

Sample Receipt Details:

POD : _____ Temp : _____
 Date & Time : _____ Sample Type : _____
 CS Name & Sign: _____ Logistics Name & Sign : _____
 Prenatal Sample Yes No Bill type

TEST REQUISITION FORM

Disease Segment* _____

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

Test Details

Test Name:* Test Code:*
 Sample type: Blood (in EDTA tube) Blood (in Streck tube) DNA, Specify Source: _____ Buccal swab
 Amniotic Fluid CVS Cultured CV Cultured amniocytes
 Fetal Blood (PUBS) Maternal blood for MCC (please send for prenatal studies) Products of Conception (POC), specify tissue: _____ FFPE tissue Block (Block no.)
 Fresh Frozen Tissue Saliva Other sample type (specify site) _____ DBS/FTA

Patient had a blood transfusion Yes No Date of last transfusion ____ / ____ / ____ (minimum 3 days of wait time is required for genetic testing)
 Has he/she undergone allogenic bone marrow transplant: Yes No.

Patient Details

Name:* (In Capital Letters) D.O.B. Age:* Gender:*
 Address: _____
 Phone: _____ E-mail I.D: _____

Clinician Details

Clinician's Name:* Hospital Affiliation: _____
 Address: _____ Phone : _____
 _____ Email id : _____

Date of sample collection* YY

I understand that the current analysis is limited to variants which co-relate with disease phenotype/symptoms/terms as mentioned in the clinical details provided by me. Incidental findings which may or may not be actionable are not routinely reported. They can however be provided on request after informed consent from the patient/guardian. As disease phenotype may evolve over time, the appearance of new symptoms/signs may alter test results or their significance: MedGenome laboratories cannot be held responsible for this. A re-analysis or a re-test may be required due to the former; this will be performed (if deemed necessary) at an additional cost. I am authorised to order the above tests as I am the treating physician/consulting physician in this case. I confirm that the patient/guardian (in case of minors) has been provided complete information regarding the test, including its limitations in a language of their understanding.

Dr. MAHENDRA PERERA
 MBBS (Gen), MD (Gen), Dip RT
 Consultant in Clinical Oncology
 & Radiotherapy
 Principal Investigator - Clinical Trials

Medical Professional Signature* _____ Date: _____ Place: _____
 Clinical notes/diagnosis: _____

Disease affection status Parental consanguinity present Age of manifestation: _____
 Affected Siblings Details: _____

GOVERNING LAW, JURISDICTION AND DISPUTE RESOLUTION

These Terms and Conditions and this Test Requisition Form shall be governed by and construed in accordance with Indian law and the courts in Bangalore shall have exclusive injunctive jurisdiction. In the event of any dispute, controversy or claim whatsoever arising from these Terms and Conditions and/or this Test Requisition Form, the parties shall undertake to make every effort to reach an amicable settlement within fifteen (15) days upon reference of the dispute by any party through discussions among the concerned representatives of parties, failing which the dispute, controversy or claim shall be settled by Arbitration by a Sole Arbitrator appointed by the 'President-Arbitration Centre-Karnataka', Bangalore as per Indian Arbitration and Conciliation Act, 1996 as amended from time to time. The venue of arbitration shall be Bangalore and it shall be conducted in English language. The award passed by the Sole Arbitrator shall be final and binding upon the parties.

NOTICE

All notices, statements or other communication required or permitted to be given or made shall be in writing and in English language. Such notices will deliver by hand or sent by prepaid post with recorded delivery, or facsimile transmission addressed to the intended recipient at the address mentioned in this Test Requisition Form.

INDEPENDENT PARTIES

All parties effected hereunder are independent entities and neither of the parties are an agent, employee or joint venture of the other and they shall not represent themselves as such to any third parties.

REFUND

Refund of fees for any reason has to be claimed by the Patient or the guardians of the Patients within 90 days from the date of delivery of report.

Patient/Guardian Authorization

By my signature below I attest to the following:

I have read and I understand the information provided on this form.

Patient Consent (sign here or on the consent document)

I have read the Informed Consent document and I give permission to MedGenome to perform genetic testing as described. I also give permission for my specimen / genetic data to be used in (de-identified) studies at MedGenome to improve genetic testing for other patients.

