MEDGENOME

CAP ACCREDITED

258/A, 3rd Floor, Narayana Nethralaya Building, Narayana Health City,
Hosur Road, Bommasandra, Bangalore, Karnataka, India – 560 099

(Toll Free) 1800 103 3691 techsupport@medgenome.com
www.medgenome.com customersupport@medgenome.com

Sample Receipt Details:

POD : _____ Temp : _____

Date & Time : _____ Sample Type : FFPE

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:* C-MET AMPLIFICATION Test Code:* MGM1449

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. .....)
- ☐ Fresh Frozen Tissue
- ☐ Saliva
- ☐ Other sample type (specify site) PH/374/24
- ☐ 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 allogenic bone marrow transplant: ☐Yes ■No.

Patient Details

Name:* MRS. ANOMA JAYAWARDHANA (In Capital Letters) D.O.B. DD MM YY Age:* 64Y/F Gender:* M / F

Address: .....

Phone:..... E-mail I.D: .....

Clinician Details

Clinician's Name:* DR.MAHENDRA PERERA Hospital Affiliation: ASIRI SURGICAL HOSPITAL

Address: ..... Phone : .....

..... Email id : .....

Date of sample collection* DD MM YY

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. MAHENDRA PERERA
MBBS (Cey), MS (Col), Dip RT
Consultant in Clinical Oncology
& Radiotherapy

Medical Professional Signature* Date: 13/08/2024 Place: Colombo.

Clinical notes/diagnosis:

Disease affection status Yes NO Parental consanguinity present Yes NO Age of manifestation: _____

Affected Siblings Yes NO Details: _____

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Sample Receipt Details

POD : _____ Temp : _____

Date & Time : _____ Sample Type : FFPE

CS Name & Sign: _____ Logistics Name & Sign : _____

Prenatal Sample Yes No Bill Type MOU Retail Research

TEST REQUISITION FORM

Doctor Signature: _____

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

Test Details

HER2/neu for Colonic Carcinoma — MGM2796

Adenomatous polyposis coli (APC) gene analysis — MGM171

* 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 PH/374/24)
Fresh Frozen Tissue	Saliva	Other sample type (specify site) _____	DBS/FTA

5 mL Peripheral blood in Lavender top tube
2 TUBS

Patient Details

Name (In Capital Letters): MRS. ANOMA JAYAWARDHANA D.O.B. 64Y/F

Address: MATARA SRI LANKA

Phone: _____ E-mail I.D: _____

Clinician Details

DR. MAHENDRA PERERA

_____ Phone: _____

_____

_____ Email Id: _____

Dr. MAHENDRA PERERA
MBBS,(Ceyl), MD (Col), Dip RT
Consultant Clinical Oncology
& Radiotherapy

Medical Professional Signature*

Date: 6/8/

Place: colombo

Details: _____

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Pedigree / Family History (Other Clinical Details)

·Dx - Uterine Carcinoma + Colon Carcinoma - 2024
Abdomino - Perineal Resection Dn
Recent Recurrence - Resected.
For Sequence profiling for targets.

Dr. MAHENDRA PERERA
MBBS (Cey), MD (Col), Dip RT
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& Radiotherapy

Details of accompanying samples (if any)

Name	Age	Sex	Relationship with patient	Clinical features (if any)

Informed Consent and Authorization Form

General Information About Genetic Testing

What is genetic testing?

Genetic disorders are caused by changes in a person's DNA. DNA is the material that provides instructions for our body's growth and development. For example, DNA determines things such as eye color and how our lungs work. DNA is compacted into 46 chromosomes, which are found in almost every cell of the body. A gene is a stretch of DNA on a chromosome that has the instructions for making a protein.
Genetic testing is a type of medical test that identifies changes in chromosomes and the DNA of a gene. The purpose of this test is to see if I, or my child, have a genetic variant or chromosome rearrangement causing a genetic disorder or to determine the chance I, or my child, will develop or pass on a genetic disorder in the future. For the purposes of this consent, 'my child' can also mean my unborn child.

Additional information about the specific test being ordered is available from my health care provider or I can go to the MedGenome website, www.medgenome.com. This information includes the specific types of genetic disorders that can be identified by the genetic test, the likelihood of a positive result, and the limitations of genetic testing.

What could I learn from this genetic test?

If {I/my child} have a family history of one of the conditions that is being tested, I should inform the laboratory of the specific gene variant(s) or chromosome rearrangement present in the family if it is known. The genetic test may identify the cause of the genetic disease that {I/my child} have or a normal genetic result may significantly reduce, but cannot eliminate, the likelihood that the condition in {me/my child} is genetic or that {I/my child} will develop the genetic disorder in the future. The following describes the possible results from the test:

1) Positive: A positive result indicates that a gene or chromosome variation has been identified that explains the cause of {my/my child's} genetic disorder or that {I/my child} am at increased risk to develop the disorder in the future. It is possible to test positive for more than one genetic variant.

2) Negative: A negative result indicates that no disease-causing genetic variant was identified for the test performed. It does not guarantee that {I/my child} will be healthy or free from other genetic disorders or medical conditions. If {I/my child} test negative for a variant known to be present in other members of {my/my child's family}, this result rules out a diagnosis of the same genetic disorder in {me/my child}.

