

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

Colorectal advanced panel by NGS & Microsatellite Instability (MSI) by fragment analysis

 Test Name* _____ Test Code* **MGM2529**

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

**RP3219B1
RP3119B2**

 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 **2 Wax Blocks**
Patient Details

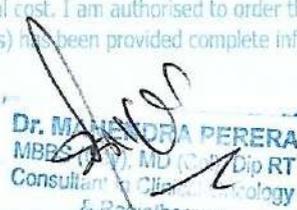
 Name* **Dr. D.R.P.A. Wickramasinghe** (In Capital Letters) D.O.B. **DD MM YY** Age* **64Y/M** Gender* **M / F**
 Address: _____
 Phone: _____ E-mail I.D: _____

Clinician Details

 Clinician's Name* **Dr Senaka Kandegedara** Hospital Affiliation: _____
 Address: _____ Phone : _____
 _____ Email id : _____

 Date of sample collection* **27D 07M 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.


Dr. M. N. PERERA
 MBBS (Dip), MD (Gen Med), Dip RT
 Consultant in Clinical Oncology
 & Radiotherapy

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.

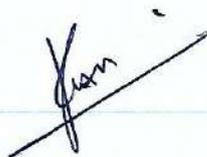
Patient/Guardian Name Dr. D.R.P.A. Wickramasinghe

First Name	Middle Name	Last Name	Date of Birth: mm/dd/yyyy
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Patient/Guardian Signature* _____ Date: _____ Place: _____

Father Name _____ Mother Name _____

Signature* _____ Date and time _____ Signature* _____ Date and time _____

Relationship with the proband 

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.

Dr. Anura Kumara
begs,

03 OCT 2024

Dr. Anura Kumara
Sup Recd^o (Research)

Deep Dal

To CRC.

MUM - 2529

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

**CONFIDENTIAL LABORATORY REPORT**
Member of Clinical and Laboratory Standards Institute, U.S.A.Asiri Surgical Hospital PLC. No. 21, Krimandala Mw, Colombo 05
T. +94 11 452 4448, +94 11 452 4400 F. +94 11 452 4448 E. histolab@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

** IP/AHH/ASH **

Page 1 of 2

UHID	: 30084752	IP No. :	ASH0208835
REFERENCE No.	: 01 4004 27/07/24	AGE :	63 Y/M 27/09/1960
SAMPLE DATE & TIME	: 27/07/2024 00:46		
REPORT DATE & TIME	: 10/08/2024 10:02	AHH2007094 /	ASH2106101
PATIENT	: DR. D.R.P.A. WICKRAMASINGHE [ROOM NO. ICUB]		905
REFERRED BY	: DR. WARUNA KARUNARATHNA		

TEST : HISTOPATHOLOGY REPORT

Clinical history :- known colonic carcinoma, Chemo completed ,
PET- Left lung metastasis.

Specimen :- A) Atypical wedge resection of left lung lower lobe for histology.

B) Atypical wedge resection of left lung upper lobe for histology.

Macroscopy :- A) Received a stapled wedge of lung tissue measuring 43x17x12 mm. Pleural surface is smooth. Cut surface is mostly soft , no tumour nodule is identified.
All passed in 5 blocks except staple margin(A1-4 + FR)

B) Received a stapled wedge of lung tissue measuring 53X16x15 mm. Pleural surface is smooth. Cut surface shows a subpleural pale solid nodule measuring 7x5x5 mm in size. It is 2 mm from stapled margin. (3 blocks, B1**-2**-Nodule with pleura and staple margin, B3- Others).

Microscopy :- A) Serial sections were examined.
Sections reveal lung parenchyma with normal architecture. There are sclerosed blood vessels and peribronchiolar mild fibrosis and focal carbon pigmentation. Visceral pleura is unremarkable.
There is no evidence of metastatic carcinoma in this biopsy.

B) Sections from the subpleural nodule reveal the features of metastatic adenocarcinoma(5 mm in size), composed of nodular irregular small glands and few cribriform structures , lined by tall columnar atypical epithelial cells with moderate nuclear atypia in a background of inflamed desmoplasia. Central area shows abundant

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HISTOPATHOLOGY

** IP/AHH/ASH **

Page 2 of 2

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necrosis. Visceral pleura(less than 1 mm clearance) and stapled resection margin(2 mm clearance) are free of tumour. Vascular emboli or perineural invasion are not seen. Uninvolved lung parenchyma is unremarkable. The lesion appears completely excised.

- Diagnosis :- A) L/Lung, lower lobe, atypical wedge resection:-
- Non specific change
 - Negative for metastatic carcinoma.
- B) L/Lung, upper lobe, atypical wedge resection:-
- Metastatic adenocarcinoma, 5mm in size , completely excised-see comment.
 - Moderately differentiated.
 - With free of vascular emboli, perineural invasion, visceral pleura(PL0) and Stapled resection margin.

Comment:- Morphologically, compatible with metastasis from previous known colonic carcinoma .

RPH-3219
(S.C.T : 9.10 pm 26/07)

G.P.H. Ramani

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