



MEDGENOME



208 A, 3rd Floor, Narayana HealthCare Building, Narayana Health City,
Hosur Road, Bommalur, Bangalore, Karnataka, India - 560 099

☎ (Toll Free) 1800 103 3693 🌐 www.medgenome.com
✉ info@medgenome.com 📧 genetic.counselor@medgenome.com

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

Test Name:* **Tumor BRCA1 & BRCA2 Gene Analysis** Test Code:* **MGM537**

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. **873/2AM**.....)
 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. M.A NIROSHA** (in Capital Letters) D.O.B. **DD MM YY** Age:* **40Y/F** Gender:* **M / F**
Address: _____
Phone: _____ E-mail I.D: _____

Clinician Details

Clinician's Name:* **Dr. Sujeeva Siyambalapitiya** Hospital Affiliation: **General Hospital Ragama**
Address: _____
Phone : _____
Email id : _____

Date of sample collection* **02 03 2024**

I understand that the current analysis is limited to variants which co-relate with disease phenotype/symptoms/forms 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*

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

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 **Mr. Preathilaka**

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*

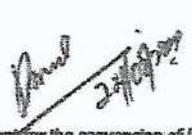
Date and time

 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.



<p>පාලන අංකය Control No</p>	<p>සෞඛ්‍ය සේවා දෙපාර්තමේන්තුව Health Services Department</p>	<p>සෞඛ්‍ය ලේඛන අංකය Health Card No</p>	<p>02/26</p>
<p>වයස Age</p>	<p>02/198/26</p>	<p>සේවා අංකය Service No</p>	<p>02/26</p>

නම
Name: **M.A. Nirosha**

<p>වෛද්‍යාගාර ලේඛන Hospital Address</p>	<p>වයස Age (Years)</p>	<p>සේවා අංකය Service No</p>	<p>සේවා අංකය Service No</p>
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<p>වෛද්‍යාගාරයෙන් යොමු කළ Referred by</p>	<p>සෞඛ්‍ය සේවා දෙපාර්තමේන්තුව Government Hosp. <input type="checkbox"/></p>	<p>පුද්ගල වෛද්‍යාගාරයක Private Dispensary <input type="checkbox"/></p>	<p>වෛද්‍යාගාරයක A. M.C. or M.C.H. <input type="checkbox"/></p>	<p>වෛද්‍යාගාරයක Self Care <input type="checkbox"/></p>
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වෛද්‍ය ඉතිහාසය සහ විෂය
සහ පර්යේෂණ
Clinical History and Examination

<p>වෛද්‍ය ඉතිහාසය Investigation</p>	<p>PBC</p>
<p>LFR</p>	
<p>ESR</p>	

වෛද්‍ය ප්‍රතිකර්ම
Treatment

BRCA . assay (1)

<p>වෛද්‍යාගාරයේ Hospital</p>	<p>වෛද්‍ය Signature</p>
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Cont....

M. A. Nirosha 39 Yrs Wd 14 BHT: 22904/24 Sp No; 873/24

CONCLUSION: UTERUS, BILATERAL TUBES, LEFT OVARIAN CYST & RESIDUAL
RIGHT OVARIAN TISSUE; HISTOLOGY:
HIGH GRADE SEROUS CARCINOMA OF LEFT OVARY WITH ASSOCIATE
SEROUS TUBAL INTRAEPITHELIAL CARCINOMA (STIC) OF LEFT FIMBRIA
END.
MAXIMUM TUMOUR DIAMETER- 65MM.
LYMPHOVASCULAR, PERINEURAL INVASION NOT SEEN
SURFACE INVOLVEMENT - PRESENT.
RIGHT FALLOPIAN TUBE - WITHIN NORMAL LIMITS.
TUMOUR STAGE AT LEAST-pT1C2 Nx Mx
(OMENTUM AND LYMPHNODES - NOT ASSESSED)

Comment-Entire residual right ovary will be sampled and supplementary report will be followed

Dr. P. N. Kalpage(Registrar)


Dr Shanika Fernandopulle.
MBBS, D Path, MD(Histopathology),
Consultant Histopathologist,
North Colombo Teaching Hospital, Ragama.
Date:21/03/2024

- End - Page 2 **Dr. Shanika Fernandopulle**
MBBS (Colombo) D. Path
MD (Histopathology)
Teaching Hospital
Ragama

2007

North Colombo Teaching Hospital, Ragama.

