

Sample Receipt Details:

POD : \_\_\_\_\_ Temp : \_\_\_\_\_  
 Date & Time : \_\_\_\_\_ Sample Type : \_\_\_\_\_  
 CS \_\_\_\_\_ Logistics \_\_\_\_\_  
 Name & Sign: \_\_\_\_\_ 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

Soft Tissue Sarcoma Panel (SNVs, InDels and Fusions)

Test Name:\* \_\_\_\_\_ Test Code:\* **MGM2515**

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. PG385A2 PG385B4)  
 Fresh Frozen Tissue  Saliva  Other sample type (specify site) **599PG 02/09 2 Blocks**  
**599PG 02/09**

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. HIMALI DHARMARATHNE** D.O.B. **DD MM YY** Age: **48Y/F** Gender: **M / F**  
(In Capital Letters)  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ E-mail I.D: \_\_\_\_\_

Clinician Details

Clinician's Name:\* **Dr. T Skandarajah** Hospital Affiliation: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone : \_\_\_\_\_  
 \_\_\_\_\_ Email id : \_\_\_\_\_

Date of sample collection\* **28 08 2024**

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.



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.

**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.

**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.

**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. Dharmarathne

First Name	Middle Name	Last Name	Date of Birth: mm/dd/yyyy

Patient/Guardian Signature*	Date:	Place:
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Father Name	Mother Name
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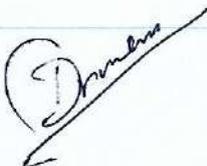
Signature*	Date and time	Signature*	Date and time
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Relationship with the proband Husband

**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.



08 SEP 2024

Yes  
Mr. Basil  
Samone Paul



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

**ප්‍රතිකාර සටහන**  
**TREATMENT SHEET**

ඇද ඉහ වාර්තා අංකය  
B.H.T.No.

දිනය Date	ප්‍රතිකාර (වෛද්‍ය) Treatment (Drugs)	අහරවට Diet	අමතර අහරවට විශේෂ බලපත්‍ර ලත් මාංශධාන විශේෂ උපස්ථානකරණ ආදිය Orders for Extra Diet, Proprietary Drugs, Special Attendants, &c.
21/08/24			
	Dr. Mahendra Perera		
	Senior Consultant Oncologist		
	Dear Sir		
	Re: Mrs H. Dharmaratne		
	The patient is having metastatic		
	Laryngeal carcinoma. Please let us		
	know how to proceed when on		
	Yours faithfully		
	Dr. T. SKANDARAJU		
	MBBS, MD Clinical Oncologist		
	Consultant Oncologist		
	Hospital Mahoragama.		
	S.H.P. Reg. No. : 12920		

H 059863 - 10,000/0000024/0518 Reg. No. : 12920

**CONFIDENTIAL LABORATORY REPORT**

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

Central Hospital Limited, No. 114, Norris Canal Road, Colombo 10.  
T. +94 11 466 5500 F. +94 11 466 5599 chllab@asiri.lk

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

**HISTOPATHOLOGY**

\*\* OPD/AHH/ALS \*\*

Page 1 of 2

REFERENCE No. : 01 0593 28/08/24  
 SAMPLE DATE & TIME : 28/08/2024 19:01 AGE : 48 Y/F  
 REPORT DATE & TIME : 01/09/2024 12:26 AHH2009875 / ahh6070  
 PATIENT : MRS. H DHARMARATHNA (UHID-130627943) 4079C  
 REFERRED BY : DR.KANISHKA DE SILVA

**TEST : HISTOPATHOLOGY REPORT**

**Clinical history :** Large mass in the retroperitoneum on the right side suspicious of a neoplastic lesion ? soft tissue sarcoma. Multiple focal lesions in the liver.

**Specimen :** Guided trucut biopsy  
 A. Mass in the right lobe of liver  
 B. Retroperitoneal mass

**Macroscopy :** A. Four cores 10-20 mm.  
 B. SIX cores 8-20 mm.

**Microscopy :** A&B: There is a spindle cell tumour composed of intersecting short fascicles. The stroma is myxoid. The cells have oval nuclei and eosinophilic cytoplasm. The cells show marked nuclear atypia with tumour giant cells. Mitoses are abundant. No necrosis seen. Adjacent liver tissue is present in specimen A.

