

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

Lung Cancer Panel (16 Genes) – Liquid Biopsy

Test Name* _____ Test Code* **MGM3213**

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

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* **Mr. L.G.R. Bandara** (In Capital Letters) D.O.B. **DD MM YY** Age* **48Y/M** Gender* **M / F**
Address: _____
Phone: _____ E-mail I.D: _____

Clinician Details

Clinician's Name* **Dr. Senaka Kandegedara** Hospital Affiliation: **General Hospital Kandy, Sri Lanka**
Address: _____ Phone : _____
Email id : _____

Date of sample collection* **6/11/2024 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 authorized 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 (DGO), MD (Gen), 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.

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.

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.

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. L.G.R. Bandara
 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.

Name : _____

Age :

Date :

The maximum nerve
conduction velocity
decrease

This is seen
Diagnosed lower extremity
CMT long. step IV.

Extended long period
Further more
CMT long. step IV.

[Signature]
Consultant
Teaching Hospital
Kandy.

NATIONAL HOSPITAL
KANDY
HISTOLOGY REPORT

FOR URGENT
ATTENTION

Name: L G R Bandara

Age: 48 Years

Ward/ Clinic: 41

Our Reference number: KNS 2554/24

Sex: Male

BHT/ Clinic Number: 170362

DHC - 1722/24

Specimen/ Site: Right upper zone lung biopsy

Macroscopy: Three cores of tissue 7 mm and 8 mm in length.

Microscopy: Sections reveal an invasive carcinoma comprising irregular glandular structures lined by a pleomorphic epithelium, in an inflamed, desmoplastic stroma.

Conclusion: Invasive adenocarcinoma.

Immunohistochemical assessment is required to differentiate a primary lung adenocarcinoma from a metastatic deposit.

08.10.2024


Dr. Anoma Vithanage
Cons. Pathologist

DR. Anoma Vithanage
D.Path, MD, Histopath
Consultant Histopathologist
National Hospital
Kandy

CONFIDENTIAL LABORATORY REPORT

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

Asiri Laboratories, Kandy, 907, Peradeniya Road, Kandy
T. + 94 81 785 0404 -5 prlab@asiri.lk

** OPD/GELIOYA/ALS **

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197618900247

REFERENCE No. : OF 0031 12/09/24
 SAMPLE DATE & TIME : 12/09/2024 17:19 AGE : 48 Y/M
 REPORT DATE & TIME : 12/09/2024 22:37 AKH2430038 / AHH2010544
 PATIENT : MR. L G R BANDARA (P003772)
 REFERRED BY : DR. P M JANAKA SOMARATHNE

TEST	RESULT	FLAG	REFERENCE VALUE
CA 125 II (2nd Generation)	104.10 U/ml	H	2.00 - 30.20

*** Repeated and confirmed. ***

Comment :-

Analatical sensitivity : 2 U/ml

*** Human Epididymis Protein 4 (HE4) has been proposed for improving the specificity of laboratory identification of (OC).
 (Test code : TM3)

 MLT

National Hospital - Kandy

Department of Radiology

Name:	Mr	L G R BANDARA	Age:	48Y	Sex:	Male
WD/Clinic:	O/C		BHT No:	14814/24	Date:	22.09.2024
Requested by:	Dr. Manil Peris (Consultant Chest Physician)					
Indication:	RUZ paratracheal opacity.					

CT Scan	CHEST & ABDOMEN	PHN	072174HX797
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Chest

Right upper lobe, heterogeneously enhanced irregular shape mass with spiculated margins.

Peripherally surrounded by ground glass shadows.

Measures 7.2 cm x 6.9 cm x 8cm(APXTVXCC). The lesion attached and infiltrated posterior parietal pleura. Right upper lobe segmental bronchi peribronchial consolidations contiguous with the lesion.

RUL and RUL segmental bronchi are encased. No luminal infiltration.

Proximal Right upper lobe pulmonary artery and right descending lobar artery are also encased. No arterial narrowing or filling defects. Azygous vein indistinct. Pulmonary veins are normal.

Enhanced mediastinal lymph nodes.

Right upper para tracheal – 1 cm SAD.

Right lower para tracheal 7 mm SAD.

Perivascular – 8 mm SAD.

Sub carinal contiguous mediastinal lymphadenopathy 1.6 cm x 3.4 cm.

Right hilar 2 cm x 1.4 cm.

Right inter lobar 2.5 cm x 1.8 cm.

Para esophageal 1.8cm.

Multiple bilateral lung nodules involving all lobes (, ranges from 3 mm – 8 mm) compatible with airways spread of tumor.

Two Right diaphragmatic pleural based nodules. (2.3 cm x 1.2 cm and 1cm x.5 cm)

Right small pleural effusion 2 mm thickness.

Abdomen

Liver is normal. No focal lesions.

Gall bladder, Pancreas, Spleen are normal.

Both kidneys and adrenal glands are normal.

Abdominal aorta and IVC appear normal. No para aortic masses seen.

No significant intra-abdominal lymph nodes seen.

No ascites. No bowel thickening seen.

Bladder is normal no wall thickening or masses.

Imaged bony skeleton is free of lytic or sclerotic lesions.

Comment:

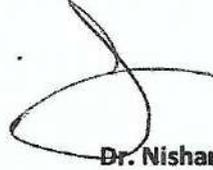
Features are suggestive of primary lung malignancy in right upper lobe with right mediastinal, right hilar lymph nodes metastasis with separate lung nodules in both lungs.

T4

N2 metastasis in ipsilateral mediastinal and sub carinal lymph node

M1a: separate tumor nodules in contralateral lung and pleural

Dr. ADS/ Reg



Dr. Nishantha Herath- Consultant Radiologist

Dr. N.B. HERATH
MD
Consultant Radiologist
National Hospital
Kandy