By agreeing to this informed consent below, I am confirming that I understand the benefits, risks and limitations associated with genetic testing. Furthermore, I am affirming that I recognize the seriousness of conditions for which {I am/my child} being tested, and that disease descriptions, prognoses, and treatment options have been made available to me by {my/my child's} health care provider. Finally, if I have the legal authorization to provide this informed consent on behalf of another person, I am attesting that the sample provided belongs to that person.

Patient/Guardian Name Mr. Mushin

First Name

Middle Name

Last Name

Date of Birth: mm/dd/yyyy

Patient/Guardian Signature*

Date:

Place:

Father Name

Mother Name

Signature*

Date and time

Signature*

Date and time

Relationship with the proband Husband

Note :

Signature of both parents is requested for prenatal testing.

For trio testing, each parent should provide separate informed consent for the sequencing of his or her sample.



Dr. Shanthie

✓

Brest Test

Raj

077 736 1457

Prof. Jayantha Balawardane
MBBS, MD(Col), FRCP(Edin), FRCP (Lond), FSLCO, FSLCP
Professor in Oncology
Head of the Department of Oncology
Faculty of Medicine
University Hospital
General Sir John Kotelawala Defence University

www.asiri.com

20/20/c

CONFIDENTIAL LABORATORY REPORT

Member of Clinical and Laboratory Standards Institute, U.S.A.



Sain Surgical Hospital PLC, No. 21, Kirimandala Mv, Colombo 05.
T: +94 11 452 4448, +94 11 452 4400 F: +94 11 452 4448 E: histolab@asiri.lk

HISTOPATHOLOGY

Block and slides of this specimen will be retained ONLY for six months after the date of this report. Specimen will be kept for one week

** OPD/AHH/ASH **

Page 2 of

REFERENCE No. : 01 0478 04/09/21
 SAMPLE DATE & TIME : 04/09/2021 12:26 AGE : 54 Y
 REPORT DATE & TIME : 07/09/2021 08:23 AHH2007095 / ASH2104098
 PATIENT : MRS. N MUSHIN
 REFERRED BY : DR (MRS) ERANGA PERERA

- Comments :
1. Hormonal receptor status and other immune markers (ER, PR, Her2 and Ki67) is best advised for further management (Block CF 517 A)
 2. The grading may be upgraded in assessment of the main specimen.
 3. The mucinous component is best advised to be assessed on the main specimen.
 4. This report requires urgent review.

CF3 - 517

Charisma S. Fernando

DR CHARISMA S. FERNANDO
 MBBS, Dip Pathology, MD (Histopathology), FRCPath (UK)
 Consultant Histopathologist

120145878
PATIENT'S NAME

UHD



UHID : 120145878
 PATIENT'S NAME : MRS NAZRANA SHAFFIE
 SCANNED REGION : CT CHEST/ ABDOMEN & PELVIS
 REQUESTED BY DR : DR JAYANTHA BALAWARDANA
 REFERENCE NO : RC00925359
 DATE : 23-Nov-2021

PMR
 AGE : 54 yrs
 SEX : FEMALE
 PLAIN
 ENHANCED : X

CT CHEST/ ABDOMEN & PELVIS

FINDINGS:

Mediastinum is within normal limits.
 No mediastinal or hilar lymphadenopathy.
 No other mediastinal mass.
 Heart is normal.
 Lung fields are clear. No pulmonary masses or air space opacifications.
 No pleural effusions.
 Trachea and main bronchi are normal.
 Aorta and branches, pulmonary vessels and SVC also are normal.

Liver is not enlarged. No diffuse or focal abnormality seen.
 No intra or extra hepatic duct dilatation. CBD is normal.
 Gall bladder is normal. No calculi.
 No splenomegaly.
 Pancreas is normal. No calcification masses or duct dilatation.
 Both kidneys are normal in size and position.
 No calculi. No hydronephrosis. No perinephric pathology.
 Supra renal glands are normal.
 Aorta and IVC are of normal calibre.
 No ascites.
 No obvious bowel pathology.
 No paraaortic or pelvic lymphadenopathy.
 Bladder contour is normal No intra or perivesical pathology.

