

**Sample Receipt Details:**

POD : \_\_\_\_\_ Temp : \_\_\_\_\_  
Date & Time : \_\_\_\_\_ Sample Type : \_\_\_\_\_  
CS \_\_\_\_\_ Logistics \_\_\_\_\_  
Name & Sign: \_\_\_\_\_ 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**

ESR1 gene testing by NGS -Liquid Biopsy (Hot Spot Mutations)  
Tumor BRCA1 & BRCA2 Gene Analysis

**Test Name:** \* ER, PR, Her2, Ki-67 **Test Code:** \* MGM2732 , MGM537 , MGM2675

**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) \_\_\_\_\_  DBS/FTA  
**CF2066C one Block**

2 x 10ml of Peripheral blood in Streck tube

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. H.A.N.S. Abeysena (In Capital Letters) **D.O.B.** DD MM YY **Age:** \* 53Y/F **Gender:** \* M / F  
**Address:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_ **E-mail I.D:** \_\_\_\_\_

**Clinician Details**

**Clinician's Name:** \* Dr. Mahendra Perera **Hospital Affiliation:** Aegle Omics Pvt Ltd  
**Address:** \_\_\_\_\_  
**Phone :** \_\_\_\_\_  
**Email id :** \_\_\_\_\_

**Date of sample collection** \* 30/10/2024 YY wax block **Blood Sample** 10/11/2024

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. MAHENDRA PERERA**  
MBBS, MD, DM (Onc), Dip RT  
Consultant in Clinical Oncology  
& Radiotherapy

**Medical Professional Signature\*** \_\_\_\_\_ **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 Mrs. H.A.N.S. Abeysena

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 S. Ameyas

**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.

Name of Patient Mr H.A.N.S. Raj Senarathne  
 Age 57 Sex OT  
 Address 8-Ca Post 2018

Date

~~07 NOV 2018~~  
 07 NOV 2018

8-Ca Post 2018  
 In Det.

- In Det at 4h  
 - ER + PR ✓

Mets Liver + Lung 2018

Liver Biopsy - Post  
Mets

Chk for  
 ① ER I  
 ② Hdx for Pneu  
 ③ Her-2 ER/PR + (c.6) "

Post Her  
 33 pink/red Bxly.  
 Colo. 2

Mr Raj - 0777 361457

4-15-3 = 149

## Department of Nuclear Medicine

### Whole body PET-CT Report

**Name** : Mrs. H. Achani Abeysena. Age/Sex : 53Y/ Female. PET CT No: 870/24.

**Referred By:** Dr. Kanthi A. Perera. **Date** : 24.10.2024.

**Clinical Details :** Diagnosed breast malignancy in 2018 and left mastectomy done in February, 2018.  
Routine follow up ultrasound performed in October 2024 showed multiple focal lesions in the right lobe of liver favoring for metastases.

**Indication :** WHOLE BODY PET STUDY for further evaluation.

**Technique :** Patient's serum glucose level was 101 mg/dl at the time of the study patient was injected with 6.02mCi of F-18 FDG in right antecubital fosse

PET CT scan was performed from vertex to mid thigh after resting for 60minutes.

Corresponding low dose contrast enhanced spiral CT of the body was acquired. PET, CT and Fused PET CT were review at the work station.

## REPORT

### Head & Neck

- There are no abnormal attenuating or enhancing foci in the cerebral hemispheres, cerebellum or in the brain stem.
- No FDG avid foci in the skull vault or base of the skull.
- Normal physiological distribution of FDG uptake and is noted in brain parenchyma
- Soft tissues of the neck shows normal FDG activity.
- No FDG avid foci in the neck.
- No significant cervical lymphadenopathy on CECT.
- Bilateral orbits, pharynx, para pharyngeal soft tissues and soft tissues of the neck are normal.
- Thyroid gland is normal and shows normal enhancement.

## Chest

- Soft tissue pulmonary nodule in right upper lobe measuring 1.5 x 1.6cm and SUV of 5.7.
- Left lower lobe basal segment has a similar soft tissue nodule measuring 1.1cm and SUV of 5.3.
- Multiple enlarged FDG avid lymphnodes in mediastinal groups.
- Carinal lymphnode measures 1.8cm and SUV 5.6.
- Right para tracheal 1.0cm SUV 4.0 and pre tracheal 2.3cm, SUV 7.1.
- Right hilar lymphnode measures 1.0cm, SUV 6.0 and left hilar 7.0mm, SUV 6.0.
- No pleural or pericardial effusions.

