



MEDGENOME



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☎ Toll Free: 1800 103 3691 | ✉ techsupport@medgenome.com

🌐 www.medgenome.com | 📧 customer.support@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

Disease Segment* _____

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

TEST REQUISITION FORM

Test Details

Test Name* Tumour HRR (Homologous Recombination Repair) pathway genes analysis by NGS Test Order# MGM1623

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

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.M.N.F. NUFRA (in Capital Letters) D.O.B. [][] Age* 31y/P Gender* M/F
Address: _____
Phone: _____ E-mail ID: _____

Clinician Details

Clinician's Name* Prof. Jayaraj Balasubramanian Hospital Affiliation: University Hospital KDU
Address: _____ Phone: _____
Email id: _____

Date of sample collection* 4 11 99

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. MALINDRA PERERA
MBBS (Gen), MD (Col), Dip RT
Consultant in Clinical Oncology
& Radiotherapy

Medical Professional Signature* _____ Date: _____ Place: _____

Clinical notes/diagnosis: _____

Disease affection status: [][] Parental consanguinity present: [][] Age of manifestation: _____

Affected Siblings: [][] Details: _____

LABORATORY REPORT

CONFIDENTIAL



Nawaloka Laboratory
No: 75, Munal St, Batticaloa
Tel: +94 657 284 217



ISO 9001:2015
certified
hospital

Quality control by:-
Panda Laboratory Ltd
Panda Laboratory Ltd
Mtl (Colombo)

Clinical Biochemistry
Haematology
Microbiology

PATIENT NAME : MRS NUFRA
REF. DOCTOR : MED LAB
MEDICAL CENTRE : NAWALOKA HOSPITAL LABORATORY - BATTICALOA
RECEIPT NO : 29159
AGE : 31 YEARS/0 MONTHS
SERVICE REF. NO : AGLO80944863
GENDER : FEMALE

SAMPLE COLLECTED : 07/08/2024 11:10 AM
READY DATE : 08/08/2024 06:54 AM
PRINTED DATE : 08/08/2024 07:09 AM

TEST NAME	RESULT	UNITS	FLAG	REF. RANGE
CA 125, Serum	39.9	U/ml	**	< 35

Comments:

Increased serum levels of CA-125 are mainly seen in gynecological malignancies. However, elevated levels may also occur in gynecological non-malignant conditions (endometriosis, ovarian cysts, menstruation, pregnancy, peritoneal and pleural inflammation), Non-gynecological malignancies (tumours colon, liver and lungs) and 1% of healthy controls. This assay can also be used as an aid in the detection of residual or recurrent gynecological malignancies during the follow up after the first line treatment.

Tests performed by ECI Technology.

[Signature]
Dr. Nishan Fernando
Senior Consultant, General Pathology
Colombo South Teaching Hospital

[Signature]
Dr. Nishan Fernando
Senior Consultant, General Pathology
Colombo South Teaching Hospital

[Signature]
Dr. Nishan Fernando
Senior Consultant, General Pathology
Colombo South Teaching Hospital



Ultra Sound Scanning Study *The Healing Leader*

Referring Consultant / Dr.

Name of the patient Mrs. Nu Fra Age 31Y Sex Female.

Indication Date 25/10/2023

Ultrasound Scan Abdomen

Liver: Uniform in echo texture / Not enlarged / No focal lesions
No intrhepatic or extrahepatic bile duct dilatation
Fatty change of Liver present / Absent Grade

Gall Bladder: Normal contour / Normal wall thickness / No calculus
No evidence of CBD dilatation.

Spleen: Uniform echo texture / Not enlarged / No focal lesions

Pancreas: Ununiform echo texture / Not visualized / Not enlarged / No focal lesions
No pancreatic calcification / No evidence of main pancreatic duct dilatation

Kidneys : Right Kidney:
Normal in size, Shape, position and smooth in outline,
BPL 10.5 cm, Normal corticomedullary demarcation
No Calculus / No hydronephrosis *mild fullness of*

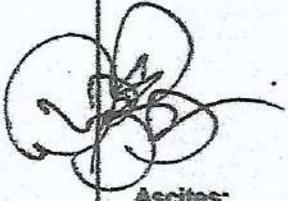
Left Kidney:
Normal in size, Shape, position and smooth in outline,
BPL 9.7 cm, Normal corticomedullary demarcation
No Calculus / No hydronephrosis *present*

Ascites: Present / Absent

No enlarged para aortic nodes

Bladder: Normal contour, Normal wall thickness, No calculus

Prostate / Uterus & ovaries *2 ov- cysts + complex box 14x9cm
simple small 3x2cm.*



Conclusion:

① - Complex (R) ovarian cyst = multiple septae and no solid components.
(9x9x19cm) CA 125, vca of.

