

CORE DIAGNOSTICS™

Test Requisition Form 2nd July 2024

TRF No.: 1080714

Accessioning ID

PATIENT INFORMATION (TO BE FILLED IN CAPITAL LETTERS ONLY)

Date of Birth / Age: 75Y/F
 Gender: Male Female
 First Name: Mrs. Kamalawathi
 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
P00062	mammaCORE Panel 3
	Formalin fixed paraffin embedded tissue block Wax Block 1 807/24

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: _____ COREwings
 Sign: _____ 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: _____

06 JUN 2024

(C.S.P.) *[Handwritten signature]* '847/P

[Handwritten symbol]

Doc of Brad

Trace to

(*[Handwritten symbol]*)

[Handwritten signature]

ER / PR / Her 2 / Ki67

[Handwritten signature]

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

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

DEPARTMENT OF PATHOLOGY
BH - HOMAGAMA

HISTOPATHOLOGY REPORT-IMMUNOHISTOCHEMISTRY REPORT

LABORATORY REFERENCE NUMBER : HMH/807/24

Name	: S. P. D. Kamalawathi	Ward/Clinic	: 02
Age	: 84 yrs	BHT/Clinic No	: 26418
Sex	: Female	Date	: 18/06/2024
Ref. by	: Dr. D. Leelarathna (VS)		

Specimen and Conclusion: Tru Cut biopsy from L/breast lesion – Malignant,
Invasive ductal carcinoma, Nottingham grade 2 (B5b)

Steroid receptor testing results (Quick/Allred score) of both lesions:

	Score for proportion	Score for intensity	Total score
ER	4/5	3/3	7/8
PR	3/5	3/3	6/8

HER2/neu status:

Score	HER2/neu protein overexpression assessment
0	Negative

Ki67 - Not available at MRI



 Dr. Priyangi Pathirana,
 MBBS (Col), D.Path, MD (Histopathology),
 Consultant Histopathologist,
 BH Homagama.

DR. PRIYANGI PATHIRANA
 MBBS (Colombo), D.Path.
 MD (Histopathology)
 Consultant Histopathologist
 Base Hospital - Homagama

BASE HOSPITAL HOMAGAMA HISTOPATHOLOGY REPORT

HMH/807/24

Name : Ms. S. P. D. Kamalawathi Ward : 02
Age : 84 yrs BHT : 26418
Gender : Female Received Date : 15.05.2024
Ref. by : Dr. D. Leelarathna (VS) Reported Date : 22.05.2024

Specimen : Tru-Cut biopsy from L/breast lump

Macroscopy : 3 whitish cores of tissue measuring 11mm, 11mm and 6mm in length and a piece of whitish tissue measuring 1x1x1mm.

Microscopy : The biopsy reveals breast tissue infiltrated by invasive ductal carcinoma. The cytoarchitectural features place the tumour in Nottingham grade 2. In-situ component is not seen.

Conclusion : Tru-Cut biopsy from L/breast lump: Malignant-invasive ductal carcinoma, Nottingham grade 2 (B5b).

Comments : 1) The above grade may not represent the proper grade of the tumour.
2) Immunostaining for ?ER, PR, HER/2neu and Ki67 is underway.


Dr. Priyangi Pathirana
MBBS(Colombo), D.Path. MD(Histopathology),
Consultant Histopathologist,
BH Homagama.

DR. PRIYANGI PATHIRANA
MBBS (Colombo), D.Path.
MD (Histopathology)
Consultant Histopathologist
Base Hospital - Homagama

2024.05.27

10 am

Histopathology report -
(15.05.2024)

Tra cut biopsy from L/S breast
lump -
Malignant invasive ductal carcinoma
Nottingham Grade II (B5b)

Patient not seen.

~~S/B Dr.~~ Reports s/B Dr. D. Leelanthan
(VS)

she

Health condition of the patient
considered.
GA risk constant

Plan

Oncology opinion.

SECRET

VZA

10th June 2024

Mrs. Kamalawathi
Matara

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)
P00062	mammaCORE Panel 3	Rs. 63,558 /-

- **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!



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Amila Herath
Manager Operations