

# CORE DIAGNOSTICS™

## Test Requisition Form

15th July 2024

Accessioning ID

TRF No.: 1080714

### PATIENT INFORMATION (TO BE FILLED IN CAPITAL LETTERS ONLY)

Date of Birth / Age: 28Y/M

Gender:  Male  Female

First Name: Mr. S.J.S.L. Samarasinghe

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: Agle 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
NA2707	pulmoCORE 20 gene Panel
	Formalin fixed paraffin embedded tissue block
	Was Block 1
	2511/1/23

### 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: \_\_\_\_\_

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: \_\_\_\_\_

Dr. S. D. ...  
B. H. T. No. ....

Health 26 B  
Health 26 B  
(71-21 S&E.) 5/67

*[Handwritten signature]*

Date

State / राज्य

File no - 20 See file

Dr. Mahendra Khera  
Consultant Oncologist

Dear Sir

Kindly

De ...

Dr. Mahendra Khera

General - (2) Sir

Not as per shown poor response

? Entered in file

Thank

Dr. S.L. KANDEGEDAR  
MBBS, Clinical Oncology  
Consultant Oncologist  
National Hospital

# Teaching Hospital Polonnaruwa

## HISTOPATHOLOGY REPORT

Name of the Patient: S.J.S.C. Samarasinghe.

Age: 28yrs

Ward: 11

Sex: Male

BHT No: 72982

Specimen: Right side supraclavicular lymph-node biopsy

Macroscopy: Specimen consist of multiple soft tissue pieces; 20x20x10mm in aggregate.

Microscopy: Section show fragments of a lymph-node with effaced architecture. There is an invasive tumour arranged in vague glandular and nested pattern. Tumour cells show mild-moderate nuclear pleomorphism. Necrosis is also present.

Conclusion: Right side supraclavicular lymph-node biopsy

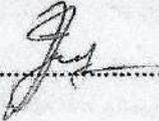
-Metastatic deposits of a carcinoma

Possibilities, 1.Lung

2.Upper aerodigestive tract

3. Gastrointestinal tract.

- Need Immunohistochemistry for the confirmation. The block can be issued if requested.



Dr. Jayani Malagala

Dr. JAYANI MALAGALA  
MBBS, MD, Histopathology  
Acting Consultant Histopathologist  
Teaching Hospital - Polonnaruwa

MBBS, MD ( Histopathology)

Acting Consultant Histopathologist, Teaching Hospital, Polonnaruwa

Inform patient  
29/09/2023

14<sup>th</sup> September 2023

Ref. No. N/221/23

# Teaching Hospital Polonnaruwa

## CYTOPATHOLOGY REPORT

Name of the Patient: S.J.S.L. Samarasingha.

Age: 28yrs.

Ward: 11

Sex: Female

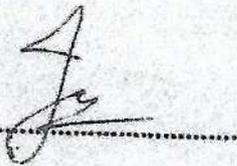
BHT No: 72982

Specimen: FNAC from right side cervical lymph node.

**Microscopy:** The smears are highly cellular and show cohesive clusters of epithelial cells. These cells show oval nuclei and mild nuclear pleomorphism. Cytoplasm is eosinophilic. Mitotic figures are noted. The background shows blood and lymphoid cells.

**Conclusion:** FNAC from right side cervical lymph node

- Suspicious for malignancy.



Dr. JAYANI MALAGALA  
MBBS, MD, Histopathology  
Acting Consultant Histopathologist  
Teaching Hospital - Polonnaruwa

Dr. Jayani Malagala,

MBBS, MD Histopathology

Acting Consultant Histopathologist

Teaching Hospital - Polonnaruwa

## Genelabs Medical (Pvt) Ltd

431, Nawala Road, Nawala

(3<sup>rd</sup> Floor of Audi showroom building)

Sri Lanka

Tel: +94 965392182 / +94 11 2075677

Email: info@genelabsmedical.com Web: www.genelabsmedical.com



## Lung Cancer Mutation Panel

## Personal Details

Name	: S L Samarasinghe	Sample ID	: 11 501150
Gender/Age	: Male / 28 years	Sample Collected	: 2023-10-18 10:55:00
NID / Passport	:	Reported	: 2023-11-09 10:36:33
Remarks	:	Referred By	: Dr Suman Rajaguru

## Specimen Information

Specimen Type: Paraffin Block (FFPE)

## Test Result

DESCRIPTION	RESULT
BRAF V600E mutation	Not Detected
EGFR mutations (Exon 18,19,20,21)	Not Detected
KRAS mutations (Codons 12, 13, 59,61,117, 146)	Not Detected
MEI mutations	Not Detected

Comments \* The specimen used for this test was FFPE block ID 251119/23.

## Methodology

This test includes targeted sequence analysis of hotspot and target mutations of 22 selected genes (listed in the next page) by Next Generation Sequencing. Genomic DNA is extracted from tissue blocks and amplified using Ion AmpliSeq™ technology. The targeted regions are sequenced using an Ion GeneStudio S5 system and data analysis carried out using Torrent Suite™ software. Sequence reads that pass defined quality threshold metrics are aligned to the reference sequence (Genome Build hg19) and variants are identified and annotated using Ion Reporter software.

The allelic ratio, if mentioned in the report, relates to the proportion of alleles with a mutation to the total number of alleles present in a sample, expressed as a percentage. The therapeutic implication of identified mutations is interpreted using databases such as Cancer, COSMIC and other gene-specific databases.

## GENES TESTED

AKT1	EGFR	ERBB2	KRAS	NRAS	STK11
ALK	EGFR	FGFR3	MAP3K1	PIK3CA	TP53
BRCA1	ERBB2	FGFR2	MTF1	PTEN	
CTNNA1	ERBB4	FGFR3	NOTCH1	SARM4	

## Limitations

Single nucleotide changes and small insertions and deletions at the targeted hotspots will be reported if consisting of >500x reads with mutant reads exceeding 30x. Variants with <5% allelic ratio will be reported. The presence of gene amplification and gene rearrangement events will not be detected by this assay.

The ability to detect a particular variant in a given specimen will depend upon the allelic proportion of the variant in the extracted DNA compared with the lower limit of detection of the assay, which is 5% of mutant alleles. This assay does not differentiate between germline (hereditary) and somatic mutations. This assay does not detect copy number variation (CNV).

Dr. Chandanmali Panchikawa, PhD  
Molecular Geneticist  
Genelabs Medical (Pvt) Ltd

20<sup>th</sup> June 2024

Mr. S.J.S.L. Samarasinghe,  
NIC No – 943612480V (256341)  
Colombo

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 Total Package (LKR)
NA2707	pulmoCORE 20 gene Panel	Rs.237,600 /-

- **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

*W.A.R. Bloode 20/06/2024*  
2511/1123.



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 நாராஹேன்பிட்ட  
 Narahenpita

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PRI ARMY HOSPITAL

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**P.R.I. - MILITARY HOSPITAL**

Please do not write below this line

Wasim Ahmad  
**DIRECTOR**  
**ARMY HOSPITAL**  
**COLOMBO**  
 Authorized Signatory

⑈ 250908⑈ 7135⑈119⑈ 0192599001⑈ 54

Mr. S.J.S.L. SAMARASINGHE -

NA 2707. pulmo care - 20 GOME DANIEL -

11/07/2024

check NO - 250908 - -

payment made by Army Hospital - (Director - Army Hospital -