MEDGENOME
CAP ACCREDITED
258/A, 3rd Floor, Narayana Nethralaya Building, Narayana Health City,
Hosur Road, Bommasandra, Bangalore, Karnataka, India – 560 099
(Toll Free) 1800 103 3691 techsupport@medgenome.com
www.medgenome.com customersupport@medgenome.com

Sample Receipt Details:

POD :_____ Temp :_____

Date & Time :_____ Sample Type :_____

CS Name & Sign: _____ Logistics Name & Sign : _____

Prenatal Sample ☐Yes ☐No Bill type MOU Retail Research

TEST REQUISITION FORM

Disease Segment* _____

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

Test Details

Test Name:* Tumor BRCA1 & BRCA2 Gene Analysis Test Code:* MGM537

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), specifiy tissue:_____
- ✱ FFPE tissue Block (Block no. .....)
- ☐ Fresh Frozen Tissue
- ☐ Saliva
- ☐ Other sample type (specify site) _____
- ☐ DBS/FTA

647PG21/8 - PG249A
647PG21/8 - PG249B
PG249C
PG249D
4 Blocks

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:* Mrs. A.M. Damayanthi Attanayake (In Capital Letters) D.O.B. DD MM YY Age:* 60Y/F Gender:* M / F

Address: .....

Phone:..... E-mail I.D: .....

Clinician Details

Clinician's Name:* Dr. Mahendra Perera Hospital Affiliation: .....

Address: ..... Phone : .....

..... Email id : .....

.....

Date of sample collection* 25/7/2024 DD MM 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 (Cey), MD (Col), Dip RT
Consultant in Clinical Oncology
& Radiotherapy

Medical Professional Signature* Date: 23/09 Place: Colombo

Clinical notes/diagnosis:

Disease affection status Yes NO Parental consanguinity present Yes NO Age of manifestation:_____

Affected Siblings Yes NO Details:_____

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COLLEGE OF AMERICAN PATHOLOGISTS

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 Mrs. A.M. Damayanthi Attanayake

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

Note :

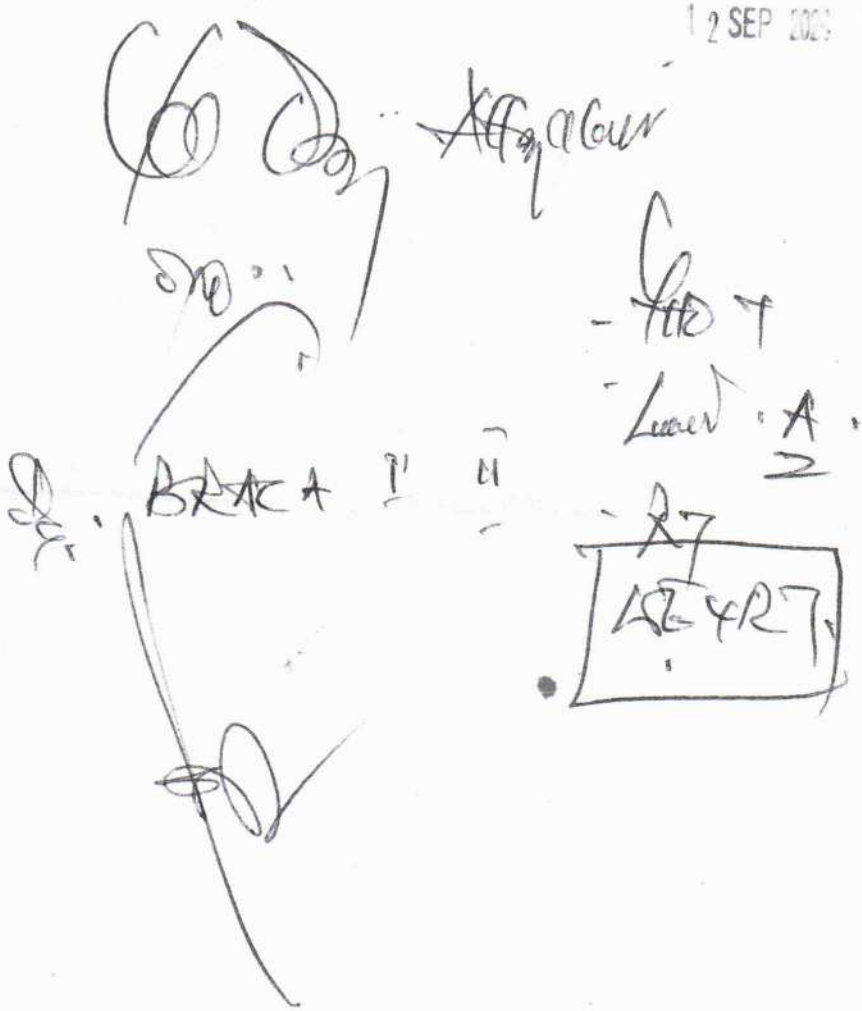
Signature of both parents is requested for prenatal testing.

