



Barcode

GENETIC TEST REQUISITION FORM

Test Code: **SLS160001** Test Name: **Lung Cancer Actionable Panel** 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: **Mrs. S.P. Nandani** DOB: _____ Age: **68** Sex: **F**
 Marital Status: _____ Nationality: **Sri Lankan** 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. Mahendra Perera** Clinician Contact: _____
 Referring Hospital: **Asiri Surgical Hospital Colombo 5**
 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: **25/8/2024** Sample collected by: _____
 Clinical History/Pathology Report Attached: H and E Slides sent:

FOR OFFICIAL USE ONLY

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

PEDIGREE / FAMILY HISTORY / CLINICAL HISTORY (TO BE FILLED BY CLINICIAN / GENETIC COUNSELOR)

Not Available

(PLEASE ATTACH SEPARATELY INCASE OF DETAILED PEDIGREE)

DETAILS OF SAMPLE SENT TO THE LAB

SEND SAMPLES TO
(Monday to Saturday only)

Strand Life Sciences Pvt. Ltd.
Ground Floor, UAS Alumni Association Building,
Veterinary College Campus, Hebbal, Bangalore-560024
Phone: +91 99 8044 8044, E-mail: support.strandx@strandls.com

INFORMED CONSENT FOR GENETIC TESTING

- If the proband is over 18 years of age, 'You' in this form refers to the proband
- If the proband is a minor or differently-abled, 'You' in this form refers to the Legal Guardian of the proband
- 'We', 'Our', 'Us' refers to Strand Life Sciences Pvt. Ltd.

You hereby consent to undergo testing offered by us and understand that:

1. Your biological sample(s) will be collected using generally accepted techniques. The sample(s) could be blood, saliva, tumor tissue, or any other biological sample as needed.
2. You understand that the sample(s) may be used to determine if you and/or your family members have variants in your gene(s). Results may indicate affected status, increased risk of being affected in future, inherited risk of disease, somatic mutations in tumor tissue, or other such findings.
3. Genetic tests are relatively new and are being improved and expanded continuously. You are aware of the risks and limitations of genetic testing.
4. You may need to share your relevant health records to correlate the findings from the genetic testing.
5. The genetic test report will be usually released within the Turnaround Time (TAT) specified by us for the test.
6. A positive test result is an indication that the individual being tested has a genomic variant that might have implications for their health or their progeny's health. Consultation may be sought from any physician or genetic counselor of your choice. You may also consider independent testing and consultation in addition.
7. The report will be shared with your authorized physician where applicable, or shared to your registered email ID, or shared on our secure portal, or a hard copy of the report can be shared upon request to the address provided in this form.
8. It is possible that knowledge of genetic information of an individual might be misused if it is in the wrong hands. Hence, we cannot reveal the genetic information even to family members without your explicit written authorization to do so. We will maintain complete confidentiality of the test results, as genetic test results can have social implications.
9. Genetic testing has its limitations. A repeat or alternative tests might be recommended by your treating physician accordingly.
10. Genetic testing might identify secondary findings in genes outside of the original test genes as defined by the American College of Medical Genetics.
 You can opt out from receiving secondary findings by ticking this box here.
11. All laboratory raw data are confidential and will not be released unless a special written request is made by you or the consulting clinician on record, or a valid court order is received by us. VCF, FASTQ and BAM files can be provided to you

