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 :________

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:* Comprehensive Tumor Panel (SNVs, InDels, CNVs & Fusions) + TMB + MSI
KIT gene analysis by NGS (4 exons- 9, 11, 13, 17)

Test Code:* MGM1785 , MGM202

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), specifiy tissue:________
- * FFPE tissue Block (Block no. ....)
- ☐ DBS/FTA
- ☐ Fresh Frozen Tissue
- ☐ Saliva
- ☐ Other sample type (specify site) ________

XI12791A

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:* Mr. Hilary Peiris
(In Capital Letters)

D.O.B. DD MM YY Age:* 56Y/M Gender:* M / F

Address: ....

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

Clinician Details

Clinician's Name:* Dr. T. Skandarajah

Hospital Affiliation: National Cancer Institute Maharagama

Address: ....

Phone : ....

Email id : ....

Date of sample collection* 10/9/2024 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 (SL), MD (Col), Dip RT
Consultant Clinical Oncology

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:________

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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. Hilary peiris

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

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.

MeGenome may reserve the right to send you communications on genetics / genomics periodically. The team may also connect with you to seek consent for your active participation in certain programs & communications.

*Fields are mandatory

Lanka Hospitals Laboratories
LHD
Accurate, Reliable and Fast

CLIENT CODE : C000000209

CLIENT'S NAME AND ADDRESS :
LANKA HOSPITALS - OPD
578, ELVITIGALA MAWATHA
NARAHENPITA
OPD
COLOMBO SRI LANKA

LANKA HOSPITALS DIAGNOSTICS PVT LTD.
LHD REFERENCE LAB - COLOMBO
7TH FLOOR, LANKA HOSPITAL, NO. 578, ELVITIGALA MAWATHA,
NARAHENPITA, COLOMBO 5
Tel : +94 11 5430000 , **Fax :** +94 11 5439032
Email : info@lhd.lk **Web :** www.lhd.lk

PATIENT NAME : Mr HILARY PEIRIS
ACCESSION NO : **6001XI012791**
AGE : 56 Years SEX : Male
DATE OF BIRTH :
REFERRING DOCTOR : Prof PATHIRANA ALOKA
CLINICAL INFORMATION :
BI2400068047/CS24402932 OPD-BILLING 3RDFL

PATIENT ID : **LHC1.0001091164**
COLLECTED : 10/09/2024 18:49
RECEIVED : 10/09/2024 18:49
REPORTED : 12/09/2024 14:39

Test Report Status **Final** **Results**

HISTOPATHOLOGY

SMALL SPECIMEN GI ENDOSCOPIC BIOPSIES
(1 SAMPLE)
INTERPRETATION

Specimen **SPECIMEN (02) - BIOPSIES OF GASTRIC ANTRAL ULCER**

Macroscopy Four small pieces of tissue larget 3 x3 mm, smallest 2 x1 mm
All embedded.
2P x 1B - AE

Microscopy Sections show 04 small fragments of tissue, one fragment consists of ulcer debris mixed with a fibrinous exudate. Remaining fragments consist of viable gastric mucosal tissue.
There is chronic gastritis associated with intenstinal metaplasia (focal) and epithelial dysplasia. One fragment which is most likely from the ulcer base shows an infiltrating tumour composed of sheets and cords of atypical epithelial cells. Constituent cells show large, irregular, hyperchromatic nuclei. Few abortive glandular lumina are noted. Infiltrating pattern of growth is noted.
Special Stain (Giemsa) - Negative for H. pylori

Conclusion **SPECIMEN (02) - BIOPSIES OF GASTRIC ANTRAL ULCER**

*** Gross - Multiple small pieces of tissue; entire sample was processed and examined at multiple levels.**

*** Histology - Malignant ulcer; suggestive of a poorly-differentiated adenocarcinoma.**

Comment **Following IHC makers are recommended to confirm gastric origin (? in view of the poorly-differentiated nature).**

CK 7, CK 20 - Paraffin block XI12791. Contact the lab / 7th floor.

Dr. T. SKANDARAJAH
MBBS, Histological Oncology
Consultant Specialist
Cancer Hospital
SLMC

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Test Report Status **Final**	Results

Note -
Specimen -10% neutral buffered formal saline fixed and paraffin embedded

****End Of Report****

Prof.Bimalka Seneviratne
(MBBS, Dip. Path, MD, FCPSL)
Consultant Pathologist
Dept.Of Pathology

Scope of accreditated tests by ISO 15189: 2012 - see reverse

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CAP ACCREDITED COLLEGE of AMERICAN PATHOLOGISTS

29/9/24

LANKA HOSPITALS

Mr HILARY PREMRAJ PEIRISPULLE

IPC1.0294277/LHC1.0001091164

56 Year(s)/M DOB:22-Oct-1967

DOA:28-Sep-2024 04:14:14 PM

Dr. Mahendra Perera

Senior Consultant Oncologist

Dear Sir

This patient is diagnosed with stage IV Gastric carcinoma. His Her 2 neu, and MSI status are negative. Please be kind enough to see and advise on NGS testing for this patient (Durvalumab consider 17.2) PD-L1 (TMB))

DR. T. EKA... Consultant ... Oncologist Cancer Hospital Maharagama SLMC Reg. No: 12320

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