

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:* ER, PR, Her2, Ki-67 Test Code:* MGM537, MGM2675

| | | | |
|---|--|--|--|
| Sample type: <input type="checkbox"/> Blood (in EDTA tube) <input type="checkbox"/> Amniotic Fluid <input type="checkbox"/> Fetal Blood (PUBS) <input type="checkbox"/> Fresh Frozen Tissue | <input type="checkbox"/> Blood (in Streck tube) <input type="checkbox"/> CVS <input type="checkbox"/> Maternal blood for MCC (please send for prenatal studies) <input type="checkbox"/> Saliva | <input type="checkbox"/> DNA, Specify Source: _____ <input type="checkbox"/> Cultured CV <input type="checkbox"/> Products of Conception (POC), specify tissue: _____ <input type="checkbox"/> Other sample type (specify site) _____ | <input type="checkbox"/> Buccal swab <input type="checkbox"/> Cultured amniocytes <input checked="" type="checkbox"/> FFPE tissue Block (Block no.) <input type="checkbox"/> DBS/FTA RP3285B1 RP3285B2 RP3285B3 RP3285B4 |
|---|--|--|--|

 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

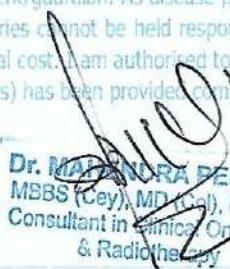
 Name:* Mrs. S. Jayasekara (In Capital Letters) D.O.B. DD MM YY Age:* 55Y/F Gender:* M / F
 Address: _____
 Phone: _____ E-mail I.D: _____

Clinician Details

 Clinician's Name:* Dr. Mahendra Perera Hospital Affiliation: _____
 Address: _____ Phone : _____
 _____ Email id : _____

Date of sample collection* 07 09 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 authorized 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 (Gen), 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. S. Jayasekara

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 S. Jayasekara

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.

[Handwritten signature]

03 OCT 2024

[Handwritten signature] / *Dr. Duet.*

[Handwritten signature] / *Dr. No Mo.*

[Handwritten signature] / *ER/PR/Her2 / Breast II*

[Handwritten signature]

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

Name : Mrs. S. Jayasekara D.O.B. : 18-Jun-1969

Address : No. 61A/11, Malawalla West

PN : MRS S. JAYASEKARA
 UHID : 120426989 IP : ASH0211253
 AGE : Y: 55 M: 2 D: 19 SEX : F D.O.B: 18-Jun-1969
 CONSULTANT : DR INDRANI AMARASINGHE



Date of Admission : 07/09/2024 Date of Discharge : 09/09/2024

Dr. : Dr. Anuraagha M. A.S.

BHT No : 211253 Room / ETU Bed No : 818

INVESTIGATIONS

Investigation - Melanin hem in
 Urinary -
 Procedure - Send stool thick stool
 + process - negative for melanin
 Toxic Metabolites performed

Diagnosis

Toxic in stool

Comments

~~Dr. Anuraagha M. A.S.~~
 Dr. Anuraagha M. A.S.

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

Asiri Surgical Hospital PLC. No. 21, Kirimandala Mw, Colombo 05.
T. +94 11 452 4448, +94 11 452 4400 F. +94 11 452 4448 E. histolab@asiri.lk**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

** IP/AHH/ASH **

Page 1 of 3

UHID : 120426989
 REFERENCE No. : 01 4163 07/09/24
 SAMPLE DATE & TIME : 07/09/2024 23:10
 REPORT DATE & TIME : 28/09/2024 14:47 ASH2010906 / ASH2106653
 PATIENT : MRS. S. JAYASEKARA [ROOM NO.818A]
 REFERRED BY : DR INDRANI AMARASINGHE

IP No. : ASH0211253
 AGE : 55 Y/F 18/06/1969

TEST : HISTOPATHOLOGY REPORT

Clinical history :- Left breast mass lesion in 3 o' clock , tru-cut biopsy invasive carcinoma NST, grade-2/3 .

Specimen :- A) Intraoperative fresh frozen sectioning of left axillary sentinel lymph node followed by histology.

B) Left total mastectomy specimen for histology.

Macroscopy :- A) Received a mass of fibrofatty tissue in fresh state measuring 42x27x10 mm. One lymph node is identified , measuring 14x5 mm. Sliced in to 3 , made 3 imprint smears and taken 2 slices for frozen sectioning. Rest all passed in 3 blocks (A1-Frozen chunks of LN, A2-Frozen remaining of LN, A3-Remaining fatty tissue).

B) Received specimen-Left simple mastectomy .

Measurements - Skin to deep -55 mm
 superior to inferior-152 mm
 Medial to lateral-158 mm

Skin surface -110x80 mm, bearing nipple and areolar.
 Tumour location - Upper outer quadrant, probably at 3 o' clock.

Tumour size -25x21x18 mm

Tumour appearance - Solid pale tumour with irregular margins, hemorrhage and focal yellowish.

Tumour margins - Superior -> 50 mm
 Inferior - 25 mm
 Medial- >50 mm
 Lateral- >50 mm
 Deep - 5 mm
 Skin - 18 mm

Uninvolved breast tissue-Fibrotic

(8 blocks, B1*-B3-Tumour with deep margin, B4-OUQ, B5-IUQ, B6-ILQ, B7-8-Nipple and areola).

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Microscopy :- A) Intraoperative fresh frozen sectioning of left axillary sentinel lymph node:-

=====

- Negative for metastatic carcinoma (0/1) .
Paraffin embedded sections reveal a lymph node with reactive change. There is no evidence of metastasis in this biopsy.

B) Histological type of the tumour -Invasive carcinoma of no special type (NST)

Tumour size -2.5 cm (25x21x18 mm).

Nottingham grade of tumour - 3/3
Tubule formation - 3/3
Nuclear grade - 3/3
Mitoses -3/3(24/10 HPF)

Tumour margins - Not involved , Closest (deep with 1 mm clearance).

Other margins - More than 18 mm.
DCIS - Absent .
Lympho-Vascular space invasion - Not present.
Peri-neural invasion -Not seen.
Necrosis -Present (10-15%)
Tumour infiltrating lymphocytes-Very mild (1%).
Skin and nipple-Unremarkable.
Uninvolved breast tissue-Atrophic.

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IP No. : ASH0211253
AGE : 55 Y/F 18/06/1969
ASH2010906 / ASH2106653

Diagnosis :- A) Lymph node , left axillary , intraoperative frozen sectioning followed by histology:-
- Negative for metastatic carcinoma (0/1).

B) L/Breast, total simple mastectomy:-
- Invasive carcinoma of no special type (NST) .
- 2.5 cm in size with Nottingham Grade - 3/3.
- With no perineural invasion, DCIS or vascular emboli
- With necrosis.
- With closest resection margin, deep with 1 mm clearance.
- pT1c N0 (sm) Mx

RPH-3285/86
(S.C.T. 07/09/24 at 5.40 pm)

G.P.H. Ramani

DR. RAMANI PUNCHIHEWA
MBBS, D path MD, (Histopathology)
Consultant Pathologist