

GENETIC TEST REQUISITION FORM

Test Code: **SLS162000** Test Name: **Somatic Advantage 74 Gene Test** TR ID:  
 Test Code: Test Name: TR ID:  
 Test Code: Test Name: TR ID:  
 Test Code: Test Name: TR ID:

PATIENT DETAILS

Patient MRN/UHID #:   
 Patient Name: **Mr. D.G.N. Karunathilaka** DOB: Age: **63Y** Sex: **M**  
 Marital Status: Nationality: Contact No.:  
 Address:  
 Email ID: Pincode:  
 ID Proof:  Driving License  Aadhaar Card  Voter ID card  Ration card  Others: \_\_\_\_\_

ADDITIONAL DETAILS IF REQUIRED

Transfusion Date (if available): Blood Group:

CLINICIAN INFORMATION

Referring Clinician: **Dr Senaka kandegedara** Clinician Contact:  
 Referring Hospital: **National Hospital Kandy Sri Lanka**  
 Email Id:  
 Address:

ADDITIONAL FAMILY MEMBERS' DETAILS

Disease Status - Affected:  Age at Diagnosis:   
 Affected Sibling/Family members:  Yes  No (If yes, provide the details in the table below)

Name	Relation with Patient	Type of cancer	Age at Diagnosis	Sex

SAMPLE COLLECTION INFORMATION

Date & Time of Collection: **7/7/2023** Sample collected by:  
 Clinical History/Pathology Report Attached:  Y H and E Slides sent:

FOR OFFICIAL USE ONLY

Region: Bill type (for internal use only):  
 Sales person: GC done by: GC date:

5 SEP 2024

Colo S h M... K... Me

See 12/11

Di... side... =

M... 4/4

Delta... + L. Nodes

... Cancer

on... + Carbop...  
X

DCS 162000  
(74 year Test)

Handwritten signature and notes in a box.

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

25/11/2023 - 5 Sa.  
22/11/2023 - 2/11/2023  
General Services

24/11/2023 - CT Simulators

22/11/2023 - 22/11/2023  
22/11/2023 - 22/11/2023  
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02/11/2023 07225462053  
19/18  
262

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CANCER INSTITUTE  
GENERAL HOSPITAL - KANDY

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Please bring this card when attending for examination

H0439412 (2015/05) ශ්‍රී ලංකා රජයේ මුද්‍රණ දෙපාර්තමේන්තුව

Mr. D. G. Nimal  
Karunathilake

1805/K  
2023

නම  
Name

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சிகிச்சை இல.  
Clinic No.

62y - (m)

අපසු එවීම  
மறு வருகை  
To Return

muruthalawa - Δ - CA - Lung <sup>LN</sup> <sup>MAS</sup>

සඳුදා /தினங்கள் /Monday

බලාපොරොත්තු /புதன்/Wednesday

බරාදා /வியாழன் /Thursday

දිනය திகதி Date	වේලාව நேரம் Time	දිනය திகதி Date	වේලාව நேரம் Time	දිනය திகதி Date	වේලාව நேரம் Time
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21/6/2023

14/6/23 - RT Lung Resept (Hx/Sm)

21/7 - chm - n

02/08/2022 chm - n

09/08/2023 chm - n

23/8/2023 - chm - n

02/07/2023

2/15/19/23 - CA chm - n

~~10/10/2023 chm - n~~

25/9/2023 - Fre. chm - n

13/10/23 @ F&C / core

21/10/23 @ F

03/11/23 @ CT

30/10 (or 31/10) - Pr. res. sm (VLT scan)

Mr. D. G. Nimal

Karunathilake

1805 K

பெயர்  
Name  
திரைப்பட  
To Return

629

No.

2023

murathilake

செவ்வாய்/திங்கள்/Monday      புதன்/புதன்/Wednesday      வெள்ளி/வியாழன்/Thursday

திகதி Date	வேலை Work	திகதி Date	வேலை Work	திகதி Date	வேலை Work
19/8/2024	fasc				
02/9/2024	chr				
24/9/2024	chr	24/9/2024	chr		
31/9/2024	chr				
14/08/2024	AVD				
21/08/2024	for (CTS) D3				
22/8	reflex exam (unit)				
23/8	reflex exam				
04/09/2024	R/O (FBC)				
06/09/2024	for chemo. (on patient request)				
11/9/2024	chr for CT				

5<sup>th</sup> September 2024

Mr. D.G.N. Karunathilaka  
Age ~~51~~ 63 1/2  
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, Bengaluru India.

**Financial Offer**

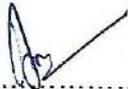
Test Cord	Unique Test Name	Total Cost, Package (LKR)
SLS162000	Somatic Advantage 74 Gene Test	LKR.353,300/-

- **Terms & Conditions.**
- Diagnose results, reports will be given after 26 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!



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Mr. Amila Hearth  
Manager Operations