

CORE DIAGNOSTICS™

Test Requisition Form 9th July 2024

TRF No.: 1080714

Accessioning ID

PATIENT INFORMATION (TO BE FILLED IN CAPITAL LETTERS ONLY)

Date of Birth / Age: 70Y/F
Gender: Male Female
First Name: Mrs. P.K. Somawathi Abeysekera
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 NoDo 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 LimitedClient 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
	KW7517A

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: _____

08th July 2024

Mrs. P.K. Somawathi Abeysekara
Age 59Y/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. 138,546/-
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

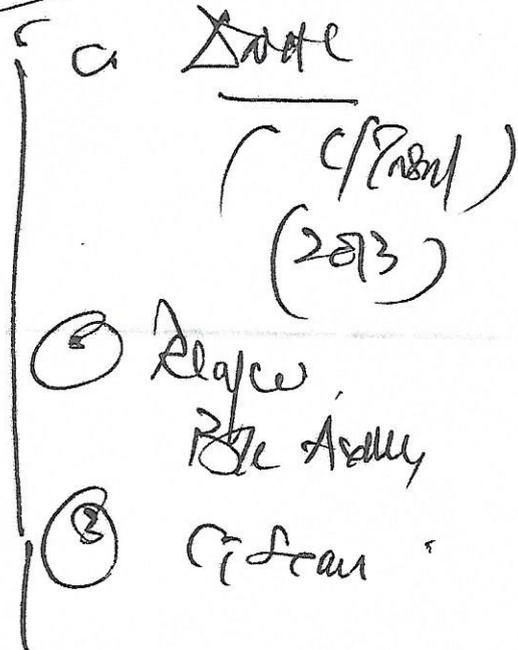
Thanking you!



.....
Amila Herath
Manager Operations

04 JUL 2024

Lee Small Apts



*Max Bloods

ACU
NHC

IB-1275
1A-1338
1A-1839

Handwritten signature

Dr. MANENDRA PERERA
D.M.S. (Gen. Med.) M.D. (T)
Consultant in Clinical Oncology
& Radiotherapy
Principal Investigator - Clinical Trials

CONFIDENTIAL LABORATORY REPORT

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



CLSI
Member
ID # 383029

Member of
AACC
American Association for Clinical Chemistry
Promoting excellence in laboratory medicine
Member Number: 4790



ASIRI
LABORATORIES
LIVE MORE
A Softlogic Group Company

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 : 160125871
REFERENCE No. : 01 4080 20/06/24
SAMPLE DATE & TIME : 20/06/2024 12:15
REPORT DATE & TIME : 30/06/2024 13:14 AHH2099933 / ash4266
PATIENT : MRS. P.K. SOMAWATHI ABEYSEKARA [ROOM NO.DSUE]
REFERRED BY : DR ANUJA SOMARATNE

IP No. : DAY0111661
AGE : 70 Y/F 03/05/1954

TEST : HISTOPATHOLOGY REPORT

Specimen :- Left axillary lymph node.

Macroscopy :- An enlarged lymph node, 30 x 25 x 12mm.

Microscopy :- Sections reveal complete effacement of the nodal architecture by diffuse infiltration of atypical lymphoid cells. The atypical cells show irregular nuclei with nucleoli. There are interspersed Reed-Sternberg-like cells and giant cells with multilobated nuclei. Scattered mature-looking lymphocytes and numerous thin-walled blood vessels are present. The neoplastic lymphoid cells are seen invading the nodal capsule.

Conclusion :- Left axillary lymph node

Features are in keeping with a non-Hodgkin lymphoma. Anaplastic large cell lymphoma (ALCL) is a possibility. Suggest immunomarkers CD3, CD20, CD30 and ALK protein. Recommend paraffin block, KW 7517 A for IHC.

KWH - 7517 (S.C.T. 20/06/2024 at 10.50 am)

K.K. Wasalaarachchi

DR. KUMUDINI WASALAARACHCHI
MBBS, D.Path, MD Histopath, FCPATHSL
Consultant Histopathologist



CONFIDENTIAL LABORATORY REPORT

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



ASIRI LABORATORIES
LIVE MORE

A Softlogic Group Company

Asiri Hospital Holdings PLC, 181, Kirula Road, Narahenpita, Colombo 05

T. +94 11 452 3355-7 F. +94 11 452 3358 prlab@asiri.lk

FULL REPORT

** IP/AHH/ASH **

Page 1 of 1

UNITID : 160125871
 REFERENCE No. : 01 4079 20/06/24
 SAMPLE DATE & TIME : 20/06/2024 12:13
 REPORT DATE & TIME : 20/06/2024 18:08 AHH2099908 / ash4266
 PATIENT : MRS. P.K. SOMAWATHI ABEYSEKARA [ROOM NO.DSUE]
 REFERRED BY : DR ANUJA SOMARATNE

IP No. : DAY0111661
 AGE : 70 Y/F 03/05/1

TEST : SPECIMEN FOR ACID FAST BACILLI

SPECIMEN	TISSUE
E.N. STAIN	ACID FAST BACILLI NOT SEEN.
AURAMINE STAIN	ACID FAST BACILLI NOT SEEN.

M.A. Pathirage

Dr. SUJATHA PATHIRAGE
 MBBS, Dip Micro, MD Micro
 Cons. Microbiologist