COMMENTS

No abnormality detected.
 No evidence of metastasis.

DR(MRS) GAYANI SENANAYAKE (RADIOLOGIST)

CONSULTANT RADIOLOGIST

Dr. G. SENANAYAKE

MBBS (SL) Reg. 21235

RC00925359 Radiology (SL) FRCR (UK)

Consultant Radiologist

CreateBy Thushari
 Modified By Thushari

Print Date 23-Nov-2021 5:08 pm Page 1 of 2

MR Number : 120145878 Gender: Male / Female

DOB : 07/07/1967 Age : 54 yrs.

Clinical Findings & History:

Sp WLF of Rt Breast Lump + Ax

Tests / Investigations

Histology - Combined mucinous & Gub III
invasive carcinoma of no special type
DCIS (H) 10% High grade. Also.
T₀ St 45mm.
WI (H)

mucine component ER 7/8 (+) PR 7/8 (+)
Her2 neu & negat Ki67 40-50%
Diagnosis: Invasive cancer component Triple Negative (Ki67 50-60%)

Δ Combined Mucinous and Gub III
invasive carcinoma of no special type

PT₂N₀M₀ Stg IIIA

invasive component Triple Negative

Inten Rxn Radio to Rgs
wash bottle

Treatment Duration

Start Date : 27-05-2022

End Date : 05-07-2022

Treatment Summary

EBRT given is 40 Gy RTx
Chest wall is BDCRT with
Phase I - 50 Gy is RTx to Rt Ax
Phase II - 10 Gy is RTx to Chest wall


Dr. Shama Goonatillake
MBBS, MD (Colombo), SLMC Reg No 17334
Consultant Clinical Oncologist
Asst. Dir. Cancer Centre
Surgical Hospital
7140, 1905 / +94 770757660
Rubber Stamp

05.07.2022

Dr. Jayantha Balawardane

Senior Consultant Clinical Oncologist

Dear Sir,

Reg: Mrs. Shaffie Nazrana (ASR120145878)

Thank you so much for referring Mrs. Shaffie Nazrana for adjuvant radiotherapy for ICD 10 Code: C50.4-Malignant neoplasm: Upper-outer quadrant of right breast. Combined mucinous and Grade III invasive carcinoma of no special type. High grade DCIS noted about 10%. Tumor size 45 mm. LVI negative. Surgical margins negative. Lymph nodes negative (0/38). Mucinous carcinoma (ER - 7/8, PR - 7/8, Her 2 neu negative and Ki 67 40 to 50 %) and Invasive carcinoma NOS - triple negative with Ki 67 - 50 to 60%. Diagnosed 24.05. 2022 (Active). pT2pN0M0, prognostic stage IIIA.

She has completed the following course of radiation treatment under my care at Asiri-AOI Cancer Centre.

Treatment Course:

Patient received Radiotherapy from: 27.05.2022 to 05.07.2022

Beam energy/type: 6 MV and 10 MV Photons.

Treatment Technique: 3DCRT method in TRUE BEAM STx LINAC Machine

Dose Prescription: Phase - I - 50 Gy in 25 fractions to the right whole breast and Phase - II - 10 Gy in 5 fractions to the tumor bed

Concurrent chemotherapy was not given as it was not indicated.

Please be good enough to advise her for further management and follow up under your care.

Many thanks & Best regards,

Dr. Shama Goonatillake

Resident Consultant Clinical Oncologist

Master Trainer in Palliative Care

Asiri-American Oncology Institute Cancer Centre

Asiri Surgical Hospital

No: 21, Kirimandala Mawatha,

Colombo 05,

Sri Lanka.

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Asiri AOI Cancer Centre
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16th August 2024

Mrs. Nazrana Shaffie
Age 57 Y/F
Kandy

Dear Madam,

QUOTATION FOR CONDUCTING GENETIC TESTING

As requested by Prof. Jayantha Balawardana 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)
MGM3328	Advanced Breast Cancer gene Panel by NGS - Liquid Biopsy	Rs. 343,350 /-

- **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- CCEYLK LX

Thank you!


.....
Amila Herath
Manager Operations