② - Simple (R) ov cyst - 4x3.3cm

③ - Rest of the abdomen normal.

④ - Mild fullness in (R) renal p.c system due to compression at the pelvis.

[Signature]
Consultant Radiologist

WBC - 5.72

AST - 69

Hb - 9.7

ALT - 151

Plt - 117

S.c.r - 0.88

CA - 125 → 39.9.

S/B Prof CD₂₀ JB (VRT)

Cont. Bevacizumab maintenance
dose

c/o → B/L hand and feet
numbness

∴ can't continue: Taxol

~~BRCA~~
BRCA test.

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ASIRI LABORATORIES

Asiri Surgical Hospital PLC. No. 21, Krimandala Mw, Colombo 05.
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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

** IP/AHH/AHL **

Page 1 of

UHID : 110191672
REFERENCE No. : 01 4159 04/11/23
SAMPLE DATE & TIME : 04/11/2023 19:07
REPORT DATE & TIME : 18/11/2023 09:49
PATIENT : MRS. M.N.F. NUFRA [ROOM NO.114A]
REFERRED BY : DR. CHINTHANA HAPUACHCHIGE

IP No. : AHL0339409
AGE : 31 Y/F

AHH2009875 / AHL2010562

TEST : HISTOPATHOLOGY REPORT

Specimen :- A. Uterus, both ovaries and tubes.

B. Omentum.

Macroscopy :- A. Specimen consists of

1. Normal size uterus with attached cervix, a lobulated right ovarian mass, attached right tube and peritoneal tissue.
Uterus with cervix measures 90 x 57 x 40mm. A small vaginal cuff is seen posteriorly measuring 5mm in length.
Right ovarian mass measures 32 x 50 x 30mm. Surface papillary projections are noted.
Right fallopian tube measures 75 x 10mm.
2. Separate large cystic ovarian mass measuring 180 x 170 x 105mm. Surface tumour nodules are noted with papillary projections. The capsule appears intact. Attached fallopian tube measures 55 x 10mm.

Cut surface of the uterus shows a thickened endometrium (5mm). Myometrial thickness is 15mm.

Cut surface of the attached right ovarian mass shows solid whitish tumour nodules. cystic areas not identified. Normal ovarian tissue is seen focally.

Cut surface of the separate left ovarian mass shows a multilocular cyst with solid areas amounting to 30% of the tumour. The lumen is filled with gelatinous material. Hard areas identified.

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 REFERRED BY : DR. CHINTHANA HAPUACHCHIGE

B. A mass of omental tissue with thickened areas measuring 340 x 125 x 10mm. No macroscopic tumour deposits identified.

Microscopy :- A. Sections of bilateral ovarian masses show a papillary adenocarcinoma with cystic and solid areas. The localities and papillae are lined by cuboidal epithelial cells with enlarged moderately pleomorphic nuclei. Nuclear stratification is also noted. Mitotic activity is sparse in most of the tumour. A few foci with enlarged pleomorphic vesicular nuclei and increased mitotic activity are noted. Areas of necrosis are present. The tumours are breaching the ovarian capsules. Surface tumour nodules are noted. Scattered psammoma bodies and multiple foci of coarse calcifications are noted. Lympho-vascular tumour emboli are noted. The left fallopian tube shows multiple lymphatic tumour emboli in the wall. Right fallopian tube is free of tumour involvement. Uterus shows a secretory phase endometrium. No hyperplasia or malignancy is seen. The myometrium and cervix appear unremarkable. Attached peritoneal tissue contains tumour deposits.

B. Omental tissue contains a few scattered tumour deposits with psammoma bodies.

Ascetic fluid contains malignant cells.



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Conclusion :- Appearances are compatible with a low grade serous papillary carcinomas of both ovaries with focal high grade areas.
 Larger left ovarian mass measures 180 x 170 x 105mm.
 Smaller right ovarian mass measures 62 x 50 x 30mm.
Capsular breaches with surface tumour nodules are evident.
Lympho-vascular tumour emboli are noted.
Left fallopian tube and peritoneal tissue contain tumour deposits.
 Uterus is free of tumour involvement.
Omentum contains minute tumour deposits.
Ascetic fluid contains malignant cells.

Need immunomarker studies with P53 and WT1 to assess the high grade areas.
 Tissue block Allg is recommended for immunomarker studies.

RGH - 9340


 DR. RENUKA GOONESINGHE
 MBBS (Col), D.Path, MD (Histopath)
 Consultant Histopathologist