

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:* Advanced Breast Cancer gene Panel by NGS - Liquid Biopsy Test Code:* MGM3328
 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
New Sample for Repeat the test
Reference 8690009
Req 695123
Request ID 9378

 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. NAZRANA SHAFFIE D.O.B. DD MM YY Age:* 57Y/F Gender:* M / F
(In Capital Letters)
 Address: _____
 Phone: _____ E-mail I.D: _____

Clinician Details

 Clinician's Name: Prof. Jayantha Balawardana Hospital Affiliation: _____
 Address: _____ Phone : _____
 Email id : _____

 Date of sample collection* 9/9/2024 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.

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.





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Dr. Shastri

✓

Brest Test

Raj

077 736 1457

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Head of the Department of Oncology
Faculty of Medicine
University Hospital
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CONFIDENTIAL LABORATORY REPORT

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



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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 **

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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 / ASH2106098
 PATIENT : MRS. N MUSHIN
 REFERRED BY : DR(MRS) ERANGA PERERA

TEST : HISTOPATHOLOGY REPORT

Specimen : USS guided trucut biopsy Rt. breast lesion

Clinical data : USS: BIRADS IV

Macroscopic description:

2 cores of tissue, largest measuring 5mm in length.

Microscopic description:

The specimen is examined in its entirety. Sections show a Nottingham grade 2 (T2A3M1) malignant tumour composed some composed of cords and nests suspended in mucinous background(50%) and some composed of nests in a desmoplastic stroma. The constituent cells are markedly atypical neoplastic cells containing enlarged hyperchromatic nuclei and moderate eosinophilic cytoplasm. Occasional bizarre cells are noted. DCIS component is absent. There is no definite evidence of lymphovascular invasion. There is moderate immune host response.

The morphological appearances here, are in keeping with the radiological suspicion of a Nottingham grade 2 invasive carcinoma with mucinous component composed of 50% of tumour in the sections examined.

Conclusion: USS guided trucut biopsy Rt. breast lesion

* Tumour type and grade: Nottingham grade 2 invasive carcinoma with mucinous component composed of 50% of tumour in the sections examined (Please see comments)

* DCIS component: Absent

* Lymphovascular invasion: Absent

* Immune host response: Moderate

* Receptor status: advised to be done on Block CP 317 A