



MEDGENOME



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(Toll Free) 1800 103 3661 | techsupport@medgenome.com | www.medgenome.com | customer.support@medgenome.com

Sample Receipt Details:

POD : _____ Temp : _____
Date & Time : _____ Sample Type : FFPE
CS Name & Sign: -- Logistics Name & Sign : _____
Prenatal Sample Yes No Kit type MOU Retail Research

TEST REQUISITION FORM

Disease Segment* _____

Each sample must be accompanied by this completed requisition. * Fields are mandatory

Test Details

Test Name* POLE gene sequencing Test Code* MGM1434
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 MCG (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

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 allogeneic bone marrow transplant: Yes No.

Patient Details

Name* MRS.W.S.P. GUNARATHNE D.O.B. _____ Age* 63Y/F Gender* M F
Address: _____
Phone: _____ E-mail I.D: _____

Clinician Details

Clinician's Name* Dr. T. Sumanraj Hospital Affiliation: National Cancer Institute Maharagama Sri Lanka
Address: _____ Phone: _____
Email id: _____

Date of sample collection* 27 07 20

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. MANJUNATH REDDARA
MBBS (Gen MD (Co), Dip RT
Consultant in Clinical Oncology
& Radiotherapy

21st August 2024

Columbo

Medical Professional Signature*

Date:

Place:

Clinical notes/diagnosis.

Disease affection status

Parental consent/guardian present

Age of manifestation _____

Affected siblings

Details: _____

Conclusion : Uterus, cervix, bilateral ovaries and bilateral fallopian tubes:

Tumour type & grade: Moderately differentiated Endometrioid carcinoma

Tumour site : Lower uterine segment of endometrium

Tumour size : 32 mm in maximum dimension

Myometrial invasion : Infiltrates > ½ of the myometrium.

Lymphovascular invasion : Not identified

Extension of the tumour

- Cervical stroma : Not involved by carcinoma.
- Para cervical resection margin: Not involved by carcinoma.
- Uterine serosa : Not involved by carcinoma.

Clearance is 3.5 mm.

- Bilateral parametria: Free of tumour deposits
- Bilateral ovaries : Free of tumour deposits.
- Bilateral fallopian tubes: Free of tumour deposits.

Background endometrium : Endometrial atypical hyperplasia

Cervix : High-grade SIL (CIN 3).

Ectocervical resection margin is free of dysplasia.

Pathological stage : pT1b (UICC, TNM 8th edition)

FIGO stage 1B

- Comment :**
1. The pathological staging is a provisional stage and needs to be correlated with clinical findings and radiological findings to be altered accordingly.
 2. Molecular classification of the endometrioid carcinoma can be done, if facilities are available. Wax block A4 is recommended for such.


.....
Dr. (Mrs.) Ineesha Jayasinghe
MBBS, D.Path, MD (Histopathology)
Consultant Histopathologist
DGH - Negombo

Date: 06.08.2024


Dr. (Mrs) Ineesha Jayasinghe
MBBS D.Path MD (Histopathology)
Consultant Histopathologist,
District General Hospital Negombo.


Prof. H.M.JAGATH N.HERATH
MBBS (COL),MD,FRCOG (UK) FSLCOG
Clinical Professor of Obstetrics & Gynaecology
Consultant Obstetrician Gynaecologist
D.G.Hospital-Negombo

*to show
can identify
and day
verified
Dr*

Patient Name: **MRS SUSILA GUNARATHNE .**
Location : **DURDANS LAB - NEGOMBO**

Age / Gender : 60 Y / F
Invoice Date : 07/07/2021 Time: 1:21PM
Specimen Type : SLIDES
Specimen Collect Date : 2021/07/07 Time: 13:23:08
Referred By : DR SABARETNAM JEYAKUMAR

Specimen No: **AGUW284252-070721** UHID: **REG210222708**
Testing Unit : **HISTOPATHOLOGY & CYTOLOGY**

Test Method :

CERVICAL SMEAR

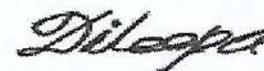
SPECIMEN : Pap smear

MACROSCOPY : Two slides received

MICROSCOPY : The smears reveal sheets of parabasal cells, endocervical cells and metaplastic squamous cells.

