

# CORE DIAGNOSTICS™

## Test Requisition Form 9th July 2024

TRF No.: 1080714

Accessioning ID

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

Date of Birth / Age: 56Y/M  
 Gender:  Male  Female  
 First Name: Mr. Janaka Kodikara  
 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
NA2470	pulmoCORE any 4 Markers(High Resolution)
	Formalin fixed paraffin embedded tissue block
	Wax Block 1
	HB1079A2

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

# CORE DIAGNOSTICS™

Test Requisition Form 25th July 2024

TRF No.: 1080714

Accessioning ID

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

Date of Birth / Age: 56Y/M  
 Gender:  Male  Female  
 First Name: Mr. Janaka Kodikara  
 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  
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Name: Dr. Mahendra Perera  
 Speciality: Consultant Clinical Oncology & Radiotherapy  
 Address:  
 PIN Code:  
 Contact Number:  
 Email ID:  
 Hospital / Institution Name:  
 Institution Code: IN10392

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 If any, Name of the Drug ..... Amount and Time of Dose.....  
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 Other Relevant History:  
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## 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:

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Client Code: CL02611

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Amount Paid:

## TEST REQUIRED (TO BE FILLED IN CAPITAL LETTERS ONLY)

Test Code	Test Name
MG1619	EGFR T790M
	1 Streck BCT/Paxgene Tube with 9-9.5 mL blood

## SPECIMEN DETAILS

Specimen Type	No.	Specimen Type	No.
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D.				
E.				

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 Collection Address: \_\_\_\_\_  
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 COREwings Barcode

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 Number of Samples: \_\_\_\_\_  
 Type of Sample \_\_\_\_\_  
 Receiving Temperature:  Ambient  Refrigerated  Frozen

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 Date of Submission: \_\_\_\_\_  
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 Bangalore Lab : +91 8022244777 | Delhi Lab : +91 11 46269604

Date of Birth/Age: \_\_\_\_\_ TRF No: 1080714  
 Test Name and Test Code: \_\_\_\_\_

CORE DIAGNOSTICS™

**GENERAL HOSPITAL-HAMBANTOTA  
DEPARTMENT OF PATHOLOGY**

Lab Ref No: HB/1079/24

Patient's Name: Mr. Janaka Kodikara

Age: 56 years

Sex: Male

BHT No: 27725

Unit: Ward 28

**HISTOPATHOLOGY REPORT**

**Specimen:**

- A) Pleural biopsy for histology
- B) Pleural nodule for histology

**Macroscopy: A&B**

- A) 04 fragments of tissue, 01mm to 03mm. Entire specimen is processed.
- B) 03 fragments of tissue, 01mm to 03mm. Entire specimen is processed.

**Microscopy: A&B**

A) Sections reveal fibrous pleural tissue lined by a thick layer of reactive mesothelium infiltrated with moderate lymphocytes. There are some infiltrating irregular tubular structures lined by mildly pleomorphic epithelial cells displaying hyperchromatic nuclei and moderate vacuolated cytoplasm.

B) Sections reveal a small nodular tissue lined by reactive mesothelial cells and metaplastic squamous epithelium. The center shows inflamed fibrous granulation tissue with vascular proliferation and moderate lymphocytes infiltration. There is no definite infiltrating malignancy.

**Immunohistochemistry**

- A) *Infiltrating tubular glandular structures show strong nuclear positivity for TTF-1. Desmin and calretinin show positive staining in reactive mesothelium.*
- B) *TTF-1 does not highlight any infiltrating glandular structures. Reactive mesothelium is highlighted by desmin and calretinin.*

**Conclusion: A) Pleural biopsy for histology**

Appearances favour a deposit of primary lung adenocarcinoma.

**Conclusion: B) Pleural nodule biopsy for histology**

Inflammatory pleural nodule.

Date: 24/06/2024

.....  
**Dr. (Mrs.) N.L. Kariyawasam**  
Consultant Histopathologist

Dr. (Mrs.) N.L. Kariyawasam  
MBBS, Dip in Pathology, MD (Histopathology)  
Consultant Histopathologist  
District General Hospital  
Hambantota

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DEPARTMENT OF HEALTH SERVICES  
ඉල්ලුම් පත්‍රය / REQUEST FORM

කොළඹ මහා රෝගාශාලාවේ ව්‍යාධිවේදක වෙතයි.  
To : The Pathologist, General Hospital, Colombo.

..... හා සම්බන්ධයෙන් .....  
..... නිදර්ශකය පරීක්ෂා කර බලනු මැනවි.

Please examine specimen of EGFR mutation analysis  
regard to of Pleural Biopsy.

අත්සන Signature ] .....  
දිනය Date ] 27/6/2024, පදවිනාමය Designation ] RS

රෝගියා පිළිබඳ විස්තර / Particulars of Patient  
නම Name ] Mr. Janku Kodikara වයස Age ] 56y  
රෝගියාගේ අංකය Case No. ] 362/24 ස්ත්‍රී පුරුෂ භාවය Sex ] M  
වාර්ඩ් Ward ] 28 දිස්ත්‍රික්කය District ] DGH - Hambantota

රෝග විනිශ්චය සමඟ කෙටි සායනික ඉතිහාසය.  
Short clinical history with probable diagnosis.

Fixed for recurrent L/S Pleural  
effusion.

(ව්‍යාධිවේදකගේ ප්‍රයෝජනය සඳහා / For Pathologist's use)  
Thoracoscopy - whitish plaques lesions  
noted in parietal pleura - few nodules  
noted in L) Pleura

Dr. Damith Rodrigo  
MBBS (Colombo), MD (Medicine)  
Consultant Chest Physician  
SLMC Reg. No 25155  
DGH - Hambantota

Pleuro Biopsy histology

Appearances are Favour of a deposit  
of Primary Lung adenocarcinoma.

CECT - chest  
Multiple enhancing pleural lesions of 4-  
centimeter suggest of →

Mr. Janaka Kodskara

564B

Dr / EGFR mutation analysis.

1<sup>st</sup> July 2024

Mr. Janaka Kodikara,  
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 Strand Life Sciences, India.

**Financial Offer**

Test Cord	Test Name	Cost for the Total Package (LKR)
<del>SLS140010</del>	EGFR Tissue <i>EGFR + T790M</i>	LKR. 97600/-

*M4  
1619*

- **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

*4/07/2024*  
*New contract*  
*NA 2470*  
*with special price*  
*Amal Perera*

Thank you!

*CH*  
.....  
Amila Herath  
Manager Operations