

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

Tumor BRCA1 & BRCA2 Gene Analysis

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

EH/241995
BS379B1

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. **ONE Block**

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*

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. Med) (Col), Dip RT
Consultant in Clinical Oncology
& Radiotherapy

Medical Professional Signature* Date: Place:

Clinical notes/diagnosis:

Disease affection status Yes NO Parental consanguinity present Yes NO Age of manifestation: _____
 Affected Siblings Yes NO 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 Mrs. Dineesha Goonetilleke
 First Name Middle Name Last Name Date of Birth: mm/dd/yyyy

Patient/Guardian Signature* _____ Date: _____ Place: _____

Father Name _____ Mother Name _____

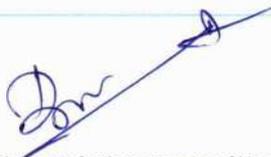
Signature* _____ Date and time _____ Signature* _____ Date and time _____

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.



09 SEP 2024

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



BIO-RAD

CONFIDENTIAL LABORATORY REPORT

PATIENT NAME : MRS. DINEESHA GOONETILLAKE BILL NO : EH_MC_245160
AGE : 51 YEARS LAB REF NO : 24KH 0047053
GENDER : FEMALE OPD / IP : OPD
REFERRED BY : DR. NAOMAL M A PERERA MRD :
COLLECTED TIME : 26-08-2024 10:56 REPORTED TIME : 03-09-2024 07:45

TEST : **IMMUNOHISTOCHEMISTRY**

ADDENDUM REPORT

Specimen : Right / infiltrating breast carcinoma (NST)

Immunohistochemistry : ER : Positive; Proportion score - 3/5
Intensity score - 1/3
Total score - 4/8

PR : Positive; Proportion score - 4/5
Intensity score - 2/3
Total score - 6/8

Her2 neu : Negative / 0 (no membrane staining)

Ki 67 : 12 - 14 % proliferative index

Comment : Molecular subtype - Luminal A

BSI - 71/24

Prof. BIMALKA SENEVIRATNE
MBBS, D.Path, MD (Histopathology), FCPSL
Consultant Histopathologist

**** Blocks and slides of this specimen will be retained as follows;
Slides - Five years, Blocks - Ten years & Specimen - Three months from
the date of the report issued ****



Patient Name :- Mrs. Dineesha Goonetillake

Age :- 51Y

Reference No :- 000271679

Region :- Chest/Abdomen

Referred by :- Dr. Wasantha Rathnayake

Date :- 09.09.2024

CECT CHEST, ABDOMEN & PELVIS

FINDINGS:

Chest :

No focal lung lesions.

No pleural nodules, thickening or effusion.

Pulmonary architecture normal. Bronchial passages are normal.

No hilar or mediastinal masses. No significant supra clavicular nodes

Right side mastectomy noted with a right axillary and chest wall seromas, of 5 x 2 x 3cm and 3.8 x 1.5cm respectively. No obvious suspicious changes on left breast and left axilla.

few nonspecific right subpectoral nodes.

Skin thickening and right axillary soft tissue distortion also noted.

Abdomen:

Liver is normal with no focal lesions.

Evidence of cholecystectomy noted.

Pancreas appear normal with no focal lesions or peri pancreatic changes.

Spleen is normal and not enlarged.

No supra renal masses.

Both kidneys are normal with no hydronephrosis or hydroureter.

No renal calculi.

No para aortic nodes.

No free fluid.

Evidence of hysterectomy and bilateral oophorectomy.

Degenerative end plate changes at D11 & L1 noted.

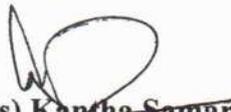
Small nonspecific sclerotic foci in D1, L1 & in right upper femur and a soft focus in D8.

IMPRESSION :

Changes of right side mastectomy with seromas.

No metastatic changes in chest or in abdomen.

Nonspecific sclerotic foci in bones likely benign. Suggest bone scan correlation.


Dr (Mrs) Kantha Samarawickrama
CONSULTANT RADIOLOGIST





BIO-RAD

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HOSPITAL
COLOMBO

CONFIDENTIAL LABORATORY REPORT

PATIENT NAME : MRS. DINEESHA GOONETILLAKE BILL NO : EH_MC_241995
AGE : 51 YEARS LAB REF NO : 24KH 0045021
GENDER : FEMALE OPD / IP : IP
REFERRED BY : DR. NAOMAL M A PERERA WARD : WARD 03
COLLECTED TIME : 16-08-2024 08:19 REPORTED TIME : 21-08-2024 15:00

TEST : HISTOPATHOLOGY - FROZEN SECTION

Specimen : Specimen (A) -Frozen section diagnosis (Sentinel node sample)

Macroscopy : Sentinel node sample measuring 8 x 3.5 x 1.8 cm. Sectioning reveal 05 small nodes, largest 10 x 8 x 7 mm.