CONCLUSION : Pap smear - NILM
Negative for intraepithelial lesion
or malignancy.

NT 269



Dileepa Maragla
MLT

Printed on: 11/07/2021 7:08:18PM

Medications on Discharge: (Medication / Dose / Frequency / Route / Duration)

දින කිහිපයකට පසු සාමාන්‍ය ජීවිතයට පිටුරු වීමට අවශ්‍ය වන බවට වෛද්‍යවරයා විසින් තීරණය කර ඇත. (සාමාන්‍ය ජීවිතයට පිටුරු වීමට අවශ්‍ය වන බවට වෛද්‍යවරයා විසින් තීරණය කර ඇත.)

- Cefuroxime 500mg bd
- Flagyl 400mg tds
- Domperidone 10mg tds
- Famotidine 20mg bd
- PCN 1g sos
- Erythromycin acid LA

} 5 days.

** කැපකරුන්ගේ උපදෙස් කටයුතු ලෙසට පමණිකව පිටුරු වීමට අවශ්‍ය වන බවට වෛද්‍යවරයා විසින් තීරණය කර ඇත. (සාමාන්‍ය ජීවිතයට පිටුරු වීමට අවශ්‍ය වන බවට වෛද්‍යවරයා විසින් තීරණය කර ඇත.)
Please use prescribed medications as advised by the Physician.

Discharge Plan: (Inclusive of Management plan, Advices, Diet, Life Style Behaviour)
දින කිහිපයකට පසු සාමාන්‍ය ජීවිතයට පිටුරු වීමට අවශ්‍ය වන බවට වෛද්‍යවරයා විසින් තීරණය කර ඇත. (සාමාන්‍ය ජීවිතයට පිටුරු වීමට අවශ්‍ය වන බවට වෛද්‍යවරයා විසින් තීරණය කර ඇත.)

H/V @ G/GWCC 16/8/2024 for the histology report.

Follow up Details / පසු විමර්ශන විස්තර / වෛද්‍යවරයාගේ සමීක්ෂණය

Date / දිනය	Day / දින	Time / වේලාව	Type of Clinic / විශේෂඥ කාන්තා වෛද්‍යාගාරය	Consultant's Name / වෛද්‍යවරයාගේ නම	Room No / කාමර අංකය

Instructions in Sinhala or Tamil (Optional) (Eg Disease Condition, Medication, Referrals)

උපදෙස් ලබාදීම සිංහලෙන් හෝ දෙමළෙන් (අවශ්‍ය දිළිඳිකදී) විය හැකිය. (උදාහරණ: රෝග තත්වය, ඖෂධ, යොමු කිරීම්)

Referral Note / යොමු කිරීමේ සටහන / පිටුරු වීමේ ප්‍රතිඵලය

Medico-Legal අධිකාරී වෛද්‍ය සටහන	MLEF No. Date රෝගියාගේ වෛද්‍ය සටහන අංකය, දිනය
	Name of JMO රෝගියාගේ වෛද්‍යවරයාගේ නම

** සියලුම වෛද්‍යවරයන්ගේ පිටුරු වීමේ සටහන මෙම රෝග විෂය පටිපාටියට අනුව පිටුරු වීමට අවශ්‍ය වන බවට වෛද්‍යවරයා විසින් තීරණය කර ඇත. (සාමාන්‍ය ජීවිතයට පිටුරු වීමට අවශ්‍ය වන බවට වෛද්‍යවරයා විසින් තීරණය කර ඇත.)
Please produce this Diagnosis Card at your next consultation.



