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

LungTrack Advance - Liquid Biopsy test by NGS (SNV's, InDel's & Fusions)

Test Name:* | Test Code:* MGM2623

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. .....)
- ☐ DBS/FTA
- ☐ Fresh Frozen Tissue
- ☐ Saliva
- ☐ Other sample type (specify site)

Whole Blood in Streck Tubes 2x 10ml

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. M.S. Marikar (In Capital Letters) D.O.B. DD MM YY Age:* 73Y/M 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* DD 19-11-2024 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 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 (Surg), MD (Onc), Dip RT
Consultant - 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:_____

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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. M.S. Marikar

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

ASIRI SURGICAL HOSPITAL | AOI AMERICAN ONCOLOGY INSTITUTE PRECISION CANCER CARE
Comprehensive Cancer Care Centre

Kon Ruy

Aegle Omics

0777 - 361457
0777 - 384592

Ca Lup ← Panel liquid Bx

↔ Tissue Bx

Asiri AOI Cancer Centre (Private) Limited.
No.21 Kirimandala Mw, Colombo 5 T. +94 11 452 4400 E. asiriaoi@asiri.lk

Department of Nuclear Medicine

Whole body PET-CT Report

Name : Mr.M.S.Marikar	Age/Sex :73Y/M	Ref. No : RC00014778
Referred By:Dr.N.Jeyakumaran	PET CT No:872/24	Date: 24.10.2024

Whole body F-18 Fluorodeoxyglucose (FDG) PET CT imaging was performed from the vertex to mid-thigh 60 minutes following intravenous administration of 5.17 mCi of F18 FDG using GE Optima 560 dedicated 8 slice/sec PET-CT system without breath holding instruction. Intravenous contrast enhanced CT scan was performed for anatomical localization and attenuation correction. The images were reviewed in axial, coronal and sagittal projections. A semi quantitative analysis of FDG uptake was performed by calculating SUV max value corrected for dose administered and patient body weight. The blood sugar level was 115 mg/dl at the time of injection of tracer.

Indication: Known patient with metastatic adenocarcinoma in the upper lobe of right lung undergone right VAT resection of apical tumour and Talc pleurodesis on 19.10.2022 followed by 18 cycles of chemotherapy and 3 weeks of radiotherapy. Last PET CT scan done on 13.03.2024 revealed minimal reduction in size and degree of FDG avidity of known recurrent adenocarcinoma of upper lobe of right lung. PET CT scan being done for reassessment. Images were reviewed with last PET CT scan done on 13.03.2024, HRCT of the chest done on 02.07.2024 and MRI scan of the spine done on 08.08.2024.

FINDINGS

Head and Neck

There are no FDG avid or non FDG avid focal parenchymal lesions in the cerebral or cerebellar hemispheres or in the brain stem, which maintain it's normal CT morphology, attenuation characteristics and normal distribution of metabolic activity. The ventricular system, basal cisterns and cortical sulci are within normal limits for the age of the patient. There are no areas of infarctions, intra axial or extra axial mass lesions. No metabolic abnormality is detected in the skull vault or base.

Moderate degree of increase FDG avidity (SUV max of 6.97) is observed in right lateral pterygoid muscle which is prominent. No similar abnormality is present in rest of the muscles in the region.

Asiri A O I Cancer Centre (Private) Limited. (Reg. No. PV120905)
No. 21, Kirimandala Mawatha, Colombo 5, Sri Lanka T.+94 11 452 4466 F. +94 11 462 6438 E. info@asiri.lk

No significant mucoperiosteal thickening, fluid levels or retention cysts are observed in the paranasal sinuses which are clear bilaterally.

Mild degree of FGD uptake in lingual and palatine tonsils bilaterally are again observed and is physiological. The pharynx, larynx and para pharyngeal spaces maintain it's normal CT morphology and otherwise normal distribution of metabolic activity.

Evidence of bilateral lensectomies are again observed. The globes, optic nerves and extra ocular muscles maintain it's otherwise normal CT morphology & normal distribution of metabolic activity.

No prominent, enlarged or FDG avid lymphnodes are present in the neck or supraclavicular region.

