology Slides	S11	Bronchoalveolar Lavage (BAL)	S23
Body Fluids	S12	Others	S24

Bar Code	Specimen No.	Qty.	Identification No	Source Type
A.				
B.				
C.				
D.				
E.				

COLLECTION DETAILS (FOR OFFICE USE ONLY)

Collection Date: _____ Collection Time: _____
 Temperature at shipping: Ambient Refrigerated Frozen
 Collection at: Hospital Lab Patient Home Walk in Others
 Collection Address: _____
 Collection ID: _____ POD: _____

PHLEBOTOMIST INFORMATION (FOR OFFICE USE ONLY)

Name: _____
 Sign: _____ COREwings Barcode

ACCESSIONING DETAILS (FOR OFFICE USE ONLY)

To be filled by the Accessioning Officer (Mandatory)
 Receiving Person: _____
 Sign: _____ Date: _____ Time: _____
 Number of Samples: _____
 Type of Sample: _____
 Receiving Temperature: Ambient Refrigerated Frozen

PATIENT/PHYSICIAN RECEIPT

Patient Name: _____
 # of Samples Submitted: _____
 Date of Submission: _____
 Helpline No.: +91 88828 99999
 Bangalore Lab: +91 8022244777 | Delhi Lab: +91 11 46269604

Date of Birth/Age: _____ TRF No: 1080714
 Test Name and Test Code: _____

SAKM Nung'u, 27 MAY 2024

627/12

ΔC_9 R/Bast

Her 2/Blau

- ER
- PR
- Her 2/Neu
- Ki 67
- P53
- BRCA 1 11



Ref. 9703

$A_1 A_2 A_3^c A_{10}^b$

4 Blower

25/10/2017

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 35th Anniversary
 ASIRI
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Asiri Surgical Hospital PLC. No. 21, Kirimandala Mw, Colombo 05.
 T. +94 11 452 4448, +94 11 452 4400 F. +94 11 452 4448 E. histolab@asiri.lk

HISTOPATHOLOGY

Block and slides 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/AHH/ASH **

Page 1 of 1

UHID : 120393245
 REFERENCE No. : 01 4081 13/05/24 IP No. : ASH020A688
 SAMPLE DATE & TIME : 13/05/2024 21:22 AGE : 62 Y/F 19/02/1962
 REPORT DATE & TIME : 25/05/2024 20:40 AHH2099920 / ASH2106280
 PATIENT : MRS. B.A.K.M. WEERAKOON [ROOM NO.815A]
 REFERRED BY : DR MAHANADA UDUKALA

TEST : HISTOPATHOLOGY REPORT

Clinical history : USS - BIRADS V mass in 12 O'clock position of right breast with suspicious right axillary mass.
 Mammographically involved right level I, II and III axillary nodes.
 FNAC of right axillary soft tissue mass - C5.

Specimen : A) Right breast and level I axillary nodes.
 B) Rest of the level I nodes.
 C) Level II and III nodes.

Macroscopy : A) Specimen consists of oriented right mastectomy specimen with a skin ellipse containing nipple areola complex and a mass of axillary fat.
 The mastectomy specimen measures 240 x 200 x 80mm.
 Skin ellipse measures 205 x 175mm. Nipple is partially retracted. No scars or ulcers seen. A pigmented papule measuring 5mm in diameter is seen at the inferior margin of the skin ellipse at 8 O'clock region.
 Axillary fat mass measures 80 x 75 x 50mm.
 A separate skin ellipse with subcutaneous fat included measuring 120 x 24 x 15mm.
 Cut surface shows a glandular breast with a few firm to hard areas. The largest in the 9 O'clock zone III region measures 35 x 40 x 25mm with a hard area at the inferior margin of mass measuring 30 x 20 x 20mm situated 15mm from the deep resection margin.
 Another firm area is seen in the 12 O'clock zone II region measuring 13 x 10 x 10mm, situated 25mm from deep resection margin. Medial breast shows a fibrous area in the 4 O'clock zone II region measuring 40 x 35 x 15mm, situated 25mm from the deep resection margin.
 Axillary fat shows an irregular tan colour mass measuring 40 x 30 x 30mm, extending close to superficial and deep excision margins.
 15 other lymph nodes were identified from the axillary



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UHID : 120393245
 REFERENCE No. : 01 4081 13/05/24 IP No. : ASH0204688
 SAMPLE DATE & TIME : 13/05/2024 21:22 AGE : 62 Y/F 19/02/196
 REPORT DATE & TIME : 25/05/2024 20:40 AHH2099920 / ASH2106280
 PATIENT : MRS. B.A.K.M. WEERAKOON [ROOM NO.815A]
 REFERRED BY : DR MAHANADA UDUKALA

fat.

