

CORE DIAGNOSTICS™

Test Requisition Form

TRF No.: 1080714

Accessioning ID
01st August 2024

PATIENT INFORMATION (TO BE FILLED IN CAPITAL LETTERS ONLY)

Date of Birth / Age: 76Y/F
 Gender: Male Female
 First Name: Mrs. L.M.H Irangani
 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
IA1338	BCL2
IA1839	BCL6
YB1275	C-MYC Gene Rearrangement
	Formalin fixed paraffin embedded tissue block
	Wax block 1
	1706CKGH24

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: _____

NFTH Dr. Neville Fernando Teaching Hospital



30/07/2024

Plan → Limit Day
762m

Ad

ADBC

① NMC Page;
Bd₂ Bd₆ - CMC

A. Mahendra Perera
MBBS (Cey), MD (Onl), Dip RT
Consultant in Clinical Oncology & Radiotherapy
Senior Lecturer
Dr. Neville Fernando Teaching Hospital

Dr. Neville Fernando Teaching Hospital
Millennium Drive, off Chandrika Kumaratunga Mawatha, Malabe.
Tel: +94 11 2407600 info@nfh.lk www.nfh.lk

Caring hands Healing hearts

DEPARTMENT OF PATHOLOGY

District General Hospital - Kegalle

Tel No - 035 - 2222261-2

HISTOLOGY REPORT

Name :- LM H. Irangani
Age :- 76 Years
Sex :- F
Requested by:- Dr. K. Jayasooriya (VS)
Date received:- 23.07.2024

Ref. No:- 1706/KGH/24
Hospital:- DGH Kegalle
Clinic/Ward:- 2 A
Clinic /BHT No:- 47263
Date reported:- 26.07.2024

SPECIMEN

Excision of right inguinal lymphnode

MACROSCOPY

The sample consists of a firm off white nodular lesion with 22x20x12mm measurements. Cut surface is homogenous.

The entire sample is submitted for histological assessment.

MICROSCOPY

Sections show a lymphnode with effaced nodal architecture and diffuse infiltrate of neoplastic monomorphic population of atypical intermediate to large size atypical lymphocytes. The neoplastic cells show large convoluted nuclei with prominent nucleoli. Mitotic count is focally exceeding 2/ HPF. Tumour necrosis is not seen.

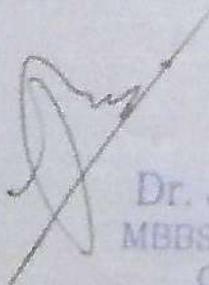
CONCLUSION

The features are consistent with a Non Hodgkin's lymphoma, diffuse large cell type. Features favorable for diffuse large B cell lymphoma are present (DLBL).

Suggest immunostains for CD - 20, CD- 3, BCL-6 and TDT for confirmation.

(Best block - C)

Dr. Jayantha Edirisooriya
Consultant Histopathologist
DGH Kegalle.



Dr. Jayantha Edirisooriya
MBBS, D Path, MD Histopathology
Consultant Pathologist
District General Hospital,
Kegalle.

Name } L.M.H. Irangani

Health Card (white Card) 10/56

47263

DOB - 21/07/2024
Address } DOD - 23/07/2024

Sex } F
Age } 76
B/M, qB/S, DL/W

(i) Particulars of Complaint or injury

Investigated for
R/ Inguinal lymph node enlargement

PC - Lump at R/ Inguinal region x 2d

HPC - Painful, irreducible, vomiting, nausea, abd. pain

Treatment
Gent for 2 days.
Dysuria - UOP ↓

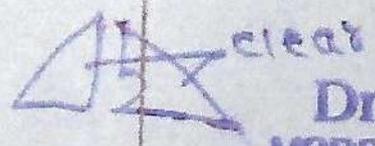
PMH - TL, IHD

PSH - NAD

AHx - F, J, P

O/E PR - 80 bpm

BP - 110/70 mmHg



Dr. Kamal Jayasuriya
MBBS, MS, FCSS, FISS, FAACT, FMAS

Consultant Surgeon

General Hospital (Teaching)
Kegalle

Hard,
non-tender,
no cough impulse

Ix FBC - WBC - 8.26 → 8.43

Hb - 12.1 → 11

PLT - 306 → 289

CRP - 96.2

S. cr. - 0.96

ESR - 25 mm / 1st hr

~~WBC~~ BFR - Pus cells - 2-3

RBC - 5-8

Blood picture - no atypical cells
seen in this blood picture

USS abdomen - multiple enlarged LN
in R / inguinal region.

Retroperitoneal, mesenteric &
pelvic lymphadenopathy.

nodal size measuring upto 40mm

~~Suggest~~ no hepatosplenomegaly.
normal KUB scan.

Suggest CECT - abdomen + pelvis +
chest.

Mx

R / Inguinal LN Biopsy & SA

Done by Dr. Kosala (SHO)

A/B Dr. Chamara (I/MC)

SA by Dr. Sanjeevan (MOA)

H - 058108 - 14,000,000 - (2023/01) P 01

- cleaned & draped.

- Incision made over R / inguinal
region. Deepened.

30th July 2024

Mrs. L.M.H. Irangani
Age 76Y/F
Colombo

Dear Madam,

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 Total Package (LKR)
IA1338	BCL2	Rs. 151,620 /-
IA1839	BCL6	
YB1275	C-MYC Gene Rearrangement	

- **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- CCEYLK LX

Thank you!



.....
Amila Herath
Manager Operations