- or your authorized personnel for a period of 3 months. For requests beyond that period we may charge an additional cost, as per institutional policy.
12. Our laboratory does not return any leftover sample after completion of testing under any circumstances. The only exception to the above is in the case of FFPE tumor blocks which can be returned upon request by you or your ordering physician within a period of 6 months. Any left over DNA (if available), regardless of the sample type, can be requested by you for up to a period of 3 months, provided you bear the transportation costs.
 13. Samples collected as part of routine care with potential for future genetic research will be stored by our laboratory in accordance with ICMR guidelines 2017, clause 10.3.7.
 14. Samples can also be shared with collaborators within or outside the country in line with existing relevant guidelines, in accordance with ICMR guidelines 2017, clause 10.3.8.
 15. You understand and agree to the use of your data and biological sample for future research by us and our collaborators. We will use your samples and data in anonymised or aggregated form, such that it will be incapable of identifying you. By voluntarily signing this consent form you agree to provide broad or blanket consent for the storage and use of your samples and data as specified by ICMR guidelines 2017. You can opt out of this clause by ticking this box here.
 16. Sharing of data with our collaborators will be bound under a data access agreement that will maintain individual confidentiality. Your personal identity will not be revealed in any information shared with third parties or published; your data will be coded accordingly.
 17. The future use of your data or sample in research may result in commercial gains. Based on the nature of research outcomes, further investments by us may be needed to commercialize these outcomes. You will not have the right to participate in any direct monetary gains resulting from any future commercial activity.
 18. You understand and agree to being re-contacted in the future if there is new information available on your genomic variants or new research envisaged that you could benefit from.
 19. You have the full rights to decide whether or not you wish to provide consent, nobody can coerce you into providing consent. You can also choose to withdraw your consent at a later stage if you so wish, you need to notify us regarding the same.
 20. In case you have any concerns or perceive any conflict of interest, you may seek clarification on institutional policy from relevant authorities.

Name of Individual/Legal Guardian: **Mrs. Nandani S. P**

Date: **8/9/2024**

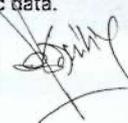
Signature: 

STATEMENT OF PHYSICIAN/GENETIC COUNSELOR

- I have explained the genetic testing suitable for this individual and the individual has had the opportunity to ask questions.
- I have addressed the limitations outlined above, and I have answered this person's questions.
- I have obtained consent from the patient or the legal guardian for this testing. I confirm that the individual has given consent willingly.
- I allow Strand Life Sciences to contact the aforementioned patient for clinical history, treatment plan, and other details relevant to this test.
- I undertake to maintain the privacy and confidentiality of the patient's genetic data obtained from Strand Life Sciences and will remain solely responsible for any wrongful acts and/or omissions arising out of, or in relation to my use of the patient's genetic data.

Name: **Dr. Mahendra Perera**

Date:

(Physician/Genetic Counselor) Signature: 

CONFIDENTIAL LABORATORY REPORT

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

Asiri Hospital Holdings PLC, 181, Kirula Road, Narahenpita, Colombo 05
T. +94 11 452 3355-7 F. +94 11 452 3358 prlab@asiri.lk**HISTOPATHOLOGY**

** IP/AHH/AHL **

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UHID : 110014045
 REFERENCE No. : 01 4094 28/08/24 IP No. : AHL0351092
 SAMPLE DATE & TIME : 28/08/2024 17:17 AGE : 68 Y/F 10/06/1956
 REPORT DATE & TIME : 06/09/2024 10:16 AHH2009875 / AHL2011230
 PATIENT : MRS. S.P. NANDANI [ROOM NO.223A]
 REFERRED BY : DR AMITHA FERNANDO

TEST : HISTOPATHOLOGY REPORT

Clinical history :- Lesion in the left lung, Multiple bony lesions.

Specimen :- US -guided tru-cut biopsy from the lesion in the left rib for histology.

Macroscopy :- Received four cores of brownish tissue measuring 21, 18, 9 and 7mm. in length.
All passed in 4 blocks (A**,C**,D**)

Microscopy :- Sections reveal cores of fibro-connective , skeletal and bony tissue with an infiltrating adenocarcinoma, composed of small irregular glands and cohesive clusters lined by atypical non mucinous epithelial cells with moderate nuclear atypia. These cells show vesicular irregular nuclei, tiny nucleoli and moderate eosinophilic cytoplasm. Tumour infiltrates around bony trabeculae . Inflamed desmoplasia is noted in the background. Atrophic skeletal muscle fibers are seen at periphery. Vascular emboli or perineural invasion are not seen.

Immunohistochemistry:

 TTF1-Strong nuclear positivity in tumour cells.