රෝග විෂය පටිපාටිය
Diagnosis Card

Health 333A
වෛද්‍ය 333 ඒ
සෞඛ්‍ය 333 ඊ

Personal Health No. / පුද්ගලික වෛද්‍ය අංකය
දුරකථන අංකය / Contact No.
NIC No. / රාජ්‍ය හැඳුනුම්පත් අංකය
Blood Group / රුධිර සාධකය
Allergy (Drug/Food/Other) / ඉබ්බාබාධක (ඖෂධ/ආහාර/වෙනත්)

Hospital / වෛද්‍යාගාරය: **DGH - Negombo**

Patient's Name / රෝගියාගේ නම: **Susila Guneratna**

BHT No. / අදාළ අංකය: **49668/24** | Ward/Unit / වැටුප්/ඒකකය: **11** | Sex / ලිංගය: **Male** | Age / වයස: **63y**

Date of Admission / ඇතුළත් කළ දිනය: **23/7/2024** | Date of Discharge / දින කිහිපයකට පසු / වෛද්‍යවරයා විසින්: **27/7/2024**

Principal Diagnosis / ප්‍රධාන රෝග විෂය පටිපාටිය: **TAM + BSO / OIA (I⁺ - PMS + Fibroid uterus)**

Co-morbidities / Surgeries / Procedures / වෙනත් රෝග තත්වයන් / සැලසුම් / ක්‍රියාමාර්ග: **Done by Prof. Jagath Herath / A/A - Dr Kasun (Sto) Dr. Sumanthi (Ho)**

Mode of Admission / ඇතුළත් කළ ආකාරය: Self / Requested / Referred / Transferred In

Mode of Discharge / දින කිහිපයකට පසු / වෛද්‍යවරයා විසින්: Routine / Transferred Out / Self Discharge

Disease Notification / රෝග විෂය පටිපාටිය: Yes No

Medical Certificate Issued / වෛද්‍ය සටහන නිකුත් කිරීම: Yes No

Insurance Form Filled / වත්කම් සටහන පිරවීම: Yes No

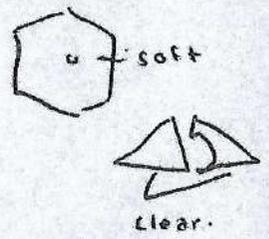
Consultant's Name and Stamp / වෛද්‍යවරයාගේ නම සහ අත්සන: **PROF. H.M. JAGATH N. HERATH**
MBBS (COL), MD, FRCOG (UK) FSLCOG
Clinical Professor of Obstetrics & Gynaecology
H/O Name / වෛද්‍යවරයාගේ නම: **DGH Hospital - Negombo**
Signature / අත්සන / මුද්‍රාව

Presenting Complaint, History, Examination Findings, Treatment / Surgical Procedures

ಪ್ರಧಾನ ದೂಷಣೆ, ಇತಿಹಾಸ, ಪರೀಕ್ಷಾ ಕಂಡು ಬಂದ ವಿಷಯ, ಚಿಕಿತ್ಸಾ ಮತ್ತು ಶಸ್ತ್ರಚಿಕಿತ್ಸಾ ವಿವರಣೆ, ಉಪಚಾರ, ಪರೀಕ್ಷಾ ಕಂಡು ಬಂದ ವಿಷಯ / ಪರಿಶೀಲನೆ / ಪ್ರತಿಕ್ರಿಯೆ / ಶಸ್ತ್ರಚಿಕಿತ್ಸಾ ವಿವರಣೆ

G3y Married
 C3-3xNUD
 Menopause x52y.
 Plc - PMB x 3 days.
 HMB° clots°
 Abd pain+
 dysmenorrhoea+
 dyspareunia°
 PCB°

PMHx - Nil PSHx - LRT (2004)
 AHx - F°D°P°
 o/e - well looking BP - 110/61
 Afebrile PR - 71
 Pallor+



OP Note

Pt kept in lithotomy position
 Cleaned & draped
 Transverse incision made.
 Deepened into rectum
 opened into peritoneum
 Adhesiolysis done.
 uterus Atrophied.
 B/L tubes & ovaries removed.
 Routine TAH done. Samples sent
 for histology
 Adequate haemostasis achieved.
 Vagina sutured w/ Vicryl
 swabs & instruments counted & completed
 Routine closure done
 Skin @ Rectus @ w/ Vicryl
 Uncomplicated Sr.
 EBL - 200ml
 Duration - 45min.