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

MeGenome may reserve the right to send you communications on genetics / genomics periodically. The team may also connect with you to seek consent for your active participation in certain programs & communications.

*Fields are mandatory

12 SEP 2023



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Principal Investigator - Clinical Trials

www.asirihealth.com

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ASIRI LABORATORIES
LIVE MORE
A Softlogic Group Company

Asiri Surgical Hospital PLC. No. 21, Kirimandala Mw, Colombo 05.
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HISTOPATHOLOGY

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

** OPD/AHH/ASH **

UHID	: 120415841	
REFERENCE No.	: 01 0338 25/07/24	/
SAMPLE DATE & TIME	: 25/07/2024 11:02	AGE : 60 Y/F 01/09/1963
REPORT DATE & TIME	: 29/07/2024 08:23	AHH2007095 / ASH2106099
PATIENT	: MRS. A.M. DAMAYANTHI ATTANAYAKA	
REFERRED BY	: DR (MRS) LAKMALIE PARANAHEWA	

TEST : HISTOPATHOLOGY REPORT

Specimen : US guided trucut biopsy suspicious lesion in 5 O 'clock region of right breast

Macroscopy : Four cores 9-14 mm in length.

Microscopy : There is an invasive carcinoma composed of tubules and nests of malignant cells in a desmoplastic stroma. Crush artefacts are noted in some areas. Tubule formation is 40% (2/3). The cells are moderately pleomorphic (nuclear grade 2). The mitotic count is low (1/3). There is no lympho-vascular invasion. There is no DCIS.

Conclusion : US guided trucut biopsy suspicious lesion in 5 O 'clock region of right breast :-

---

Tumour type: Favour Invasive breast carcinoma (NST)-see IHC
Provisional tumour grade: Nottingham grade 1
DCIS: not present.
Lympho-vascular invasion: not present
Category: B 5 b (invasive malignancy)

Comment : SMA, P 63 (myoepithelial markers), ER/PR/HER 2 and Ki 67 is recommended in block C and A.

PG 249 (S.C.T. 25/07/24 at 10.15 am)

P. Abey

DR. PRIYANKA ABEYGUNASEKERA
MBBS. D.Path. MD Path (Histopath)
Consultant Histopathologist

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HISTOPATHOLOGY

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UHID : 120421694
REFERENCE No. : 01 4096 06/08/24 IP No. : ASH020/488
SAMPLE DATE & TIME : 06/08/2024 21:48 AGE : 60 Y/F 01/09/1963
REPORT DATE & TIME : 19/08/2024 21:16 AHH2009875 / ASH2106280
PATIENT : MRS. A.M. DAMAYANTHI ATTANAYAKE [ROOM NO.808A]
REFERRED BY : DR.KANISHKA DE SILVA

TEST : HISTOPATHOLOGY REPORT

Clinical history :- Right lower quadrant Ca breast- invasive breast carcinoma grade 1.

Specimen :- A. Right lower quadrant 5- 6 O' clock segment wide local excision
B. Sentinel node biopsy

Macroscopy :- A. Received a mass of breast tissue without skin. Orientating sutures noted. The breast tissue measures 60 x 30 x 28 mm. The lesion measures 5 x 6 x 5 mm.

A1- Lesion with inferior, superior and deep margin
A2- Lesion with inferior, superior and deep margin
A3- superficial margin
A4- Lateral
A5- Medial

B. Received lymph node measuring 15 x 10 x 10 mm.

Microscopy :- A. There is an invasive carcinoma composed of nests and tubules of malignant cells in a desmoplastic stroma. Tubule formation is 40% (2 /3). The cells are moderately pleomorphic (nuclear grade 2). The mitotic count is 3/10 HPF (1/3). Tumour infiltrating lymphocytes are 5 %. There is no lympho-vascular invasion. There is low grade cribriform DCIS within the tumour (<25%). The invasive tumour is 15 mm from medial margin, 25 mm from lateral margin, 7 mm from inferior margin, 4 mm from superior margin, 10 mm to superficial margin and 3 mm from deep margin. Adjacent breast shows fibrocystic change.

