

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

Tumor BRCA1 & BRCA2 Gene Analysis

Test Name:* _____ Test Code:* **MGM537**

Sample type:

<input type="checkbox"/> Blood (in EDTA tube)	<input type="checkbox"/> Blood (in streck tube)	<input type="checkbox"/> DNA, Specify Source: _____	<input type="checkbox"/> Buccal swab
<input type="checkbox"/> Amniotic Fluid	<input type="checkbox"/> CVS	<input type="checkbox"/> Cultured CV	<input type="checkbox"/> Cultured amniocytes
<input type="checkbox"/> Fetal Blood (PUBS)	<input type="checkbox"/> Maternal blood for MCC (please send for prenatal studies)	<input type="checkbox"/> Products of Conception (POC), specify tissue: _____	* FFPE tissue Block (Block no.)
<input type="checkbox"/> Fresh Frozen Tissue	<input type="checkbox"/> Saliva	<input type="checkbox"/> Other sample type (specify site) _____	<input type="checkbox"/> DBS/FTA PRH3827C PRH3827B

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 **@ Wax Blocks**

Patient Details

Name:* **Mrs.P.T.J. Jasingha** (In Capital Letters) D.O.B. **DD MM YY** Age:* **51Y/F** Gender:* **M / F**
 Address: _____
 Phone: _____ E-mail I.D: _____

Clinician Details

Clinician's Name:* **Dr. Roshan Gunarathne** Hospital Affiliation: **Kandy General Hospital Sri Lanka**
 Address: _____ Phone : _____
 _____ Email id : _____

Date of sample collection* **9/12/2023Y**

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.


 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 **Mrs.P.T.J. Jasingha**

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.



ඉතිහාස සටහන
TREATMENT SHEET

ඉතිහාස (තොහොත්)
Treatment (Drugs)

ආහාර
Diet

අතිරේක ආහාර පිළිබඳව සහ
විශේෂ ආහාර පැමිණිලි කිරීම
Orders for Extra Diet, Proprietary
Drugs, Special Attendants, & c.

Mrs. P. T. J. Jayasinghe

Carbimazole of 200 mg

6/2 0/8 PR 0/8 1hr/2 hr

Wka 5/6

BRACO I / II

හොඳ කාර්යය

Dr. Roshan Gunaratne
MBBS MD
Consultant Clinical Oncologist
SLMC Reg No 16759
National Hospital, Kandy

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HISTOPATHOLOGY

Block and sides 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/AKH/AKH **

Page 1 of 4

UHID	: 150593273	
REFERENCE No.	: 05 4062 09/12/23	IP No. : AKH0047482
SAMPLE DATE & TIME	: 09/12/2023 13:31	AGE : 50 Y/F
REPORT DATE & TIME	: 14/12/2023 11:47	AKH2430840 / AKH2430827
PATIENT	: MRS. P.T.J. JASINGHA [ROOM NO.605A]	
REFERRED BY	: DR HARSHA PERERA	

TEST : CYTOLOGY (FROZEN BIOPSY)

Specimen : Sentinel node biopsy

Macroscopy : Three lymph nodes are identified. Largest 12x8 mm.

Microscopy : One out of three lymph nodes dissected shows extensive metastasis deposits from breast carcinoma.

PRFB 0004

CTD Next page...



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 REFERRED BY : DR HARSHA PERERA

.....HISTOPATHOLOGY REPORT.....

Specimen/ Site : Right mastectomy/ Level II axillary clearance

Macroscopy : Right mastectomy: The specimen consists of breast tissue (230x140x60 mm) with nipple bearing axillary tissue measuring and skin ellipse 120x60mm. No macroscopic skin changes are identified. There is an ill-defined mass measuring 20x18x15mm in the outer lower quadrant, which is 12 from the deep margin and well away from all other resection margins. The rest of the breast appears normal. Level II lymph nodes: multiple lymph nodes are dissected - largest 12x8 mm (previous sentinel node biopsy- three nodes received one with metastatic tumour).

Microscopy : The lesion of the right breast reveals an invasive carcinoma of breast, ductal (NST) Modified Nottingham grade 2. The tumour is comprised of tubules (40%- 2/3), trabeculae and small nodules formed by tumour cells with moderately pleomorphic vesicular nuclei containing macro nucleoli and hyperchromatic nuclei in other areas (Nuclear score 3/3). Mitoses are seen in moderate numbers (12/10HPF) in mitotically active areas (2/3). There is moderate infiltration of lymphocytes at the pushing margins of the tumour. The stromal shows periductal elastosis and hyalinised collagen fiber formation.

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Few microcalcifications are also noted.
 (Microscopic tumour size- 24x18 mm).
 The rest of the breast tissue appears normal. No DCIS foci are seen. A few lympho vascular tumour emboli are seen. All resection margins are free of infiltrating tumour or DCIS (including the deep margin which is 5 mm from the closest tumour nodule).
 The skin is free of direct and pagetoid spread by the tumour. Three out of nine lymph nodes dissected from the axillary fat reveal tumour metastases.
 No extra nodal invasion.
 (Sentinel node dissection: One out of three lymph nodes are positive).

Diagnosis :
 Right mastectomy : Invasive breast carcinoma, ductal, no special type
 Grade 2
 Tumour size- 24x18 mm (microscopic)
 Lymph nodes positive - 4/12
 pT2N2aMx
 Luminal type B/ HER 2 negative

Synaptic reporting:

Right mastectomy : Invasive breast carcinoma ductal - no special type
 Modified Nottingham Grade 2
 24mm in size
 All margins are clear - closest deep margin -12mm
 All other margins are well away.
 Tumor Extent- Skin Invasion - Not present
 Skeletal Muscle - not included.
 Lymphatic and / or Vascular Invasion- Identified
 Dermal Lymphovascular Invasion - Not present.

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AKH2430840 / AKH2430827

Perineural invasion - Not identified.
 Microcalcifications- Identified.
 Treatment Effect in the Breast /Treatment Effect in
 the Lymph Nodes - no information available
 Lymph nodes positive - 4/12
 pT2N2aMx

PRH 3827.

Ratnayake

Dr..Palitha Ratnayake
 MBBS, D.path, MD (PATHOLOGY)
 Consultant Pathologist