

CORE DIAGNOSTICS™

Test Requisition Form 8th July 2024

TRF No.: 1080714

Accessioning ID

PATIENT INFORMATION (TO BE FILLED IN CAPITAL LETTERS ONLY)

Date of Birth / Age: 55Y/M
 Gender: Male Female
 First Name: Mr. R.H.S.R. Premaratne
 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. Wasantha Rathnayake
 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
MM1101	IDH 1 & 2 Mutation Analysis
	Formalin fixed paraffin embedded tissue block
	Wax Blocks 2 (01-456)
	GJ4727A
	GJ4727B

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: _____
 Sign: _____ COREwings Barcode

ACCESSIONING DETAILS (FOR OFFICE USE ONLY)

To be filled by the Accessioning Officer (Mandatory)
 Receiving Person: _____ 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: _____

Mr. R.H.S. R. Premaratne

- 55/24

a follow,

MR 67 - 10x.

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1x

IDH 1 / IDH 2.

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 Dr. Wasantha Rathnayake MBBS MD
 Consultant Clinical Oncologist
 National Cancer Institute
 Maharagama
 Cancer Specialist
 SLMC No. 15914





10176

CONFIDENTIAL LABORATORY REPORT

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



ASIRI LABORATORIES
LIVE MORE
A Soflogic Group Company

Central Hospital Limited, No. 114, Norris Canal Road, Colombo 10.
T. +94 11 466 5500 F. +94 11 466 5599 chllab@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

** OPD/AHH/ALS **

Page 1 of 2

REFERENCE No. : 01 0455 16/06/24
SAMPLE DATE & TIME : 16/06/2024 14:01 AGE : 55 Y/M
REPORT DATE & TIME : 28/06/2024 17:18 ASH2010906 / ALS2009716
PATIENT : MR. R H S R PREMARATNE [UHID-150452764] 4132C
REFERRED BY : DR. SUNIL PERERA

TEST : HISTOPATHOLOGY REPORT

Specimen : L/S fronto-parietal SOL.
MRI - Granulomatous CNS infection (TB, fungal, toxoplasma)
Frozen - glial tumour.

Macroscopy : A. Small fragments in aggregate 0.2 x 0.2 cm.

B. Small fragments in aggregate 1 x 1 cm.

Microscopy : A + B

Sections reveal a diffusely infiltrative astrocytic glioma. Focally fibrillary background is seen. Most of the astrocytic glial cells exhibit gemistocystic features with abundant eosinophilic cytoplasm with eccentric nuclei. Neoplastic cells exhibit mitotic activity of 3/10 h.p.f. (significant mitotic activity) and scattered cells showing mild anaplasia. Perivascular lymphocytic aggregates are seen. Glomeruloid type capillary endothelial proliferation or necrosis are not seen. Xanthoma cells are not identified.

Immunohistochemistry

GFAP - Tumour cells show strong cytoplasmic positive staining.

Ki 67 - Proliferative index 10%



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HISTOPATHOLOGY



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** OPD/AHH/ALS **

Page 2 of 2

REFERENCE No. : 01 0465 16/06/24
 SAMPLE DATE & TIME : 16/06/2024 14:01 AGE : 55 Y/M
 REPORT DATE & TIME : 28/06/2024 17:18 ASH2010906 / ALS2009716
 PATIENT : MR. R H S R PREMARATNE [UHID-150452764] 4132C
 REFERRED BY : DR. SUNIL PERERA

Conclusion : L/S fronto-parietal SOL.

- * Immunomorphologically inkeeping with Astrocytoma Gemistocytic type (CNS WHO grade 2/3)
- * Recommend - molecular assay IDH 1/2.

Plan answer
LDH1 / 2022

GJH - 4727/4728
(S.C.T - 16/06/2024 at 7.30 p.m.)

[Signature]
 Dr. Wasantha Rathnayake MBBS MD
 Consultant Clinical Oncologist
 National Cancer Institute
 Maharagama
 Cancer Specialist
 SLMC No. 15914

[Signature]

DR. GEETHIKA JAYAWEERA
M.B.B.S., Dip. Path, M.D. (Histopath) FCPATHSL
Consultant Histopathologist



Name	MR PREMARATNE R H S R	Date	31-05-2024
Age	055Y	Sex	Male
Referrer	Dr.Indunil Wijeweera (Consultant Neurologist)	Thank you for referring!	

MRI BRAIN (with contrast)

Findings:

There are several enhancing lesions in the left frontoparietal white matter.

