

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: 59Y/F
 Gender: Male Female
 First Name: Mrs. Priyalakshmi De Silva
 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
P01450	geneCORE Somatic Endometrial Cancer Panel+MSI+p53
	Formalin fixed paraffin embedded tissue block
	Wax Block 1
	IN 2947A11
	3 mL Peripheral Blood in EDTA (Lavender Top) Tube
	2 tubs

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: _____

26th June 2024

Mrs. Priyalakshmi De Silva
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 Toal Package (LKR)
P01450	geneCORE Somatic Endometrial Cancer Panel+MSI+p53	Rs.475,200/.

• **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



LABORATORY REPORT
CONFIDENTIAL

NEWSPRINT
DIP REPORT

Nawaloka Care Laboratories (Pvt) Ltd.
No. 169, Colombo Road, Negombo.
Tel: 031 7 777 777 | 031 5 577 111
Email: info@labs@awalokamedicare.com
Web: www.nawalokamedicare.com



Certified by:
World Laboratory USA
World Laboratory UK
World Laboratory USA
Clinical Biochemistry
Immunology
Haematology

UPIN : - READY DATE : 21/06/2024 10:56 AM
PATIENT NAME : MRS G.P.G.E. DE SILVA
REF. DOCTOR : DR. R D ATHULA K FERNANDO
AGE : 58 years/8 months SERVICE REF. NO : NSL003063776
BHT : 2244078 ROOM NO : 311
SAMPLE COLLECTED : 05/06/2024 08:00 AM PRINTED DATE : 21/06/2024 11:43 AM
GENDER : FEMALE NID : N/A

Biopsy Large - Professional fees

Conclusion : Large pelvic mass:

High-grade carcinoma.
Differential diagnoses: 1. High-grade serous carcinoma
2. High-grade endometrioid carcinoma
Vascular invasion is not seen.
Tumour involves fallopian tube serosal surface.
STIC cannot be assessed separately.

Comment : 1. Immunohistochemical markers WT1, PR and p53 are suggested on wax block All for differentiation of the differential diagnoses.
2. Correlate with clinical findings and imaging studies to determine the primary site the tumour.

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IN-2947
20.06.2024

- End Of Report -

Dr. Mrs. Ineesha Jayasinghe
MBS D. Path MD. Histopathology
Consultant Histopathologist

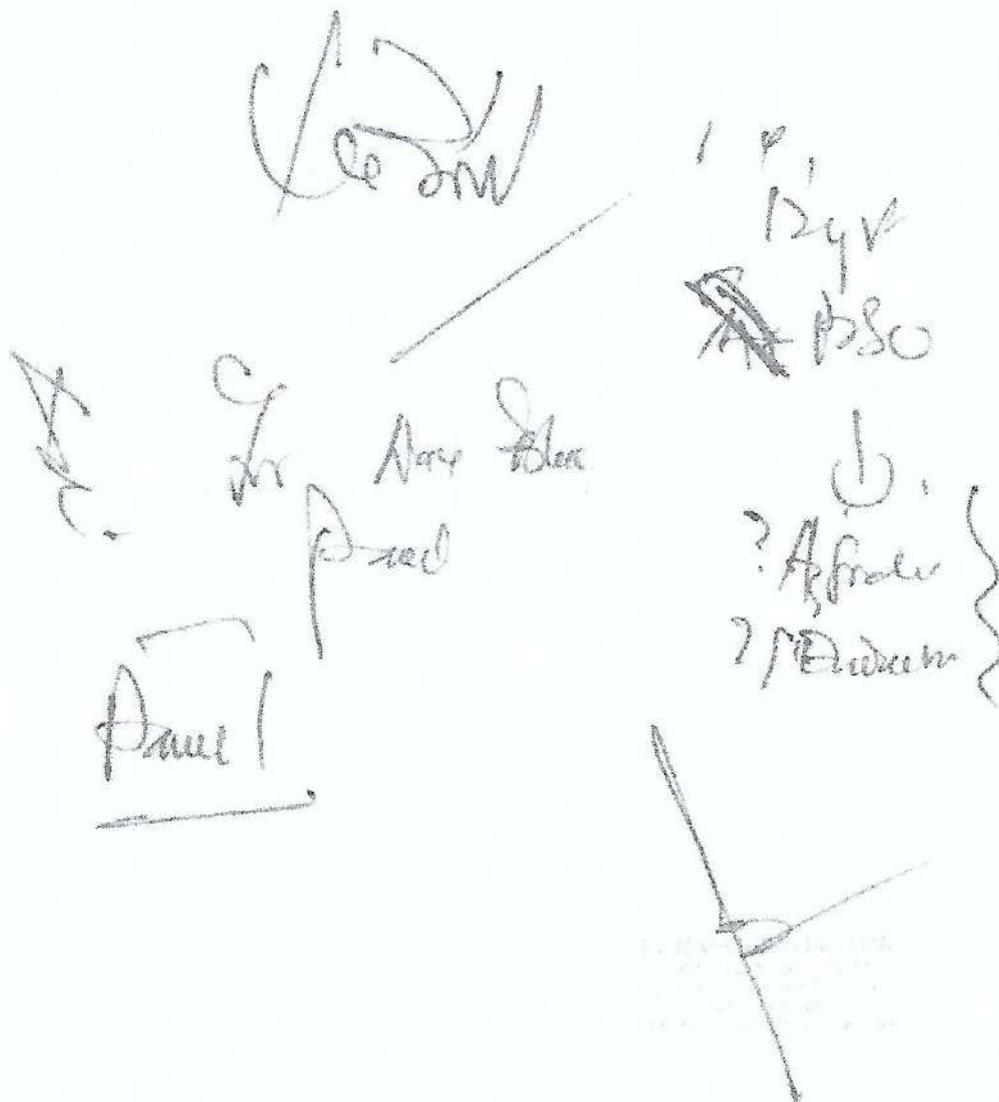
24 JUN 2024
URGENT
For the whole slides
For RT
Dr. MAHENDRA PERERA
MBS (Gen), MD (Gen), Dip RT
Consultant in Clinical Oncology
& Radiotherapy