- B) Pieces of fatty tissue with lymph nodes collectively measuring 90 x 80 x 15mm. 12 nodes were identified.
- C) Pieces of fatty tissue with lymph nodes collectively measuring 40 x 20 x 15mm. 7 lymph nodes identified.

Microscopy : A) Sections of the breast show multiple foci of an invasive breast carcinoma (NST) - Nottingham grade 3 with areas of fibrosis and focal necrosis. The tumour composed of nests and cords of large polygonal cells with a moderate cytoplasm (Score 3/3). The nuclei are enlarged, markedly pleomorphic and hyperchromatic (Score 3/3). The mitotic activity is brisk (Score 3/3). Background stroma is sclerotic with focal calcifications. Tumour infiltrating lymphocytes are sparse. No DCIS component is seen. The largest tumour focus is seen in lateral 9 O'clock zone II region measuring 40 x 35 x 25mm. Numerous lympho-vascular tumour emboli and foci of perineural invasion are noted. Other tumour foci are seen in the 12 O'clock and subareolar areas with stromal sclerosis. Rest of breast tissue show many lympho-vascular tumour emboli and foci of perineural invasion. Fibro cystic changes are seen in the medial breast. Many dermal lymphatic tumour emboli are noted. No DCIS component is seen. Skin, nipple and areola are free of tumour involvement. The pigmented skin papule reveals a basal cell papilloma (Seborrhoid keratosis). The separate skin ellipse included also contain scattered dermal lymphatic tumour emboli. The axillary fat mass contains a mass of matted axillary nodes with extensive tumour deposits showing



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extra nodal infiltration.
 15 other lymph nodes included contain extensive tumour deposits with extra nodal and perineural invasion. Numerous lympho-vascular tumour emboli and many soft tissue tumour deposits are seen in surrounding fatty tissue.

B) All 12 additional level I lymph nodes shows extensive tumour deposits with foci of extra nodal infiltration.

C) All 7 level II & II lymph nodes show extra nodal infiltration.

Conclusion : Appearances are consistent with multiple foci of invasive carcinoma of the breast - Nottingham grade 3.
 The largest tumour in the lateral breast measures 40 x 35 x 25mm.
 Other tumour foci are seen in the 12 O'clock and sub areolar tissue.
 Numerous lympho-vascular tumour emboli are noted including dermal lymphatic tumour emboli.
 The tumour foci are 7mm from the closest deep resection margin.
 Lymphotic tumour emboli are also seen in the separate skin ellipse sent.
 The nipple and areolar skin is free of tumour involvement. A pigmented basal cell papilloma is also noted.
 The matted axillary lymph nodes mass and twenty seven other level I nodes and all seven level II and III axillary nodes contain extensive tumour deposits with foci of extra nodal infiltration and perineural invasion. Multiple lympho-vascular tumour emboli are seen in surrounding fatty tissue with soft tissue deposits.
 Overall features favour an inflammatory breast carcinoma.



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TNM stage : pT2 N3a Mx.

Tissue blocks A1 + A12 are recommended for biomarker profile (ER, PR and HER2) studies.

RGH - 9723 (S.C.T - 13/05/2024 at 05.10 pm)

DR. RENUKA GOONESINGHE
 MBBS (Col), D.Path, MD (Histopath)
 Consultant Histopathologist

29th May 2024

Mrs. B.A.K.M Weerakoon,
Colombo

Dear Sir,

QUOTATION FOR CONDUCTING GENETIC TESTING

As requested by Dr. Mahendra Perera Clinical Oncologist, we are pleased to offer you the following services for Diagnostic purpose through Core Diagnostic Pvt. Ltd, India.

Financial Offer

Test Cord	Test Name	Cost for the Toal Package (LKR)
Na2452	BRCA1 and BRCA2 Somatic Gene Sequencing Panel	Rs.209,198 /-
P00062	mammaCORE Panel 3	

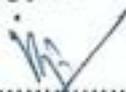
• **Terms & Conditions**

- Diagnose results, reports will be given after 28 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- CCEYLKIX

Thanking you!



.....
Amila Herath
Manager Operations

