



MEDGENOME



220/A, 2nd Floor, Maragama Cancer Hospital Building, Maragama Health City,
Maragama Road, Daburimancher, Bangalore, Karnataka, India - 560 029

Call: 080-2611 1021 / 080-2611 1022 / 080-2611 1023 / 080-2611 1024

www.maragama.com | www.maragama.com/medgenome | www.maragama.com

Sample Receipt Details:

POD : _____

Temp : _____

Date & Time : _____

Sample Type : FFPE

CS Name & Sign: _____

Logistics Name & Sign : _____

Prenatal Sample Yes No

Diag type MOU Retail Resear

Disease Stages: _____

Each sample must be accompanied by this completed requisition. Fields are mand

TEST REQUISITION FORM

Test Details

Test Name: Comprehensive Histopathological Review with IHC - Final Diagnosis Panel

Test Code: MGM3208

- Sample type: Blood (in EDTA tube), Blood (in streak tube), Amniotic Fluid, CVS, Fetal Blood (PUBS), Maternal blood for MCC (please send for prenatal studies), Fresh Frozen Tissue, Saliva

- DNA, Specify Source: _____, Buccal swab, Cultured CV, Cultured amniocytes, Products of Conception (POC), specify tissue: _____, * FFPE tissue Block (Block no: XG013447), SLIDES 5, DBS/FTA, Other sample type (specify site): XG021554 LCA, XG021554 CD99, XG021554 Tdt, XG021554 CK, XG013447

Report that a blood transfusion: Yes No Date of last transfusion: _____
Has the sample undergone allogeneic blood transfusion: Yes No

Patient Details

Name: MR. ARUNA SAMPATH HEWAVITHAN D.O.B. Age: 45Y/M Sex: M

Address: COLOMBO SRI LANKA

Phone: _____ E-mail I.D: _____

Clinician Details

Clinician's Name: DR.T. SKANDARAJAH Hospital Affiliated: MAHARAGAMA CANCER HOSPITAL

Address: _____ Phone: _____

Specialty: _____

Date of sample collection: _____

I warrant that the doctor analysis is limited to variants which correlate with disease phenotype... I warrant that the patient's consent to the test... I warrant that the patient's consent to the test... I warrant that the patient's consent to the test...

Medical Professional Signature* Date: Place:

Diagnosis notes/signature: _____

Disease affection status Parental consent present Age of manifestation: _____

Altered findings Details: _____

To Whom it may concern,
01/08/2024

Ref: Mr. A. Sampath Hewawitharana, 45 yrs.

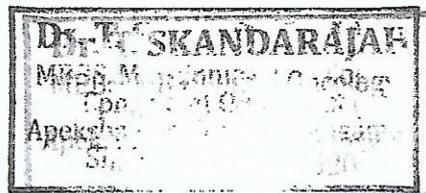
This 45 yrs old gentleman was investigated for
C5 paraspinal mass and biopsy confirmed Ewing's
Sarcoma. (IHC: CD 99 strongly positive
P63, CK, LAC, TdT - Negative)

PET CT: paravertebral mass lesion at C5 (4.5 x 6.1 x 1.8 cm)
with SUVmax 5.25

We have recommended a panel review of pathology
report as PET CT FDG uptake is not compatible
with typical Ewing's sarcoma.

Thank you.

for VRT.



03rd August 2024

Mr. Aruna Sampath Hewavithana
Age 45Y/M
Colombo

Dear Sir,

QUOTATION FOR CONDUCTING GENETIC TESTING

As requested by Dr. T. Skandarajah Oncologist, we are pleased to offer you the following services for Diagnostic purpose through MedGenime Labs Limited, Bangalore India.

Financial Offer

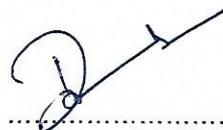
Assess Cord	Test Name	Cost for the Toal Package (LKR)
MGM3208	Comprehensive Histopathological Review with IHC - Final Diagnosis Panel	Rs. 203,925 /-

- **Terms & Conditions**
- Diagnose results, reports will be given after 27 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

Thank you!



Ms. Dona Senara
Manager Administration