Microscopy : 02 out of 05 nodes positive for metastatic carcinoma.

Conclusion : Specimen (A) - Frozen section diagnosis- Sentinel node sample

Total number of nodes - 05

Number of positive nodes - 02

(Confirmed with routine histological assessment).

BS FB - 133/24

Bimalka Seneviratne

Prof. BIMALKA SENEVIRATNE
MBBS, D.Path, MD (Histopathology), FCPSL
Consultant Histopathologist

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BIO-RAD

CONFIDENTIAL LABORATORY REPORT

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REFERRED BY	: DR. NAOMAL M A PERERA	WARD	: WARD 03
COLLECTED TIME	: 16-08-2024 08:19	REPORTED TIME	: 21-08-2024 15:19

TEST : HISTOPATHOLOGY

Specimen : B) Right mastectomy (following sentinel node sampling)
 C) Level I nodes
 D) Level II nodes

Macroscopy : B) Right mastectomy specimen measuring 19 x 14 x 8 cm. Skin ellipse with nipple & areolar 18 x 8 cm. Deep margin blue ink. Transversely sliced. Sectioning reveal an irregular, stellate shaped tumour measuring 30 x 25 x 24 mm in right upper outer quadrant. Distance to nearest deep margin is 27 mm.

B1-B4) Tumour	- 4P X 4B
B5) Surrounding breast tissue	- 1P X 1B
B6) Nipple	- 1P X 1B
B7) Deep margin	- 1P X 1B
B8) Superior margin	- 1P X 1B
B9) Inferior margin	- 1P X 1B

C) Level I tissue 6 x 4 x 6 mm. Sectioning reveal multiple nodes(08), largest 7 x7 mm. C1-C7 - 7P X 7B

D) Level II tissue measuring 4 x 2 x 1.5 cm. Sectioning reveal 4 nodes, largest 5 x 6 mm. 4P X 3B

Microscopy : B) **Right mastectomy**
 Sections show an infiltrating breast carcinoma (poorly fixed). Tumour consists of cords & clusters of large atypical duct epithelial cells. Nuclei are large, irregular and hyperchromatic. Mitosis are increased.

Atypia	- Score 2/3
Mitosis	- Score 2/3
Tubular differentiation	- Score 2/3

There is intratumoral DCIS (cribriform and comedo type). Lymphovascular invasion is seen.

C) **Level I nodes**
 Section show 08 nodes with no evidence of metastasis.

D) **Level II nodes**
 Sections show 04 small nodes with no evidence of metastasis.

(Page 01/03)



BIO-RAD

CONFIDENTIAL LABORATORY REPORT

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GENDER	: FEMALE	OPD / IP	: IP
REFERRED BY	: DR. NAOMAL M A PERERA	WARD	: WARD 03
COLLECTED TIME	: 16-08-2024 08:19	REPORTED TIME	: 21-08-2024 15:19

TEST : **HISTOPATHOLOGY**

Conclusion : Specimen (B) - Right mastectomy (following sentinel node sampling)

Specimen (C) - Level I nodes

Specimen (D) - Level II nodes

- * Gross : A large, stellate shaped mass in the right breast.
- * Tumour type : Infiltrating breast carcinoma (NST)
- * Tumour grade : Nottingham grade II
- * Tumour site : Right breast / UOQ
- * Tumour size : 30 x 25 x 24 mm
- * Tumour multifocality : Absent
- * DCIS : Present (Intratumorai < 20%)
- * Lymphatic invasion : Present
- * Venous invasion : Present
- * Perineural invasion : Present
- * Skin / Nipple : Uninvolved
- * Tumour infiltrating lymphocytic count (TIL) : < 20% (low)





BIO-RAD

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COLLECTED TIME	: 16-08-2024 08:19	REPORTED TIME	: 21-08-2024 15:19

TEST : HISTOPATHOLOGY

- * Non-neoplastic breast tissue : Unremarkable
- * Tumour excision (local) : Complete (RO)
- * Surgical margins : All margins are negative for invasive & in situ lesions. Distance to nearest deep margin- 27 mm.
- * Lymph nodes :
 - Sentinel node sample - 02/05 nodes, positive*
 - Level I - 08 nodes (all negative)
 - Level II - 04 nodes (all negative)
 - Perinodal infiltration - Present
 - Size of the largest deposit - 5 mm
- * Nottingham prognostic index : 4.60
- * TNM (pathological) stage : pT2 pN1a Mx
- * Recommend : ER / PR / Her2 / Ki 67 (Paraffin block 379 B1) Contact the lab / 4th floor, Final report will follow.

BS - 379/24

Bimalka Seneviratne

Prof. BIMALKA SENEVIRATNE
MBBS, D.Path, MD (Histopathology), FCPSL
Consultant Histopathologist

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Dr N Perera*

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