**Conclusion :** Guided trucut biopsy  
 A. Mass in the right lobe of liver:  
 -----  
 Metastatic spindle cell sarcoma with similar morphology to the tumour in the retroperitoneum.

B. Retroperitoneal mass :-  
 -----  
 Malignant spindle cell tumour

Possibilities include- leiomyosarcoma  
 Myxofibrosarcoma

Provisional FNCLCC grade 3

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ASIRI LABORATORIES

LIVE MORE  
A Softlogic Group Company

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T. +94 11 466 5500 F. +94 11 466 5599 chllab@asiri.lk

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PATIENT : MRS. H DHARMARATHNA (UHID-130627943) 4079C  
REFERRED BY : DR.KANISHKA DE SILVA

Comment : Immunohistochemistry for SMA, Desmin, S100, CD 117 and Ki 67 is recommended in block A 2 and B4.

PG 385/6  
(S.C.T. 28/08/24 12.25 pm)

*P. Abey*

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

**RADIOLOGY AND IMAGING**



UHID : 130627943  
PATIENT'S NAME : MRS HIMALI DHARMARATHNE  
SCANNED REGION : CT- ABDOMEN & PELVIS  
REQUESTED BY DR : DR P D PRASAD SIRIWARDANA  
REFERENCE NO : RC02116530  
DATE : 20-Aug-2024

PMR :  
AGE : 48 Yrs  
SEX : FEMALE  
PLAIN :  
ENHANCED : X

**CT ABDOMEN & PELVIS**

*CT abdomen before & after IV contrast enhancement.*

**FINDINGS :**

Liver is not enlarged. There are several hypodense minimally enhancing focal lesions in the liver, largest in segment VIII measures 24 x 21mm with further lesion in segment IV measuring 20mm and segment V measuring 16mm.

These show some enhancement in the late phase and minimally visible in the delayed images.

Non enhancing lesion in the left lobe measuring 23mm is suggestive of a cyst.

No intra or extra hepatic duct dilatation. CBD is normal.

Gall bladder is normal. No calculi.

No splenomegaly.

There is a large mass with inhomogeneous density and enhancement in the right side of the abdomen mainly in the retro duodenal region extending inferiorly measuring 11.4 x 10.4 x 13.0cm. It is extending to the level of the pelvic brim anterior to the psoas muscle.

The fat plane between the mass and the psoas muscle is not seen superiorly.

Pancreas and the duodenum displaced superiorly.

Pancreas is normal. No calcification, masses or duct dilatation.

There is impression upon the right kidney with dilatation of the right PC system (AP diameter of the renal pelvis is 2.3cm).

Superiorly it is in contact with the lower margin of the liver.

Both kidneys are normal in size and position. No calculi.

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.

Uterus is bulky with multiple fibroids, largest in the left lateral wall measures 31mm.

Right ovary is appear to be normal.

Left ovary not clearly identified.

## IMPRESSION

Large mass in the retro peritoneum on the right side suspicious of a neoplastic lesion ? soft tissue sarcoma impressing upon the inferior border of the liver and in contact with the psoas muscle with obliterated tissue planes between the two superiorly.

The mass is impressing upon the right renal pelvis causing hydronephrosis with delayed excretion of contrast compared to the left.

Multiple focal lesions in the liver noted which may represent deposits.

Lesion in the left lobe of the liver is suspicious of a cyst.

DR(MRS) LAKMALIE PARANAHEWA

CONSULTANT RADIOLOGIST



**RADIOLOGY AND IMAGING**



Organization Accredited  
by Joint Commission International



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CENTRAL  
HOSPITAL**  
LIVE MORE  
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UHID : 130627943  
PATIENT'S NAME : MRS HIMALI DHARMARATHNA  
SCANNED REGION : CT CHEST  
REQUESTED BY DR :  
REFERENCE NO : RC02118829  
DATE : 23-Aug-2024

PMR  
AGE : 48 Yrs  
SEX : FEMALE  
PLAIN :  
ENHANCED : X

**CT CHEST**

Both lung fields are normal.  
No abnormal nodules or evidence of air space opacification.  
Heart and the mediastinum is normal.  
No mediastinal or hilar lymphadenopathy.  
No pleural effusion.  
Trachea and main bronchi are normal.  
Aorta and IVC appear normal.  
No evidence of bony abnormality seen in the chest wall.  
Multiple focal lesions again seen in the liver.