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Diagnosis :- L/Rib, lesion, USS - guided tru-cut biopsy:-
 - Infiltrating adenocarcinoma of the lung, probably
 acinar growth pattern-see comment.

Comment:- Suggest EGFR.

RPH-3260

(S.C.T. 28/08/24 at 1.15PM.)

G.P.H. Ramani

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

RADIOLOGY AND IMAGING



UHID : 110014045
PATIENT'S NAME : MRS S.P. NANDANI
SCANNED REGION : CT - PULMONARY ANGIOGRAM
REQUESTED BY DR : DR. (MRS). RUWANTHI JAYASEKARA
REFERENCE NO : RC00981841
DATE : 05-Sep-2024

PMR : AHL0351258
AGE : 68 Yrs
SEX : FEMALE
PLAIN :
ENHANCED : X

CT THORAX (pulmonary embolism protocol)

IV contrast enhanced scan performed. No comparison study was available.

No intraluminal filling hypodense defect is detected within the pulmonary trunk, (R) and (L) main pulmonary arteries, lobar, segmental and visualized subsegmental branches to suggest the presence of pulmonary embolism. The pulmonary artery is not dilated. Normal LV/RV ratio is preserved.

Irregular lesion is seen the anterior segment of left upper lobe. Miliary mottling / nodule are seen in both lungs. Consolidative changes are seen in both lung bases.

Small left pleural effusion is seen.

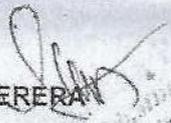
No pneumothorax is noted. The mediastinal vasculature appears unremarkable. The airways are patent.

Included views of the upper abdomen are unremarkable.

Destructive bony lesions are seen involving thoracic vertebral body and left 7th rib.

COMMENTS

- No CT evidence of pulmonary embolism.
- Irregular lesion is seen the anterior segment of left upper lobe. ? lung mass. ? consolidation.
- Miliary mottling / nodule are seen in both lungs. ? metastatic deposits.
- Consolidative changes are seen in both lung bases. Small left pleural effusion is seen.


DR SAMAN PERERA
CONSULTANT RADIOLOGIST

*Dr. Saman Perera
Consultant Radiologist
76899*



UHID	: 110014045	PMR	: AHL0351258
PATIENT'S NAME	: MRS S.P. NANDANI	AGE	: 68 Yrs
SCANNED REGION	: HRCT CHEST	SEX	: FEMALE
REQUESTED BY DR	: DR. MRS. RUWANTHI JAYASEKARA	PLAIN	: X
REFERENCE NO	: RC00981391	ENHANCED	:
DATE	: 03-Sep-2024		

Spiral CT scans were done without IV contrast.

Irregular soft tissue density lesion seen in then posterior segment of left upper lobe extending to the hilum.

Tiny / miliary nodules are seen scattered in both lungs.

Pneumothorax is seen overlying the left upper lobe

Consolidative changes are seen in both lung bases with thin layer of pleural effusions.

The heart, mediastinum and pulmonary vasculature are within normal limits. The trachea and the bronchi are normal.

Expansali lityc lesion of left 7th rib is noted.

Multiple lytic lesions are noted involving the visualized thoraco lumbar vertebral bodies.

Limited non contrast enhanced images of the upper abdomen reveal no significant pathology.

COMMENTS

- Irregular soft tissue density lesion seen in then posterior segment of left upper lobe extending to the hilum is suspicious for CA lung.
- Pneumothorax is seen overlying the left upper lobe
- Tiny / miliary nodules seen scattered in both lungs are suspicious for metastatic infiltration.
- Multiple lytic lesions seen involving left 7th rib and visualized thoraco lumbar vertebral bodies are suspicious for metastatic infiltration.

[Signature]
DR SAMAN PERERA

CONSULTANT RADIOLOGIST

[Signature]
Dr Saman Perera
MBBS(Col),MD(Radiology)
SLMC No: 10790

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Modified By : 2005693

RC00981391

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