CÖRE DIAGNOSTICS™

Test Requisition Form

TRF No.: 1080714 Accessioning ID

PATIENT INFORMATION (TO BE FILLED IN CAPITAL LETTERS ONLY)

Date of Birth / Age: 72Y/M
Gender ☐ Male ☐ Female
First Name: Mr. Gamini Bandara
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
IA1425	AMACR
IA1785	CD 10
IA1430	Chromogranin A (CGA)
IA1432	CK19
IA1583	NeuroDDx
IA1879	PSMA
	Formalin fixed paraffin embedded tissue block
	Wax Block 395CF 17/05
	CF1818A

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

Helpline No. : +91 88828 99999
Bangalore Lab : +91 8022244777 I Delhi Lab : +91 11 46269604

CÖRE DIAGNOSTICS™

Aegle Omics
Sequencing & Application
Genomics, Epi Genomics, Exomics, Transcriptomics, Metabolomics, Proteomics

03rd Jun 2024

Mr. Gamini Bandara,
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)
IA1425	AMACR	Rs. 285,120/-
IA1785	CD 10	
IA1430	Chromogranin A (CGA)	
IA1432	CK19	
IA1583	NeuroDDx	
IA1879	PSMA	

- **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

CONFIDENTIAL LABORATORY REPORT

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

Asiri Hospital Holdings PLC, 181, Kirula Road, Narahenpita, Colombo 05
T. +94 11 452 3355-7 F. +94 11 452 3358 priab@asiri.lk

ASIRI LABORATORIES
LIVE MORE
A Sotheby Group Company

HISTOPATHOLOGY

** OPD/AHH/ALS **

REFERENCE No.	: 01 0349 08/05/24	
SAMPLE DATE & TIME	: 08/05/2024 11:17	AGE : 72 Y/M
REPORT DATE & TIME	: 15/05/2024 11:45	AHH2007095 / ahh2415
PATIENT	: MR. GAMINI BANDARA 210C	UHID 130587441
REFERRED BY	: DR (MRS) LAKMALIE PARANAHEWA	

TEST : HISTOPATHOLOGY REPORT

.

Specimen : USS guided trucut biopsy retroperitoneal mass in pancreatic head region

Clinical data : Retroperitoneal mass in pancreatic head region

Macroscopic description:

Five cores each measuring 8 mm, 5 mm, 15 mm, 6 mm and 6 mm in lengths respectively. A few core fragments of tissue measuring 5x5x1 mm in aggregate.

Microscopic description:

Sections comprise multiple cores of tissue showing an infiltrating tumour with extensive necrosis. The viable tumour tissue is small in amount and is composed of solid nests of neoplastic cells with enlarged hyperchromatic nuclei, increased N:C ratio, scanty cytoplasm. There are a few large bizzare cells noted. Mitoses and apoptosis are frequent. Focal areas of tumour show crushed effects. Some of the neoplastic cells are arranged around the vessels. Definite acinar pattern, ductal structures, prominent nuclei are not seen.

Conclusion: USS guided trucut biopsy retroperitoneal mass in pancreatic head region

* Malignant biopsy

DD:
1. Poorly differentiated neuroendocrine carcinoma
2. Solid type acinar cell carcinoma

CONFIDENTIAL LABORATORY REPORT

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

Asiri Hospital Holdings PLC, 181, Kirula Road, Narahenpita, Colombo 05
T. +94 11 452 3355-7 F. +94 11 452 3358 prlab@asiri.lk

ASIRI LABORATORIES
LIVE MORE
A Softlogic Group Company

*** COAGULATION ***

REFERENCE No. : 43 0026 06/05/24
SAMPLE DATE & TIME : 06/05/2024 19:41 AGE : 72 Y/M
REPORT DATE & TIME : 06/05/2024 22:58 AHH2005804 / AHH2010565
PATIENT : MR. GAMINI BANDARA
REFERRED BY :

TEST	RESULT	FLAG	REFERENCE VALUE
PROTHROMBIN TIME & INR			
PROTHROMBIN TIME	15.9	Secs	
MEAN NORMAL PROTHROMBIN TIME	13.5	Secs	
I.N.R.	1.19		

Comment :-

This test is not disturbed by heparin in concentration up to 2.0 U/ml. Higher concentrations of heparin are found to result in prolonged coagulation times.

**** Test done in duplicate.

MLT

Name: Mr Gamini Bandara 72 yr male.
P/C : Pain Right Shoulder

CT scan: Large mass retroperitoneal, in peri Pancaetic Region.
Histopathology: 1. Poorly differentiated Neuroendocrine carcinoma
2. Solid type acinar cell carcinoma

Phone : 077 9738192

IA1430	Chromogranin A (CGA)	Diagnosis of Neuroendocrine tumors	Formalin fixed paraffin embedded tissue block

IA1785	CD 10	Diagnosis of B Cell Lymphoma	Formalin fixed paraffin embedded tissue block
IA1879	PSMA	AMACR (P504S) is a positive marker for Prostatic adenocarcinomas which along with basal cell markers like 34 Beta E12 and p63 helps to confirm the diagnosis of a small focus of prostate carcinoma in needle biopsies.	Formalin fixed paraffin embedded tissue block
IA1425	AMACR		Formalin fixed paraffin embedded tissue block
IA1432	CK19	Diagnosis of Pancreatic Cancer	Formalin fixed paraffin embedded tissue block

IA1583	NeuroDDx	Formalin fixed paraffin embedded tissue block	IHC	Transport at ambient (18-25°C) temperature

ASIRI SURGICAL HOSPITAL | AOI AMERICAN ONCOLOGY INSTITUTE PRECISION CANCER CARE
Comprehensive Cancer Care Centre

03 JUN 2024

[illegible]

73 [illegible]

[illegible] CA

1. Wax blocks for [illegible] 4A-1430
2. Blocks — [illegible] 2884
3. [illegible] / [illegible]

CD 20 - CK 19

4. [illegible]

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

Asiri AOI Cancer Centre (Private) Limited.
No.21, Kirimandala Mw, Colombo 5 T. +94 11 452 4400 E. asiriaoi@asiri.lk