

# 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: 75Y/F  
 Gender  Male  Female  
 First Name: Mrs. S.S.G.A Sriya Senevirathna  
 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 1
	SF3270
	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: \_\_\_\_\_ 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: \_\_\_\_\_



LABORATORY REPORT

PRIVATE AND CONFIDENTIAL



WORLD STANDARD LABORATORY SOLUTIONS

**CLIENT'S NAME AND ADDRESS**  
 LEVEL03 MELSTA HOSPITAL RAGAMA  
 Tel : 0115100003

**MELSTA LABORATORIES RAGAMA**  
 COLOMBO, SRI LANKA  
 Fax : 0115100000 Phone: 0115009055

PATIENT NAME	: MRS. S S G A SRIYA SENEVIRATHNA	COLLECTED	: Apr 03, 2024, 07:12 p.m.
AGE / SEX	: 75 YEARS / FEMALE	ACCESSED	: Apr 03, 2024, 07:12 p.m.
N.I.C. / P.P.NO	: MR462599/IP055704/DTU	RECEIVED	: Apr 03, 2024, 07:12 p.m.
DATE OF BIRTH	: -	REPORTED	: Apr 13, 2024, 11:43 a.m.
PID / OPID / BID	: 1D4493 / MR462599/IP055704/DT / 151020	LAB ACCESSION NO	 1324040485w
REFERRING BY	: DR RANJITH PERERA		

**HISTOPATHOLOGY**

Test Name	Result
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**SMALL SPECIMEN GI ENDOSCOPIC BIOPSIES ( 1 SAMPLE )**

Specimen / Site : Colon biopsy

Macroscopy : Received four pieces together measuring 6x4mm.

Microscopy : Sections reveal multiple fragments of necro-inflammatory debris and few fragments of tissue with desmoplastic stroma. Within the latter, there are few entrapped villous structures and complex glands, lined by atypical cells with hyperchromatic nuclei.

Conclusion : Colonic biopsy; Histology.  
 Invasive adenocarcinoma.

Block No. SF 3270

**\*\*END OF REPORT\*\***

*[Signature]*  
 Dr. (Mrs) Shanika Fernando  
 MBBS, Dip. Pathology, MD (Histopathology)  
 Consultant Pathologist

17 APR 2024  
*[Signature]*  
 Dr. Ranjith Perera

*[Signature]*  
 Dr. MAHENDRA PERERA  
 MBBS (Gen), MD (Col), Dip. RT  
 Consultant in Clinical Oncology  
 & Radiotherapy



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LABORATORY REPORT

PRIVATE AND CONFIDENTIAL



**Melsta Labs**

GOLD STANDARD LABORATORY SOLUTIONS

**CLIENT'S NAME AND ADDRESS**

LEVEL03 MELSTA HOSPITAL RAGAMA  
Tel : 115100003

**MELSTA LABORATORIES RAGAMA**

COLOMBO, SRI LANKA  
Fax : 0115100000 Phone: 0115009055

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Block No: SF 3270

**\*\*END OF REPORT\*\***

Dr.(Mrs) Shanika Fernandopulle  
MBBS. Dip. Pathology. MD(Histopathology)  
Consultant Pathologist.



27<sup>th</sup> June 2024

Mrs. S.S.G.A Sriya Senevirathna  
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)
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- CCEYLKLX

Thanking you!



.....  
Amila Herath  
Manager Operations