The largest lesion is shown in the subcortical white matter of the subcentral gyrus and measures 15x10x10mm (APxWxH) and shows homogenous contrast enhancement. There are several smaller peripherally enhancing nodular, elongated, and punctate lesions in the centrum semiovale and a further peripherally enhancing nodule in the cortex of the inferior parietal lobule. Mild diffusion restriction is shown in the larger lesions. There are no microhaemorrhages shown on SWI.

There are perilesional T2 hyperintense halos around the larger lesions as well as hazy T2 hyperintensity in the frontoparietal white matter, which extends into the posterior limb of the internal capsule, in keeping with oedema. Partial effacement of the overlying sulci shown. The ventricular calibre is normal. No midline shift or trans-compartmental herniation shown.

Note is also made of several non-enhancing T2/FLAIR hyperintense foci in the subcortical white matter of the right frontal and parietal lobes, which are non-specific (Fazekas 1). There is no abnormal cranial nerve or meningeal enhancement.

MRA shows normal flow related signal within the intracranial arteries, without any vascular occlusion, aneurysms, or vascular malformations.

Opinion: Multiple nodular solid and peripherally enhancing lesions in the left frontoparietal lobes with perilesional oedema.

DD – granulomatous CNS infection (tuberculosis, fungal infections, toxoplasmosis), metastasis


Dr. Kishan Dissanayake
MBBS, MD Radiology, FRCR (London)
Consultant Neuroradiologist (Acting) – NH Kandy
SLMC – 29869



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by Joint Commission International



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CENTRAL
HOSPITAL
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A Soliflogic Group Company

UHID : 150452764
 PATIENT'S NAME : MR R.H.S.R. . PREMARATNE
 SCANNED REGION : MRI BRAIN(NEURO NAVIGATION)
 REQUESTED BY DR : DR SUNIL PERERA (NEURO SURGEON)
 REFERENCE NO : RC02088983
 DATE : 14-Jun-2024

PMR : CHB0011611
 AGE : 55 Yrs
 SEX : MALE
 PLAIN :
 ENHANCED : X

MRI BRAIN(NEURO NAVIGATION)

Contrast enhancing several focal lesions are seen within the deep white matter of high left posterior parietal lobe with the largest measuring 1.9 x 1.6cm. Some of these lesions exhibit ring enhancement. Another tiny contrast enhancing nodule is also noted within left lenticular nucleus. Associated peri lesional vasogenic oedema is noted.

No significant mass effect or midline shift is discernible.

Ventricular system is not dilated.

Limited sections of the orbits and paranasal sinuses are unremarkable.

COMMENTS

Contrast enhancing several focal lesions are seen within the deep white matter of high left posterior parietal lobe and left lenticular nucleus with associated perilesional vasogenic oedema. Some of these lesions exhibit ring enhancement ? Infection. Eg: TB, fungal.


 DR SAMAN PERERA
 CONSULTANT RADIOLOGIST

Dr Saman Perera
 MBBS(Col), MD(Radiology)
 SLSiC No: 16696
 Consultant Radiologist

CreateBy: Dimuthu
 Modified By: Dimuthu

RC02088983

Print Date : 14-Jun-2024 3:46 pm Page 1 of 1



Date :- 06.06.2024
Patient's Name :- Mr. R.H.S.R.Premarathne
Age :- 55 yrs
Referred by :- Prof. Dushantha Madegedara,
Consultant Respiratory Physician

Indication :- Prominent right hilum

HRCT SCAN OF THE CHEST, CT No. 00614529

Inspiratory and expiratory images

Both lungs have normal parenchymal architecture.
No lung nodules or masses.
No consolidation or collapse.
No septal thickening.
No honey combing.
No ground glass opacities.
No air trapping.
Trachea and bronchi appear normal. No bronchiectasis.
No hilar or mediastinal lymphadenopathy.
No pleural effusion. No pneumothorax.
Cardiac contour is normal.

IMPRESSION:

- Unremarkable study.
- No right hilar masses or lymphadenopathy.


Dr. Suvini Wijesinghe
Consultant Radiologist

08th July 2024,

Mr. R.H.S.R. Premaratne

Colombo

Dear Sir,

QUOTATION FOR CONDUCTING GENETIC TESTING

As requested by Dr. Wasantha Rathnayake Clinical Oncologist, we are pleased to offer you the following services for Diagnostic purpose through Core Diagnostic Pvt. Ltd, India.

Financial Offer

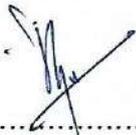
Test Cord	Test Name	Cost for the Toal Package (LKR)
MM1101	IDH 1 & 2 Mutation Analysis	Rs.110,040/-

- 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