



315 A, 3rd Floor, Narayana Neurology Building, Narayana Health City,
Hosur Road, Bommasandra, Bengaluru, Karnataka, India - 560 089

Toll Free: 1800 103 3691 | Email: custsupport@medgenome.com
www.medgenome.com | custsupport@medgenome.com

Sample Receipt Details:

POD : _____ Temp : _____
 Date & Time : _____ Sample Type : _____
 CS Name & Sign : _____ Logistics Name & Sign : _____
 Prenatal Sample Yes No Bill type MDU Retail Research

TEST REQUISITION FORM

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

Test Details

Test Name*: **Endometrial Cancer panel by NGS + dMMR by IHC** Test Code*: **MGM2582**

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: _____	<input checked="" type="checkbox"/> FFPE tissue Block (Block no. XH1632N) XH1632Q
<input type="checkbox"/> Fresh Frozen Tissue	<input type="checkbox"/> Saliva	<input type="checkbox"/> Other sample type (specify site) _____	<input type="checkbox"/> DBS/FTA

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. S.A. SHIRANEE M F SENEVIRATHNE** (In Capital Letters) D.O.B. **DD MM YY** Age: * **76Y/F** Gender: * **M / F**

Address: _____

Phone: _____ E-mail ID: _____

Clinician Details

Clinician's Name: * **Dr. Mahendra Perera** Hospital Affiliation: **Asiri Surgical Hospital**

Address: _____ Phone : _____

Email id : _____

Date of sample collection * **02 08 2024**

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: _____
 MBBS (Cey), MD (Col), Dip RT
 Clinical notes/diagnosis: _____
 Principal Investigator - Clinical Trials

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 be delivered 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 **Ms Gayani**

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 **Daughter**

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.



Comprehensive Cancer Care Centre

Handwritten signatures and scribbles

AKM - 2582-

Handwritten scribble

Dr. WARENDRA PERERA
MBBS (Cey), MD (Gen), DSc (H)
Consultant in Clinical Oncology
& Radiotherapy
Principal Investigator - Clinical Trials



LABORATORY REPORT

PRIVATE AND CONFIDENTIAL



CLIENT CODE : C000000208

CLIENT'S NAME AND ADDRESS :
LANKA HOSPITALS - IPD
COLOMBO - 05
SRI LANKA
IPD

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 : Mrs. S A SHIRANEE M F SENEVIRATHNE

PATIENT ID : LHC1.0000671681

ACCESSION NO : 6001XH001633

AGE : 76 Years

SEX : Female

COLLECTED : 02/08/2024 10:36

DATE OF BIRTH :

RECEIVED : 02/08/2024 10:36

REFERRING DOCTOR : Dr KELUM JAYASINGHE

REPORTED : 13/08/2024 14:36

CLINICAL INFORMATION :

OP2400002452/IPCL.0290490 IPD-OPERATION THEATRE 5008

Test Report Status **Final** Results

HISTOPATHOLOGY

MEDIUM SPECIMEN LYMPHNODE

INTERPRETATION

Specimen **LEFT PELVIC LYMPH NODES**

Macroscopy

Fibro fatty tissue measuring 40 x 40 x 20 mm. 10 lymph nodes retrieved.

A-B - 1 lymph node

C - 1 lymph node

D - 2 lymph nodes

E - 1 lymph node

F - 1 lymph node

G - 2 lymph nodes

H - 1 lymph node

I - 2 lymph nodes

MP x 9B - PE

Microscopy &

Conclusion

LEFT PELVIC LYMPH NODES

Sections reveal reactive lymph nodes free of tumour metastasis (0/10).

Note -

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

****End Of Report****


Dr. (Mrs) P. N. Amarabandu
MBBS(Col), D. Path, MD
(Histopathology)
Consultant Histopathologist



CLIENT CODE : C00000208

CLIENT'S NAME AND ADDRESS :
LANKA HOSPITALS - IPD
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PATIENT NAME : Mrs. S A SHIRANEE M F SENEVIRATHNE

PATIENT ID : LHC1.0000671681

ACCESSION NO : 6001XH001632

COLLECTED : 02/08/2024 10:35

AGE : 76 Years

SEX : Female

RECEIVED : 02/08/2024 10:35

DATE OF BIRTH :

REPORTED : 13/08/2024 14:35

REFERRING DOCTOR : Dr KELUM JAYASINGHE

CLINICAL INFORMATION :