No FDG avid or non FDG avid focal lesions are present in the bilateral parotid or submandibular glands or in the thyroid gland which maintain it's normal size, shape, attenuation pattern and normal distribution of metabolic activity.

Chest:

There has been significant increase in size and slight increase in degree of FDG avidity of known recurrent adenocarcinoma in the posterior segment of upper lobe of the right lung medially encroaching upon the hilum of right lung too, since last scan done on 13.03.2024 and it measures 5.40x4.80x3.05cm in size with SUV max of 7.54 in the current scan (2.90x2.64x2.15cm in size with SUV max of 7.46 in the previous scan). Encircling of the talc in superior part of the oblique fissure, encroachment of the apical segment of lower lobe and impingement of visceral pleural of the upper lobe by the mass are again observed. At the hilum it encircles the right main bronchus and causes obliteration of right upper lobar bronchus. No cavitations are present in the residual lesion. No satellite lesions are evident.

Non FDG avid area of air space consolidation is evident in the apical segment of right lower lobe laterally. Previously noted area of fibrosis in the right upper lobe medially, predominantly involving the anterior segment is again identified and remain almost unchanged. Previously noted areas of consolidations in right middle lobe, left upper, lingular and lower lobes are not present in the current scan. A thin walled cyst measuring 3.27x2.89cm in size, is identified in the apico-posterior segment of left upper lobe.

A small non FDG avid parenchymal nodule measuring 6.0mm in diameter is identified in the anterior segment of upper lobe of left lung (image 109).

No similar nodules, other FDG avid or non FDG avid focal parenchymal nodules or areas of consolidations are identified in rest of the right lung or in the left lung. Previously noted non FDG avid areas of pleuro-pulmonary scarring with few areas of plate atelectasis in the upper and lower lobes of right lung are again observed. Rest of the lungs are clear bilaterally.

No prominent, enlarged or FDG avid lymphnodes are identified in the mediastinum or hila. Great vessels of the mediastinum are within normal limits and mediastinal blood pool shows SUV max of 2.15.

Areas of talc pleurodesis in right hemithorax, particularly in the upper zone are again observed. Mild to moderate degree of non FDG avid pleural effusion is evident in right hemithorax.

No left sided pleural effusion or pericardial effusion is evident.

No prominent, enlarged or FDG avid lymphnodes are present in the axillae, subpectoral or internal mammary groups.

Abdomen and Pelvis

No FDG avid or non FDG avid focal lesions are identified in the liver which is not enlarged, maintains it's smooth regular contour, normal uniform parenchymal attenuation pattern and normal distribution of metabolic activity (SUV max of 2.58). Intrahepatic and extra hepatic ducts are not dilated. Portal venous and hepatic venous radicles are within normal limits. Main portal vein is normal in caliber and no filling defects are present within. Gall bladder maintains it's normal distensibility and mural thickness. No calculi are present within it.

No FDG avid or non FDG avid focal lesions are identified in the pancreas, spleen, kidneys or adrenals, which maintain it's normal CT morphology, attenuation characteristics and normal distribution of metabolic activity. Evidence of transurethral resection of the prostate gland with calcific foci in the residual prostate gland are again observed.

No prominent, enlarged or FDG avid lymphnodes are identified in the para aortic, para caval, iliac, mesenteric or inguinal groups. No FDG avid or non FDG avid mass lesions or fluid collections are identified in the abdomen or pelvis. No free peritoneal fluid is present.

Normal distribution of the tracer in the small and large bowel are observed.

Musculoskeletal & Miscellaneous

There is a compression fracture of D12 vertebra with a small kyphus deformity. Mild to moderate degree of FDG avidity (SUV max of 5.46) is observed in the residual D12 vertebral body of which the endplates are irregularly sclerosed. No associated paravertebral or epidural soft tissue components are evident. Marked degenerative changes are observed in D11/12 and D12/L1 intervertebral discs. No similar abnormality is present in rest of the spine.

There is diffuse reduction in bone density as well as marrow metabolic activity of the upper dorsal spine and are most likely secondary to radiotherapy.

Degenerative changes in the spine, particularly in the cervical spine are again observed. No other sclerotic or lytic lesions or FDG avid osseous lesions are identified in the scanned region.