3) Inconclusive/Variant of Uncertain Significance (VUS): A finding of a variant of uncertain significance indicates that a change in a gene was detected, but it is currently unknown whether that change is associated with a genetic disorder. A variant of uncertain significance is not the same as a positive result and does not clarify whether {I/my child} are at increased risk to develop a genetic disorder. The change could be a normal genetic variant or it could be disease-causing. Further analysis may be recommended, including testing both parents and other family members. Detailed medical records or information from other family members also may be needed to help clarify the results.

4) No Result: There is a possibility that no result maybe obtained or the result may not be available before 20 weeks gestation or before the birth of the fetus in ongoing pregnancies.

Result interpretation is based on currently available information in the medical literature, research and scientific databases. Because the literature, medical and scientific knowledge are constantly changing, new information that becomes available in the future may replace or add to the information MedGenome used to interpret {my/my child's} results. MedGenome does not routinely re-analyze test results or issue new test reports, and has no obligation to do so. I, or {my/my child's} health care providers may monitor publicly available resources used by the medical community, such as ClinVar (www.clinvar.com), to find current information about the clinical interpretation of my/my child's variant(s).

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DEPARTMENT OF PATHOLOGY

LABORATORY REPORT - CONFIDENTIAL

➢ PATIENT NAME : MRS.ANOMA JAYAWARDHANA		➢ WARD/CLINIC	: PVT
➢ AGE	: 64Y	➢ REF. BY DOCTOR	: WASANTHA WIJENAYAKA
➢ GENDER	: FEMALE	➢ LAB REF. NO	: PH/374/24
➢ PATIENT ID	: 125558	➢ DATE	: 2024.07.25

HISTOPATHOLOGY REPORT

SPECIMEN : Colonic polyp

MACROSCOPY : Received a polypoidal piece of tissue measuring 09mm in diameter.

MICROSCOPY : Sections reveal a polypoidal piece of colonic mucosa showing low grade dysplasia of the epithelium lining the surface and the superficial crypts. There is no evidence of high grade dysplasia or malignancy in the specimen received.

CONCLUSION : **Colonic polyp**

Tubular adenoma with low grade dysplasia.

Dr. Iranthi Kumarasinghe
MBBS(COL), D.Path,
MD (Histopathology)
Consultant Histopathologist
University Hospital KDU
SLMC No 15[illegible]

Consultant Histopathologist | Medical Officer | Medical Laboratory Technologist

UNIVERSITY HOSPITAL
General Sir John Kotelawala Defence University

UNIVERSITY HOSPITAL KDU Tel -0112044555

COLONOSCOPY

Patient Name :	**MS ANOMA JAYAWARDANA**	**Age/Gender :**	**64/Female**	**Date :**	**16/Jul/24**
Referred By :	Dr Wasantha Wijenayake	Unit No :	PVT		

MEDICATIONS : Midazolam2mg,fentanyl25mic IV

PROCEDURE : Flexible Full length colonoscopy.

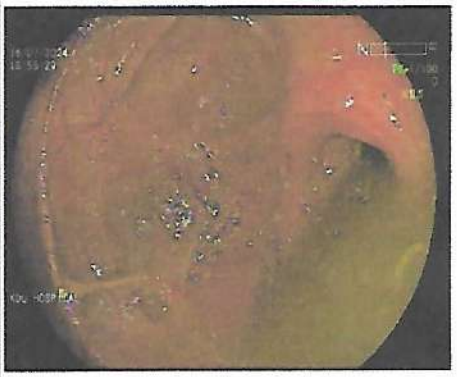
INSTRUMENT : FUJIFILM EC760ZP VL

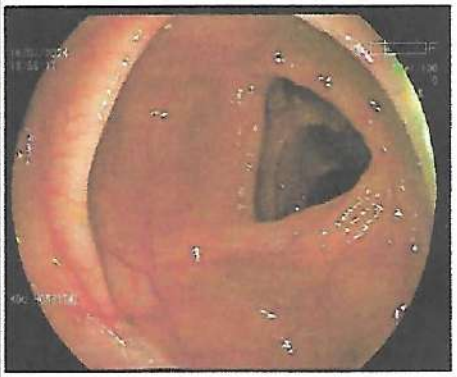
Indication:Surveillance colonoscopy

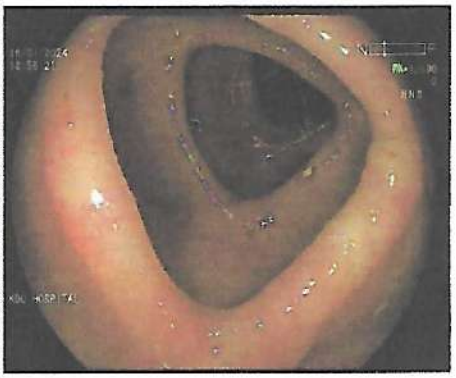
Procedure and findings:
Peri stomal inspection revealed the presence of colon polyp. .
The colonoscope advanced into the neoterminal ileum. The scope withdrew slowly while inspecting the mucosa. The bowel preparation good. The colonic polyp was hot snared for histology.
Spastic colon encountered during the study

Impression : Spastic colon, colonic polyp

Comments: Antispasmodics, probiotics, review with histology







Dr. WASANTHA WIJENAYAKE
MBBS(Col), MS (Col), MRCS (Eng)
Consultant Surgeon - UH KDU
Senior Lecturer in Surgery - KDU
SLMC Reg No 11[illegible]

Dr Wasantha Wijenayaka

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