## Abdomen & Pelvis

- Liver is enlarged with multiple focal lesions involving both lobes, largest in right lobe segment VIII measures 5.2 x 4.6cm and SUV 11. Segment VI lesion measures 3.5 x 3.4cm and SUV 9.0. Multiple other smaller lesions involving right lobe with similar FDG avidity. Left lobe segment IV A has a subcapsular smaller lesion measuring 1.1cm and SUV 5.8. No FDG avid lesions in the spleen, pancreas, kidneys or adrenal glands. Supra renal glands are normal.
- They show normal parenchymal attenuation and enhancement pattern in CT.
- Abdominal wall, peritoneum and retroperitoneum appear normal with no FDG avid foci.
- No abnormal mass lesions or fluid collections in the abdomen or pelvis.
- No FDG avid lymphnodes in the abdomen or pelvis.
- Marginally enlarged left upper para aortic lymphnode measures 1.0cm and low FDG avidity of 1.2 SUV.

### **Muscular skeletal and miscellaneous**

- Multiple lytic lesions in skeleton with SUV avidity.
- C3 vertebral body has a lytic lesion with SUV 11.8.
- Small lytic lesion involving D9 to D12 vertebrae with SUV max 8.3.
- L3 superior end plate has a similar lytic lesion with SUV 10.
- Right acetabula has a small lytic lesion with SUV 9.0 and left iliac bone near the SI joint has a large lytic lesion with SUV 13.
- Multiple rib lesions, largest in right 6<sup>th</sup> rib posteriorly, SUV 7.8 and left 2<sup>nd</sup> rib anteriorly SUV 7.6.

### **IMPRESSION :**

- 1. Multiple metabolically active metastases involving right and left lobes of liver.**
- 2. Focal FDG avid nodules in right and left lungs concerning for metastases with multiple infiltrated mediastinal and bilateral hilar lymphnodes.**
- 3. Multiple lytic lesions in skeleton with high FDG avidity indicate skeletal metastases as well.**
- 4. No metabolically active local recurrence in left chest wall and the axilla.**



**Dr. (Mrs.) Eranga Perera**

**M.B.B.S. MD (Radiology)**

**Consultant Radiologist**



# CONFIDENTIAL LABORATORY REPORT

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



Asiri Surgical Hospital PLC. No. 21, Kirimandala Mv, Colombo 05.  
T. +94 11 452 4448, +94 11 452 4400 F. +94 11 452 4448 E. histolab@asiri.lk

## HISTOPATHOLOGY

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

\*\* OPD/AHH/ASH \*\*

Page 1 of 2

REFERENCE No. : 01 0271 30/10/24  
SAMPLE DATE & TIME : 30/10/2024 10:22 AGE : 53 Y/F  
REPORT DATE & TIME : 06/11/2024 14:31 AHH2009875 / ASH2107332  
PATIENT : MRS. H A N S ABEYSENA  
REFERRED BY : DR ERANGA PERERA

### TEST : HISTOPATHOLOGY REPORT

#### Specimen:

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USS guided trucut biopsy of focal lesion in right lobe of liver

#### Clinical data:

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Multiple focal lesions in liver favour for metastases  
H/O CA breast

#### Macroscopic description:

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Three cores of tissue each measuring 22 mm, 21 mm and 16 mm in lengths respectively.

#### Microscopic description:

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One out of three cores confirm the presence of a metastatic deposit of an adenocarcinoma composed of nests, cords and vague glandular structure. The constituent cells are moderately pleomorphic with enlarged vesicular chromatin, distinct nucleoli and abundant eosinophilic cytoplasm.

In view of the patient's history of CA breast, breast appears to be the most likely primary site of origin but needs confirmation with the following immunopanel:

1. ER
2. CK7
3. Mammoglobin
4. CK20 (Block C)

# IDENTIAL LABORATORY REPORT

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



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PATIENT : MRS. H A N S ABEYSENA  
REFERRED BY : DR ERANGA PERERA

Conclusion: USS guided trucut biopsy of focal lesion in right lobe  
of liver

\* Metastatic deposits of an adenocarcinoma (Please see text).

### Comments:

1. This report requires urgent review.

CFH - 2066

DR CHARISMA S. FERNANDO  
MBBS, Dip Pathology, MD (Histopathology), FRCPath (UK)  
Consultant Histopathologist

Chry. Klein

2/12

2018

Final Report

Log sheets

\*

NHS

Low Pass

ER, audit

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