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PRECISION MEDICINE SOLUTIONS
FOR BETTER HEALTHCARE DECISIONS

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strandls.com

Barcode

GENETIC TEST REQUISITION FORM

Test Code: SLS162800 Test Name: Germline Homologous Recombination Repair Test (gHRR) TR ID:

Test Code: Test Name: TR ID:

Test Code: Test Name: TR ID:

Test Code: Test Name: TR ID:

PATIENT DETAILS

Patient MRN/UHID #:

Patient Name: Mr.D.M.A.D.B Dissanayake DOB: Age: 54 Sex: M

Marital Status: Nationality: Contact No.:

Address: Kandy Sri Lanka

Email ID: Pincode:

ID Proof: Driving License Aadhaar Card Voter ID card Ration card Others:

ADDITIONAL DETAILS IF REQUIRED

Transfusion Date (if available): Blood Group:

CLINICIAN INFORMATION

Referring Clinician: Dr. Senaka Kandegedara Clinician Contact:

Referring Hospital: General Hospital Kandy Sri Lanka

Email Id:

Address:

ADDITIONAL FAMILY MEMBERS' DETAILS

Disease Status - Affected: Age at Diagnosis:

Affected Sibling/Family members: Yes No (If yes, provide the details in the table below)

Name	Relation with Patient	Type of cancer	Age at Diagnosis	Sex

SAMPLE COLLECTION INFORMATION

Date & Time of Collection: Sample collected by:

Clinical History/Pathology Report Attached: Y H and E Slides sent:

FOR OFFICIAL USE ONLY

Region: Bill type (for internal use only):

Sales person: GC done by: GC date:

Aegle Omics
Sequencing & Application

20th May 2024

Mr. D.M.A.D.B Dissanayake,

Colombo

Dear Sir,

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	Test Name	Cost for the Toal Package (LKR)
SLS162800	Somatic Homologous Recombination Repair Test (sHRR)	LKR. 175,990/-

- **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- CCEYLKLX

Thanking you!

.....
Amila Herath
Manager Operations

071-4496286

ASIRI SURGICAL HOSPITAL | AOI AMERICAN ONCOLOGY INSTITUTE PRECISION CANCER CA

Comprehensive Cancer Care Centre

20 MAY 2024

Ven. D. M. A. T. B. Dsyke ...

... Room

... Deposit ...

Rs 86-162800

Date	CLINICAL NOTES
	Dr. Mahendra Perera Consultant Oncologist Dear Sir This is the pt that I've discussed with you. She is having recurrence of ca colon. Kindly consider all the reports are with the pt. Thank you Dr. S.L. [illegible] MBBS,MD Clinical Oncology Consultant Clinical Oncologist National Hospital Kandy

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Test Code:	SLS162800	Test Name:	Somatic Homologous Recombination Repair Test (sHRR)	TR ID:
Test Code:		Test Name:		TR ID:
Test Code:		Test Name:		TR ID:
Test Code:		Test Name:		TR ID:

PATIENT DETAILS

Patient MRN/UHID #:

Patient Name: Mr. D.M.A.D.B.Dissanayaka DOB: Age: 53 Sex: M

Marital Status: Nationality: Contact No.:

Address: Kandy Sri Lanka

Email ID: Pincode:

ID Proof: ☐ Driving License ☐ Aadhaar Card ☐ Voter ID card ☐ Ration card Others: _____

ADDITIONAL DETAILS IF REQUIRED

Transfusion Date (If available): Blood Group:

CLINICIAN INFORMATION

Referring Clinician: Dr. Senaka kandegedara Clinician Contact:

Referring Hospital: General Hospital Kandy Sri Lanka

Email Id:

Address:

ADDITIONAL FAMILY MEMBERS' DETAILS

Disease Status - Affected: Age at Diagnosis:

Affected Sibling/Family members: ☐ Yes ☐ No (If yes, provide the details in the table below)

Name	Relation with Patient	Type of cancer	Age at Diagnosis	Sex

SAMPLE COLLECTION INFORMATION

Date & Time of Collection: 05 06 2024 Sample collected by: Asiri Hospitals Sri Lanka

Clinical History/Pathology Report Attached: Y H and E Slides sent:

FOR OFFICIAL USE ONLY

Region: Bill type (for internal use only):

Sales person: GC done by: GC date:

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SAMPLE TYPES (TO BE FILLED BY CLINICIAN / PHLEBOTOMIST)

Tick Mark	Sample Types	Collection & Shipping
☐	**Whole Blood**	• >2ml (purple top) tube. • Shipped with cool pack.
*	**FFPE Block** No. of Blocks: 1 Age of the Block: _____ No. of Slides: 1	• Block ID: PRH 3089 to be shipped at ambient temperature.
☐	**Blood** (Liquid Biopsy)	• 20ml of blood collected in 2 Streck tubes (10ml per tube to be filled till fill line). • Shipped in ambient temperature.
☐	**Others** (Please specify) _____ _____	• As per sample type - in cool packs.