IMPRESSION

There has been significant increase in size and slight increase in degree of FDG avidity of known recurrent adenocarcinoma in the posterior segment of upper lobe of the right lung medially encroaching upon the hilum of right lung too since last scan done on 13.03.2024.

A small non FDG avid parenchymal nodule is identified in the anterior segment of upper lobe of left lung.

Compression fracture of D12 vertebra is most likely representing a benign osteoporotic fracture.

Hypermetabolic prominent right lateral pterygoid muscle warrants further evaluation. A MRI scan would be helpful in further evaluation.

No hypermetabolic metastatic lesions are identified in the scanned region.

Dr. S. H. Munasinghe
Consultant Radiologist

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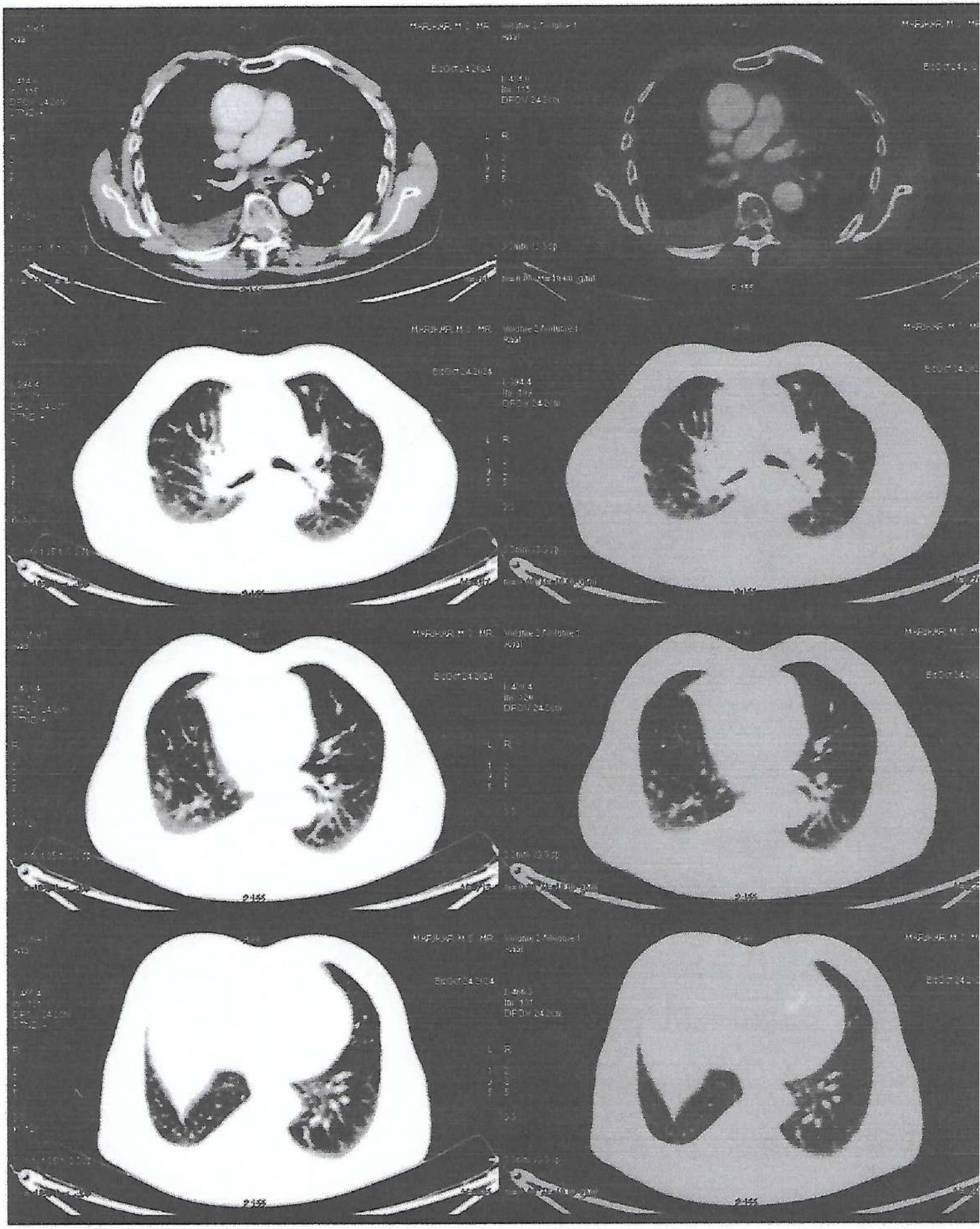