Dr. ANURA SIVAKUMARA
MBBS (Dip Path), MD (Microbiology)
Consultant Pathologist
DGH Negombo

Dr. KESALI NIRMALAKUMARA
MBBS (Dip Path), MD (Chemical Pathology)
Consultant Chemical Pathologist
DGH Negombo

Dr. ...

*Order to clinicians of reports avoided. *Results relate only to the sample as received





LABORATORY REPORT

CONFIDENTIAL

NAWS/SQL/AG
QAF REF TOR

Nawaloka Care Laboratories (Pvt) Ltd.
No. 109, Colombo Road, Negombo.
Tel: 031 7 777 777 | 031 5 577 01
Email: info.labs@nawalokamedicalcare.com
Web: www.nawalokamedicalcare.com



Quality Center by:
Blood Laboratory USA
Blood Laboratory USA
Blood Laboratory USA
Clinical Biochemistry
Immunology
Microbiology

UPIN : - READY DATE : 25/06/2024 10:38 AM
PATIENT NAME : MS PRIYALAKSHMI DE SILVA
REF. DOCTOR : DR MAHENDRA PERERA
AGE : 59 years/0 months SERVICE REF. NO : CHL003097189
SAMPLE COLLECTED : 25/06/2024 07:48 AM PRINTED DATE : 25/06/2024 10:44 AM
GENDER : FEMALE

TEST NAME	RESULT	UNITS	FLAG	REF. RANGE
CA 125 - Serum (ECLIA)	41.49	U/ml	**	- - < 35

Comments:

Increased serum levels of CA-125 are mainly seen in gynecological malignancies. However, elevated levels may also occur in gynecological non-malignant conditions (endometriosis, ovarian cysts, menstruation, pregnancy, peritoneal and pleural inflammation), Non-gynecological malignancies (tumours colon, liver and lungs) and 1% of healthy controls. This assay can also be used as an aid in the detection of residual or recurrent gynecological malignancies during the follow up after the first line treatment.

Tests performed by cobas e systems using Electrochemiluminescence Immunoassay (ECLIA) Technology.

Description :

*** THE RESULTS REPORTED WITHOUT CLINICAL HISTORY.
PLEASE REPEAT THE TEST IF CLINICALLY NOT CORRELATED.

*** REPEATED AND CONFIRMED.

- End Of Report -

[Signature]
NCL44
MLT

Dr ANUSA JAYAWARDENA
MBBS, Dip Path, MD Microbiology
Consultant Microbiologist
DGH, Negombo

Dr. ZENALABEDIN MANSOUR
MBBS, Dip Path, MD Clinical Pathology
Consultant Clinical Pathologist
DGH, Negombo

Dr. JAYALI DEWIYANI SENEVIRATNE
MBBS, Dip Path, MD Immunology
Consultant Microbiologist
DGH, Negombo

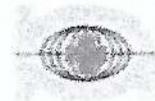
Dr. NIKI RENUKA PERABANDI
MBBS, Dip Path, Clinical Microbiology,
MD Tropical Microbiology
Consultant Clinical Microbiologist

Dr. PRUESTHA SODARATHNA
MBBS, Dip Path,
MCh Microbiology
Consultant Microbiologist

Not for circulation of reagent control

Results relate only to the sample as received





DIAGNOSIS CARD

Name: Mrs. G. P. G. E. De Silva

Age: 58 y

Sex: Female

BHT no: 2244078 /Room no: 311

Consultant: Dr. Athula Fernando (VOG)

Date of admission: 04/06/2024

Date of discharge: 08/06/2024

Midline exploratory laparotomy

Under GA on 04/06/2024

Done by Dr. Athula Fernando (VOG)

GA by Dr. Kapila Senevirathna (CA)

Indication : Large pelvic mass.

Findings : Large pelvic cystic mass, septated, with cystic & solid areas. Mass encapsulated by the Omentum & contains straw color fluids. Uterus is absent, ovaries cannot be identified separately. No ascites. No secondary tumor deposits on the Omentum, liver, bowels or pelvic & abdominal wall. Some small bowel adhesions to the cyst noted. Liver & under surface of diaphragm appear normal.

Procedure : Midline incision, peritoneal cavity opened into.
Pelvic mass removed. Haemostasis achieved.
Abdominal tube drain inserted.
Routine closer done with loop nylon to the rectus sheath and metal clips to the skin. Specimen sent for histology.

Post Op : Uneventful recovery.

Folow up : Review with histology report.

Athula Fernando

Dr. Athula Fernando
MBBS, MS(Ob & Gyn), FSLCOG

SLMC Reg. No. 10355
Consultant Obstetrician and Gynecologist
District General Hospital, Negombo

Nawaloka Hospital

Contact Number (3rd Floor): 077 002 1245

Avast/48