**COMMENTS**

Normal CT chest.  
Multiple focal lesions again seen in the liver.

**DR(MRS) LAKMALIE PARANAHEWA**  
**CONSULTANT RADIOLOGIST**

## Asiri Surgical Hospital Limited

21, Kirimandala Mawatha, Colombo 05, Sri Lanka

Phone: 4524400, 4516966, 4516261, 4516803,

Fax: 4512891 E-mail: info@asiri.lk

Name : MRS H DHARMARATHNA

Age : 48 YRS

BHT : DAY0113594

Date of Admission : 28.08.2024

Date of Discharge : 29.08.2024

### Clinical details:

Right sided large retroperitoneal mass (?sarcoma) with multiple focal liver lesions  
Mass impressing on the R/renal pelvis causing HN

### Investigations:

FBC: WBC 10.5, Hb 8.2, Plt 432

S Cr: 0.94g/dl

CE CT Chest Abo, pelvis: Right sided large retroperitoneal mass (?sarcoma) with multiple liver lesions, mass impressing on the R/renal pelvis causing HN

Operation: Rigid Cystoscopy, and R/ureteric stenting under SA (29.08.2024)

Performed by Dr Ranga E Wickramarachchi (Consultant Urological Surgeon)  
Anaesthesia by Dr Laksman Dissanayake (Consultant Anaesthetist)

### Findings and procedure:

Fluoroscopy guidance

Cystoscopy:

Urethra - Normal

Bladder- Normal capacity, normal urothelium, B/L UO's in normal position

Guide wire in to R/renal pelvis, 5Fr 26cm stent inserted uneventfully and stent position confirmed

Discharge of turbid urine/ sediments noted

Bladder emptied

### Post-op:

Monitoring of vital parameters (PR, BP, RR, temperature), QHT, IP/OP

IV Clavamox 1.2g 8 hourly converted to oral on discharge

Stent removal/ revision in 06 months

Dr Ranga E Wickramarachchi

MBBS(SJP), MD(Col), MRCS(Eng), FCSSL

CONSULTANT UROLOGICAL SURGEON

  
DR RANGA E WICKRAMARACHCHI  
MBBS(SJP), MD(Col), MRCS(Eng), FCSSL  
Senior Lecturer in Surgery & Consultant Urological Surgeon  
General Sir John Kotelawala Defence University, Rajapaksa  
University Hospital KDU, Veyangoda  
29.08.2024



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



Central Hospital Limited, No. 114, Norris Canal Road, Colombo 10.  
T. +94 11 466 5500 F. +94 11 466 5599 chllab@asiri.lk

## HISTOPATHOLOGY

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(DONE ON 01 593 - 28/08/24)

\*\* OPD/AHH/ASH \*\*

REFERENCE No. : 01 0599 02/09/24  
 SAMPLE DATE & TIME : 02/09/2024 18:46 AGE : 48 Y/F  
 REPORT DATE & TIME : 08/09/2024 10:42 AHH2009875 / ASH2106101  
 PATIENT : MRS. H DHARMARATHNA  
 REFERRED BY : DR.KANISHKA DE SILVA

**TEST : IMMUNOHISTOCHEMICAL ASSAY OF Ki 67**

Specimen : Guided trucut biopsy mass in retroperitoneum and right lobe of liver

Immunohistochemistry:

The tumour cells are diffusely and strongly positive for Desmin and SMA and negative for CD 117 and S 100. Ki67 index- 45%.

Conclusion : Guided trucut biopsy mass in retroperitoneum and right lobe of liver:-

Consistent with leiomyosarcoma-provisional FNCLCC grade 3.

PG

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