Tick Mark	Sample Types	Collection & Shipping
☐	**Saliva**	• In the collection kit provided by Strand. • Shipped in ambient temperature.
☐	**Cheek Swab**	
☐	**Buccal Swab**	
☐	**Purified Genomic DNA**	• Source _____ • DNA (>1 microgram) in 10mM Tris buffer (No EDTA). • Shipped with cool packs.
☐	**Dried Blood Spot (DBS)**	• 2-3 drops of blood per circle in the blood stain card provided by Strand. • Shipped in ambient temperature.

Note 1: Blood sample should not be collected if the blood transfusion has been done in the past 4 weeks, dialysis in the last 72hrs & chemotherapy in the past 3 weeks (re-sample would be requested if DNA quantity/quality is impacted).

Note 2: LB sample should reach the lab within 72hrs from the time of sample collection.

Note 3: Blood samples for BCR_ABL should reach the lab within 36hrs from the time of sample collection.

CANCER DETAILS & TREATMENT (TO BE FILLED BY CLINICIAN)

Cancer Type/ Diagnosis	Age	Histopathology	Staging	Surgery	Treatment (Chemotherapy/ Radiation/Targeted)

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PEDIGREE / FAMILY HISTORY / CLINICAL HISTORY (TO BE FILLED BY CLINICIAN / GENETIC COUNSELOR)

(PLEASE ATTACH SEPARATELY INCASE OF DETAILED PEDIGREE)

DETAILS OF SAMPLE SENT TO THE LAB

SEND SAMPLES TO
(Monday to Saturday only)

Strand Life Sciences Pvt. Ltd.
Ground Floor, UAS Alumni Association Building,
Veterinary College Campus, Hebbal, Bangalore-560024
Phone: +91 99 8044 8044, E-mail: support.strandx@strandls.com

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INFORMED CONSENT FOR GENETIC TESTING

- If the proband is over 18 years of age, 'You' in this form refers to the proband
- If the proband is a minor or differently-abled, 'You' in this form refers to the Legal Guardian of the proband
- 'We', 'Our', 'Us' refers to Strand Life Sciences Pvt. Ltd.

You hereby consent to undergo testing offered by us and understand that:

1. Your biological sample(s) will be collected using generally accepted techniques. The sample(s) could be blood, saliva, tumor tissue, or any other biological sample as needed.
2. You understand that the sample(s) may be used to determine if you and/or your family members have variants in your gene(s). Results may indicate affected status, increased risk of being affected in future, inherited risk of disease, somatic mutations in tumor tissue, or other such findings.
3. Genetic tests are relatively new and are being improved and expanded continuously. You are aware of the risks and limitations of genetic testing.
4. You may need to share your relevant health records to correlate the findings from the genetic testing.
5. The genetic test report will be usually released within the Turnaround Time (TAT) specified by us for the test.
6. A positive test result is an indication that the individual being tested has a genomic variant that might have implications for their health or their progeny's health. Consultation may be sought from any physician or genetic counselor of your choice. You may also consider independent testing and consultation in addition.
7. The report will be shared with your authorized physician where applicable, or shared to your registered email ID, or shared on our secure portal, or a hard copy of the report can be shared upon request to the address provided in this form.
8. It is possible that knowledge of genetic information of an individual might be misused if it is in the wrong hands. Hence, we cannot reveal the genetic information even to family members without your explicit written authorization to do so. We will maintain complete confidentiality of the test results, as genetic test results can have social implications.
9. Genetic testing has its limitations. A repeat or alternative tests might be recommended by your treating physician accordingly.
10. Genetic testing might identify secondary findings in genes outside of the original test genes as defined by the American College of Medical Genetics. ☐ You can opt out from receiving secondary findings by ticking this box here.
11. All laboratory raw data are confidential and will not be released unless a special written request is made by you or the consulting clinician on record, or a valid court order is received by us. VCF, FASTQ and BAM files can be provided to you or your authorized personnel for a period of 3 months. For requests beyond that period we may charge an additional cost, as per institutional policy.
12. Our laboratory does not return any leftover sample after completion of testing under any circumstances. The only exception to the above is in the case of FFPE tumor blocks which can be returned upon request by you or your ordering physician within a period of 6 months. Any left over DNA (if available), regardless of the sample type, can be requested by you for up to a period of 3 months, provided you bear the transportation costs.
13. Samples collected as part of routine care with potential for future genetic research will be stored by our laboratory in accordance with ICMR guidelines 2017, clause 10.3.7.
14. Samples can also be shared with collaborators within or outside the country in line with existing relevant guidelines, in accordance with ICMR guidelines 2017, clause 10.3.8.
15. You understand and agree to the use of your data and biological sample for future research by us and our collaborators. We will use your samples and data in anonymised or aggregated form, such that it will be incapable of identifying you. By voluntarily signing this consent form you agree to provide broad or blanket consent for the storage and use of your samples and data as specified by ICMR guidelines 2017. ☐ You can opt out of this clause by ticking this box here.
16. Sharing of data with our collaborators will be bound under a data access agreement that will maintain individual confidentiality. Your personal identity will not be revealed in any information shared with third parties or published; your data will be coded accordingly.
17. The future use of your data or sample in research may result in commercial gains. Based on the nature of research outcomes, further investments by us may be needed to commercialize these outcomes. You will not have the right to participate in any direct monetary gains resulting from any future commercial activity.
18. You understand and agree to being re-contacted in the future if there is new information available on your genomic variants or new research envisaged that you could benefit from.
19. You have the full rights to decide whether or not you wish to provide consent, nobody can coerce you into providing consent. You can also choose to withdraw your consent at a later stage if you so wish, you need to notify us regarding the same.
20. In case you have any concerns or perceive any conflict of interest, you may seek clarification on institutional policy from relevant authorities.

Name of Individual/Legal Guardian: AEGLE OMICS (PRIVATE) LIMITED 1211-Level 12, Parkland Building No. 33, Park Street, Colombo 00200 Date: 26/05/24 Signature:

STATEMENT OF PHYSICIAN/GENETIC COUNSELOR

- I have explained the genetic testing suitable for this individual and the individual has had the opportunity to ask questions.
- I have addressed the limitations outlined above, and I have answered this person's questions.
- I have obtained consent from the patient or the legal guardian for this testing. I confirm that the individual has given consent willingly.
- I allow Strand Life Sciences to contact the aforementioned patient for clinical history, treatment plan, and other details relevant to this test.
- I undertake to maintain the privacy and confidentiality of the patient's genetic data obtained from Strand Life Sciences and will remain solely responsible for any wrongful acts and/or omissions arising out of, or in relation to my use of the patient's genetic data.

Name: Dr. MAHENDRA PERERA
MBBS (Cey), MD (Col), Dip RT
Consultant in Clinical Oncology
& Radiotherapy
Principal Investigator - Clinical Trials

Date: 26/5/24 (Physician/Genetic Counselor) Signature:

AHK / LAB / F

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CONFIDENTIAL LABORATORY REPORT

35+

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LIVE MORE

Asiri Laboratories Kandy

Block and slides of this
will be retained ONLY for
after the date of this report
will be kept for one week.

HISTOPATHOLOGY

** OPD/AKH/AKH **

REFERENCE No.	: 05 0246 02/05/23	AGE : 53 Y/M
SAMPLE DATE & TIME	: 02/05/2023 22:39	
REPORT DATE & TIME	: 06/05/2023 10:54	AKH2430463 / AKH2431310
PATIENT	: MR. D M A D B DISSANAYAKE (NITF 403945)	
REFERRED BY	: DR CHATHURANGA KEPPETIYAGAMA	

TEST : **HISTOPATHOLOGY REPORT**

cimen : Sigmoid colonic biopsy.

Macroscopy : Five fragments of soft tissue - each 2x4x5 mm.

Microscopy : The colonic biopsies show a moderately differentiated adeno carcinoma.

No lympho vascular tumour emboli are seen.

Diagnosis : Sigmoid colon (Biopsy): G2 adeno carcinoma.

PRH 3089

Ratnayake

Dr. Palitha Ratnayake
MBBS, D.path, MD (PATHOLOGY)
Consultant Pathologist