

# 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: 70Y/M

Gender:  Male  Female

First Name: Mr. S.P karunaratathne

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
MM1119	Microsatellite Instability (MSI)
	Formalin fixed paraffin embedded tissue block
	Wax Block 2
	XA26397D
	XA26397C
	3 mL Peripheral Blood in EDTA (Lavender Top) Tube
	3Tubs

**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: \_\_\_\_\_

Patient Name :- Mr.S.P.Karunaratne

Age :- 70Y

Reference No :-000171839

Region :- Chest/Abdomen

Referred by :-Prof.Jayantha Balawardane

Date :- 08.06.2024

CECT CHEST, ABDOMEN & PELVIS**FINDINGS:*****Chest :***

Fine pleural thickening with sub pleural tags in right apex. A small 4 mm nodule also noted in the apical segment.

No focal lung nodules suspicious of metastasis.

Two prominent non enhancing aorto-pulmonary nodes, 20 x 13 mm and 13 x 10 mm. Few smaller pre-tracheal nodes.

No significant hilar nodes.

No pleural effusion.

Pulmonary architecture normal. Bronchial passages are normal.

No significant supra clavicular nodes.

Chest wall and the breast unremarkable.

Port for chemotherapy noted with IV line correctly placed in SVC.

***Abdomen:***

Post ablation lesion of 39 x 31 x 31 mm in segment 7.

**An adjacent lesion of 15 x 9 mm just lateral to above showing mild enhancement in arterial and significant enhancement in portal venous phase and rapid washout there after is noted.**

Multiple **non enhancing** small focal lesions are noted in multiple segments.

- Segment 8 - two lesions of 4 mm each.
- Segment 7 - three lesions; 5 mm one and sub capsular 9 mm and 7 mm lesions.
- Segment 6 - three lesions; largest is 11 x 5 mm (earlier PET positive lesion).
- Segment 4 & 5 - three small faint lesions.
- Segment 2 - vague focus of 5 mm.

**Evidence of right hemicolectomy. Non specific smooth thickening of adjacent anterior colonic wall is noted involving a length of 6.5 cm with a maximum thickness of 17 mm. Rectum and the left side distal colon are normal.**

Liver cirrhotic changes noted with irregular margins in the lateral and inferior with hypertrophy of left lobe and caudate lobe. Portal vein is 12 mm with no thrombosis.



Multiple peri portal collaterals in pancreatico-splenic region.  
Evidence of cholecystectomy noted.

Spleen is bulky 11.6 x 5.0 cm.  
Pancreas appear normal with no focal lesions or peri pancreatic changes.

No supra renal masses.  
Both kidneys are normal with no hydronephrosis or hydroureter.  
No renal calculi.  
Bladder, prostate and seminal vesicles are normal.

No significant para aortic lymph nodes.  
No free fluid.

No bony deposits. Thoraco-lumbar prominent degenerative osteophytes and aortic and iliac artery calcifications noted.

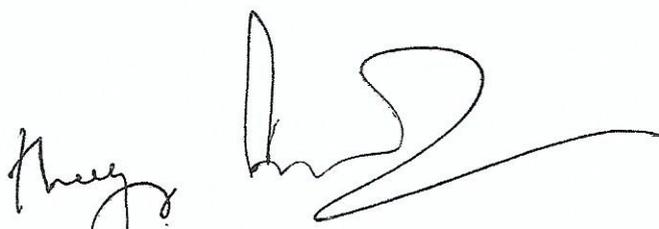
**IMPRESSION :**

**Enhancing focus with early washout adjacent to the ablated liver lesion, more likely a recurrence of hepatoma.**

**Post chemotherapy non enhancing, multiple focal lesions in liver suggest suppression of metastatic lesions likely from CA colon.**

**Non specific thickening of colonic wall adjacent to anastomotic site could be a recurrence or inflammatory change.**

**No lung metastases.**



**Dr (Mrs) Kantha Samarawickrama  
CONSULTANT RADIOLOGIST**

27 JUN 2024

Ch. Suda - Day 1



Day

Dr. Nanda

Dr. Colby  
Bucc

- Hep 1  
- MGT

7. Car. Neph

ANANDA PERERA  
MB, Deyl, MD (Col), Dip RT  
Consultant in Clinical Oncology  
& Radiotherapy  
Principal Investigator - Clinical Trials



01<sup>st</sup> July 2024

Mr. S.P. Karunaratne  
Age 70Y/M  
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**

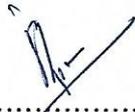
Test Cord	Test Name	Cost for the Toal Package (LKR)
MM1119	Microsatellite Instability (MSI)	Rs. 160,380/-

- **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