B. One lymph node free of tumour (0/1).

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REPORT DATE & TIME : 19/08/2024 21:16 AHH2009875 / ASH2106280
PATIENT : MRS. A.M. DAMAYANTHI ATTANAYAKE [ROOM NO.808A]
REFERRED BY : DR.KANISHKA DE SILVA

Conclusion :- A. Right lower quadrant 5- 6 O' clock segment wide local excision:

Tumour type: Invasive breast carcinoma -NST
Tumour grade: Nottingham grade 1
Tumour size: - 5 x 6 x 5 mm.
DCIS: low grade cribriform DCIS within the tumour (<25%).
Lympho-vascular invasion: not present.
Adjacent breast: fibrocystic change.
Tumour infiltrating lymphocytes: 5 %
Excision margins: 15 mm from medial margin,
25 mm from lateral margin,
7 mm from inferior margin,
4 mm from superior margin,
10 mm to superficial margin and
3 mm from deep margin.
Tumour stage: p T 1 b N(SN) 0 M x
Nottingham Prognostic Index (NPI): 2.12

B. Sentinel lymph node biopsy:

One lymph node free of tumour (0/1).

Comment : ER/PR/HER 2 and Ki 67 is recommended in block A1 and core biopsy PG 249 A and B .

PG 301/2
(S.C.T. 06/08/24 6.25 pm)

P. Abey

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HISTOPATHOLOGY

UHID : 120421694
REFERENCE No. : 01 0647 21/08/24 /
SAMPLE DATE & TIME : 21/08/2024 18:20 AGE : 61 Y/F 01/09/1963
REPORT DATE & TIME : 27/08/2024 19:18 AHH2007095 / ASH2106099
PATIENT : MRS. A.M. DAMAYANTHI ATTANAYAKE
REFERRED BY : DR.KANISHKA DE SILVA

TEST : IMMUNOHISTOCHEMICAL ASSAY OF OESTROGEN RECEPTORS

Specimen - Right lower quadrant 5-6 O'clock segment wide local excision.

Histological diagnosis - Invasive breast carcinoma (NST) - grade I.

.	Percentage score	Intensity score	Total score
OESTROGEN RECEPTORS	5	3	8
PROGESTERONE RECEPTOR	5	3	8

HER2 - 0 (Negative)

Ki67 index - 8%

Scoring Guidelines :
==========
Allred Scoring System for ER & PR :

Score for Proportion Staining (PS)	Score for Staining Intensity (IS)
0 = No nuclear Staining	0 = No Staining
1 = <1% Nuclear Staining	1 = Weak Staining
2 = 1 - 10% Nuclear Staining	2 = Moderate Staining
3 = 11 - 33% Nuclei Staining	3 = Strong Staining
4 = 34 - 66% Nuclei Staining	
5 = 67 - 100% Nuclei Staining	

TOTAL SCORE = PS + IS
Adding the two scores together gives a maximum score of 8.

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PATIENT : MRS. A.M. DAMAYANTHI ATTANAYAKE
REFERRED BY : DR.KANISHKA DE SILVA

Scoring method for Her-2/Neu

Result category	Score to report	Staining pattern
Negative	0	No staining is seen
Negative	1+	Incomplete membrane staining in any percentage of cells
Equivocal	2+	Strong, complete membrane staining in <10% of cells Weak or moderate heterogeneous complete membrane Staining in at least 10% of tumour cells
Positive	3+	Strong complete, homogeneous membrane staining in >10% of tumour cells.

PG

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HISTOPATHOLOGY

DONE ON 4096 06/08/24 AND 338 25/07/24 ** OPD/AHH/ASH **

UHID : 120421694
REFERENCE No. : 01 0647 21/08/24 /
SAMPLE DATE & TIME : 21/08/2024 18:20 AGE : 61 Y/F 01/09/1963
REPORT DATE & TIME : 27/08/2024 19:18 AHH2007095 / ASH2106099
PATIENT : MRS. A.M. DAMAYANTHI ATTANAYAKE
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Equivocal	2+	Strong, complete membrane staining in <10% of cells Weak or moderate heterogeneous complete membrane Staining in at least 10% of tumour cells
Positive	3+	Strong complete, homogeneous membrane staining in >10% of tumour cells.

PG

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