Histopathology Report.

Name : M. A. Nirosha

Age : 39 Yrs

Sex : F

Ward No: 14

BHT No: 22904/24

Specimen: Uterus, bilateral tubes, left ovary & residual right ovarian tissue

Date of reception: 02/03/2024

Specimen No: CN873/24

Date of surgery: 28/02/2024

Macro: Received a specimen of uterus with cervix, attached bilateral fallopian tubes, ovary with cut opened ovarian cyst and residual right ovarian tissue. Measurements are as follows: Uterus with cervix 120x70x45mm. Right fallopian tube 40x10mm. Residual right ovarian tissue 22x18x12mm, Left fallopian tube 30x7mm, Left ovary with cut opened left ovarian cyst 65x40x20mm. The outer surfaces of the uterus and cervix are unremarkable. Bilateral parametria appear normal. On sectioning maximum endometrial thickness is 2mm and maximum myometrial thickness is 20mm. The outer surface of the left ovarian cyst is irregular. Wall thickness varies from 1-5mm and there is a solid area measuring 25x15x15mm. The left fallopian tube, residual right ovarian tissue and right fallopian tube appear unremarkable.

Micro: The left ovarian cyst is extensively sampled and examined. The sections from the solid area show a circumscribed lesion composed of papillary structures with central fibrovascular cores. These are lined by markedly pleomorphic cells containing enlarged vesicular nuclei with irregular nuclear contours and moderate eosinophilic cytoplasm. Brisk mitotic activity is noted accounting for 14/10hpf with atypical mitotic forms. These features are of a high grade serous carcinoma. Tumour is seen on the surface of the cyst. Psammomatous calcifications are not observed. Lympho-vascular and perineural invasion is not seen. The rest of the ovarian tissue appears unremarkable. The left fimbrial end shows a focus of loss of cilia, nuclear stratification, enlargement and pleomorphism in keeping with serous tubal intraepithelial carcinoma. The right fallopian tube is unremarkable. The endometrium is non-phasic. The myometrium is unremarkable. The cervix is free of HPV related changes, dysplasia or malignancy.

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**North Colombo Teaching Hospital, Ragama.
Histopathology Report.**

Name : M. A. Nirosha
Age : 39 Yrs
Ward No: 14
Specimen: Right ovary & right cyst wall
Date of reception: 20/11/2023
Date of surgery: 17/11/2023

Sex : F
BHT No: 13005/23
Specimen No: CN4776/23

Macro: Received four firm, tan to brown irregular tissue pieces measuring 15x10x8mm, 25x15x8mm, 20x18x5mm and 15x10x3mm.

Micro: Sections reveal multiple fragments of ovarian tissue with a haemorrhagic corpus luteal cyst. There is no evidence of a neoplasm.

CONCLUSION: RIGHT OVARY AND RIGHT CYST WALL ; HISTOLOGY:
HAEMORRHAGIC CORPUS LUTEAL CYST.

Dr. T.T.Jayasinghe(Registrar)


Dr. Prabodha Samararatne.
MBBS, D Path, MD(Histopathology),
Consultant Histopathologist,
North Colombo Teaching Hospital, Ragama.
Date:25/11/2023

Dr. Prabodha Samararatne
MBBS, D. Path, MD(Histopathology)
Consultant Histopathologist
North Colombo Teaching Hospital
Ragama

Dr. Pradeep de Silva

(VOG)

CNTH

Dear colleague.

Reg: - M. A. Nirosha, 39 yrs.

This is a known patient with ovarian cancer who has completed chemotherapy. She has undergone TAH + BSO on 28/02/2024. Please be kind enough to proceed with omentectomy for completion of surgical management.

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Dr. Sujatha Sivanapitiya
MBS, MD, MCh (Gynaecology)
Fellowship in Gynaecology (Singapore)
Consultant Clinical Oncologist
CNTH-Singapore

Thankyou.

s/o - Prof. Dr. P. H. P. de Silva.

- Admit.

- Planned it for Laparoscopic omentectomy