OP2400002451/IPCL.0290490 IPD-OPERATION THEATRE 5008

Test Report Status **Final** Results

HISTOPATHOLOGY

LARGE SPECIMEN HYSTERECTOMY

INTERPRETATION

Specimen **UTERUS, BILATERAL OVARIES, FALLOPIAN TUBES AND OMENTUM**

Macroscopy

Uterus, cervix, bilateral ovaries, fallopian tubes and omentum received in the same container. Uterus with cervix measuring 94 x 70 x 58mm.
Right ovary 50 x 24 x 18. Right fallopian tube 60 x 8 mm. Left ovary 60 x 30 x 15mm.
Left fallopian tube 70 x 10 mm. Omentum 230 x 60 x 5 mm.
Omentum is macroscopically normal. Posterior cervix inked -green, anterior cervix inked - blue. Small vaginal cuff noted anteriorly 7 mm.
Cut surface reveal a tumour filling the entire endometrial cavity 50 x 48 x 14 mm.
The tumour infiltrates nearly 80% of the myometrium, uninvolved myometrium 10 mm, myometrium at maximum invasion 2 mm.

- A - Omentum
- B - R/ovary
- C - R/fallopian tube
- D - L/ovary
- E - L/fallopian tube
- F - R/ cornue
- G - L/cornue
- H,I,J,K - Posterior fundus to ectocervix
- L,M,N,O,P - Anterior fundus to ecto cervical and vaginal cuff.
- Q - Maximum myometrial invasion.
- MP x 17B - PE

Microscopy

Sections reveal an endometrioid adenocarcinoma of the endometrium.
The tumour is composed of complex, crowded neoplastic glands lined by moderately pleomorphic columnar epithelium. No non squamous solid areas.
Malignant squamous morules noted. Tumour infiltrates to a myometrial thickness of 08mm, whereas the total myometrial thickness is 10mm (8/10mm i.e 80% of the myometrium).
No lymphovascular tumour emboli.
No extension into the cervix.
Cervix shows HPV induced koilocytic changes.
Included vaginal tissue is unremarkable.
Both ovaries and fallopian tubes are normal.
Bilateral cornu are free of in situ or invasive carcinoma.
Omentum is normal.

RADIOLOGY AND IMAGING



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by Joint Commission International



**ASIRI
CENTRAL
HOSPITAL**
LIVE MORE
A Softlogic Group Company

UHID : 130617546
PATIENT'S NAME : MRS S S M F SENEVIRATHNE
SCANNED REGION : CT CHEST, ABDOMEN & PELVIS

REQUESTED BY DR :
REFERENCE NO : RC02106683
DATE : 27-Jul-2024

PMR
AGE : 76 Yrs
SEX : FEMALE
PLAIN :
ENHANCED : X

CT CHEST, ABDOMEN & PELVIS

Both lung fields are normal.
No abnormal nodules or evidence of air space opacification.
Heart and the mediastinum is normal.
No mediastinal or hilar lymphadenopathy.
No pleural effusion.
Trachea and main bronchi are normal.
No evidence of bony abnormality seen in the chest wall.

Liver is not enlarged. No diffuse or focal abnormality seen.
No intra or extra hepatic duct dilatation. CBD is normal.
Gall bladder is normal with multiple calculi, largest measures 5 x 5mm.
No splenomegaly.
Pancreas is normal. No calcification masses or duct dilatation.
Both kidneys are normal in size and position.
Non obstructive calculus in the left lower group calyx measure 12 x 11 x 19mm (density 868 HU).
Simple cortical cyst is seen in left upper pole measures 41 x 43mm.
No calculi or hydronephrosis in right kidney. No perinephric pathology.
Supra renal glands are normal.
Aorta and IVC are of normal calibre.
No obvious bowel pathology.
Bladder contour is normal. No intra or perivesical pathology.
Mildly enlarge uterus measures 5 x 5.5 x 7cm.
There are heterogeneously enhancing areas in the uterus, largest within the lumen measures 40 x 19 x 40mm.
No extension is seen outside the myometrium.
Fluid is seen within the cavity anteriorly, thickness measures 11mm.
Another enhancing area is seen anterior wall measures 25 x 26 x 26mm.
Bilateral ovaries are normal.
No free fluid.
No enlarged pelvic and para aortic lymph nodes.
Multilevel degenerative changes are seen in the spine with rotational scoliosis.
Gas lucencies are seen in lower three lumbar vertebral bodies and fusion is seen in L5/S1 level.