Post op note

KVBM
 Monitoring
 IV fluids
 IV Ceftriaxone 150mg tds
 IV fentanyl 500mg tds
 LM Paracetamol 15mg sos
 IV Metaxalone 10mg sos
 Sup diclofenac 100mg sos
 IV Ranitidine 30mg sos

Investigations

Investigations
 Ix Hb - 10.5 → 10.4
 WBC - 7.49 x 10³ → 10.35 x 10³
 Plt - 281 x 10³ → 225 x 10³
 Scr - 0.77
 BU - 16.78
 AST - 21.4
 ALT - 28.6
 Glu - 104.6
 PT - 12.6
 INR - 0.86.
 Na - 147
 K - 4.5
 UFR - NL

Special Investigations: (Eg. - Histology Report, CT Scan)

USS - Bulky uterus.
 No adnexial masses.

Patient's Condition at the Time of Discharge

Fever° Afebrile°
 Abd pain° Pallor°
 APV8° Uop+
 Cough° Bop+
 n/v° dizziness°

Dr. T. Skandaraman

Consultant Oncologist

Apeksha Hospital - Malacragama.

Dear Colleagues,

Referring Ms. Susita Gunarathna - 63y

This patient, who is a retired nursing officer underwent
TAH + BSO on 25/07/2024. Her Histopathology report shows,
moderately differentiated endometrial CA in lower uterine
segment of Endometrium. w max. dimension of 33mm.

It infiltrates $> 1/2$ of the myometrium. No lymphovascular
invasion. Cervical stroma, Para cervical resection margin, Uterine
Serosa, B/L Perimetria, B/L ovaries & B/L Fallopian tubes are
free of tumour deposits.

Endometrium - Endometrial Atypical hyperplasia.

Please kindly assess this patient & do the needful.

Thank you.



Prof. H.M. JAGATH N. HERATH
MBBS (COL), MD, FRCOG (UK) FSLCOG
Clinical Professor of Obstetrics & Gynaecology
Consultant Obstetrician Gynaecologist
D.G. Hospital - Negambo

ಬಿ. ಹಿ. ಟಿ. ನಂ. }
B. H. T. No. }

ದಿನಾಂಕ
Date

ದಿನಾಂಕದ ವಿವರ / DAILY STATE

13/8/24

Dr. Mohendra Pereto

Senior Consultant Oncologist

Dear Sir,

Re: Ms. S. Girijamma

This patient is Long Endometrial

Carcinoma of uterus. Please let us know

if you had advice on molecular testing.

Thank you


Dr. T. SHANKARAJ
MBBS, MD (Clinical Oncologist)
Consultant Oncologist
Cancer Hospital Management
SLMC Reg. No. 2000

13th August 2024

Mrs. W.S.P. Gunarathne
Age 63Y/F

315/12 B St Mary Road
Mahahunupitiya
Negombo

Dear Madame,

QUOTATION FOR CONDUCTING GENETIC TESTING

As requested by Dr. T. Skandarajah Oncologist, we are pleased to offer you the following services for Diagnostic purpose through MedGenime Labs Limited, Bangalore India.

Financial Offer

Assess Cord	Test Name	Cost for the Toal Package (LKR)
MGM1434	POLE gene sequencing	Rs. 255,900 /-

- **Terms & Conditions**
- Diagnose results, reports will be given after 27 working days.
- Full payments should be transferred before the execution of the process.

Account Details.

Aegle Omics (Private) Limited
Bank - Commercial Bank
Branch- Narahenpita
Acc No- 1000756928
Swift Cord- CCEYLK LX

Thank you!


.....
Amila Herath
Manager Administration