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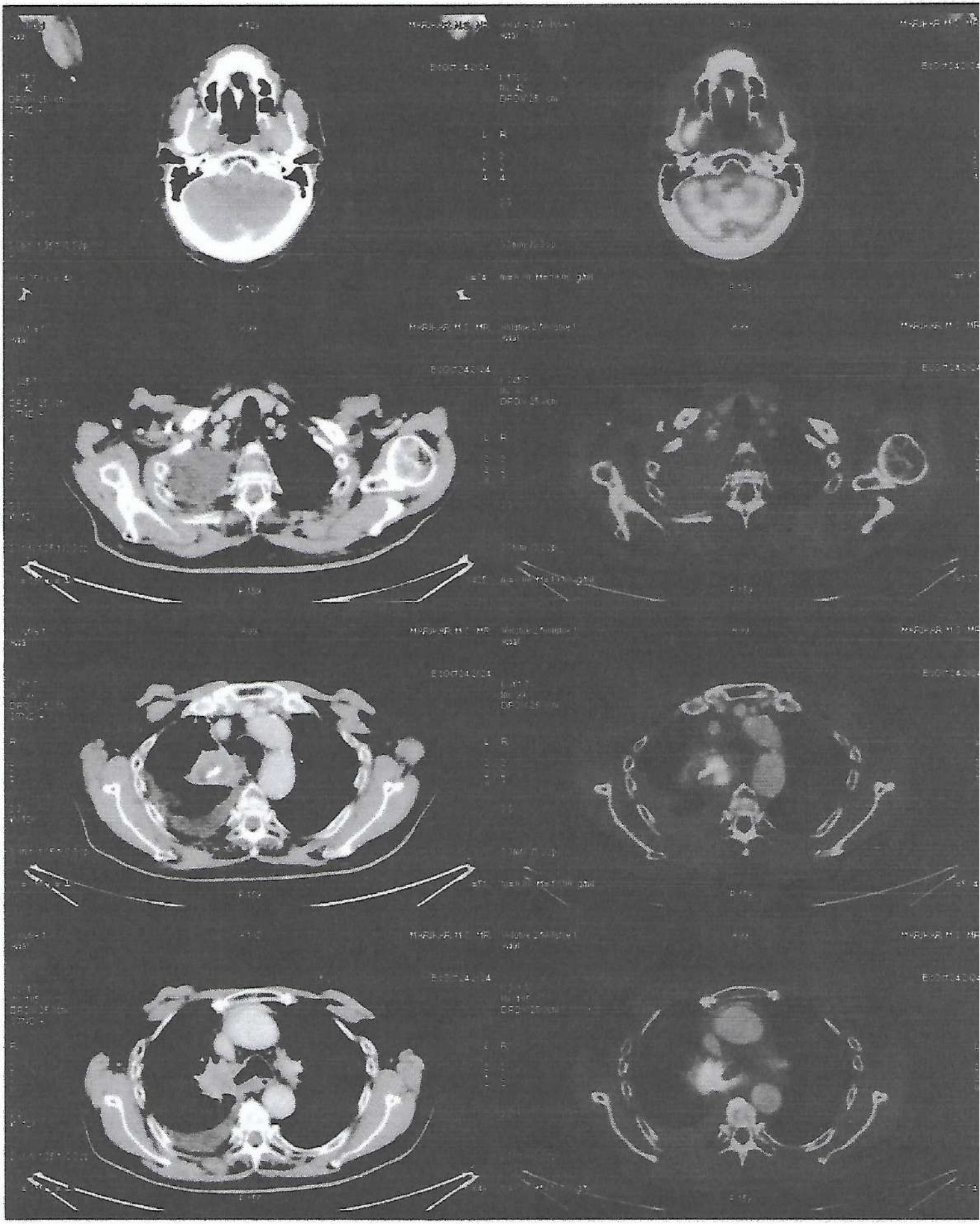

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