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

Test Name:* MGM2581 Test Code:* Endometrial Cancer gene panel (SNVs, In Dels & Fusions)

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), specifiy tissue: _____
- ☒ FFPE tissue Block (Block no. 684 - 8Blocks)
- ☐ DBS/FTA
- ☐ Fresh Frozen Tissue
- ☐ Saliva
- ☐ 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. Sivanankai Suresh (In Capital Letters) D.O.B. DD MM YY Age:* 58Y/F Gender:* M / F

Address: .....

Phone:..... E-mail I.D: .....

Clinician Details

Clinician's Name:* Prof. Jayantha Balawardana Hospital Affiliation: .....

Address: ..... Phone : .....

..... Email id : .....

Date of sample collection* D17/09/2024Y

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. MA... MBBS (Gyn, MD (Gyn)), 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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Pedigree / Family History (Other Clinical Details)

Not Available

- N. Family History
- Bx - Uterine Carcinoma -
- TAH + BSO done
- Histopathology: G. II Moderately differentiated Adeno Carcinoma.

Details of accompanying samples (if any)

Name	Age	Sex	Relationship with patient	Clinical features (if any)

Informed Consent and Authorization Form

General Information About Genetic Testing

What is genetic testing?

Genetic disorders are caused by changes in a person's DNA. DNA is the material that provides instructions for our body's growth and development. For example, DNA determines things such as eye color and how our lungs work. DNA is compacted into 46 chromosomes, which are found in almost every cell of the body. A gene is a stretch of DNA on a chromosome that has the instructions for making a protein.

Genetic testing is a type of medical test that identifies changes in chromosomes and the DNA of a gene. The purpose of this test is to see if I, or my child, have a genetic variant or chromosome rearrangement causing a genetic disorder or to determine the chance I, or my child, will develop or pass on a genetic disorder in the future. For the purposes of this consent, 'my child' can also mean my unborn child.

Additional information about the specific test being ordered is available from my health care provider or I can go to the MedGenome website, www.medgenome.com. This information includes the specific types of genetic disorders that can be identified by the genetic test, the likelihood of a positive result, and the limitations of genetic testing.

What could I learn from this genetic test?

If {I/my child} have a family history of one of the conditions that is being tested, I should inform the laboratory of the specific gene variant(s) or chromosome rearrangement present in the family if it is known. The genetic test may identify the cause of the genetic disease that {I/my child} have or a normal genetic result may significantly reduce, but cannot eliminate, the likelihood that the condition in {me/my child} is genetic or that {I/my child} will develop the genetic disorder in the future. The following describes the possible results from the test:

1) **Positive:** A positive result indicates that a gene or chromosome variation has been identified that explains the cause of {my/my child's} genetic disorder or that {I/my child} am at increased risk to develop the disorder in the future. It is possible to test positive for more than one genetic variant.

2) **Negative:** A negative result indicates that no disease-causing genetic variant was identified for the test performed. It does not guarantee that {I/my child} will be healthy or free from other genetic disorders or medical conditions. If {I/my child} test negative for a variant known to be present in other members of {my/my child's family}, this result rules out a diagnosis of the same genetic disorder in {me/my child}.

3) **Inconclusive/Variant of Uncertain Significance (VUS):** A finding of a variant of uncertain significance indicates that a change in a gene was detected, but it is currently unknown whether that change is associated with a genetic disorder. A variant of uncertain significance is not the same as a positive result and does not clarify whether {I/my child} are at increased risk to develop a genetic disorder. The change could be a normal genetic variant or it could be disease-causing. Further analysis may be recommended, including testing both parents and other family members. Detailed medical records or information from other family members also may be needed to help clarify the results.

4) **No Result:** There is a possibility that no result maybe obtained or the result may not be available before 20 weeks gestation or before the birth of the fetus in ongoing pregnancies.

Result interpretation is based on currently available information in the medical literature, research and scientific databases. Because the literature, medical and scientific knowledge are constantly changing, new information that becomes available in the future may replace or add to the information MedGenome used to interpret {my/my child's} results. MedGenome does not routinely re-analyze test results or issue new test reports, and has no obligation to do so. I, or {my/my child's} health care providers may monitor publicly available resources used by the medical community, such as ClinVar (www.clinvar.com), to find current information about the clinical interpretation of my/my child's variant(s).

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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 Mrs. Sivanankai Suresh

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

4/10/24

Dr S Suresh

of Ca Endometrium

for POLE mutation

Raj

077 736 1457

Prof. Jayantha Balawardane
MBBS, MD(Col), FRCP (Edin), FRCP (Lond), FSLCO
Professor in Oncology
Head of the Department of Oncology
Faculty of Medicine
University Hospital
General Sir John Kotelawala Defence University

NLH

NEW LANKA MATERNITY HOSPITAL (PVT) LTD.

9, Bambalapitiya Drive, Colombo 04. Tel : 011 2594906, 011 2594907
Web : www.newlankamaternityhospital.com

DIAGNOSIS CARD

BHT 933/24

NAME : MRS. SIVANANKAI SURESH AGE : 58 years BLOOD GROUP- A POSITIVE

DATE OF ADMISSION : 10. 09..2024 DATE OF DISCHARGE: 13 .09.2024

CONSULTANT : Dr.G. SUJAHARAN

SUMMARY:

ABNORMAL UTERINE BLEEDING , CA ENDOMETRIUM

TOTAL **ABDOMINAL HYSTERECTOMY & B/L SALPINGO OOPHERECTOMY ON 11.09.2024 UNDER GENERAL ANESTHESIA**

INDICATION: ABNORMAL UTERINE BLEEDING, CA ENDOMETRIUM

ANESTHETIST: DR. SENEVIRATNE

SURGEON: Dr.G. SUJAHARAN

PROCEDURE:

LOW TRANSVERSE INCISION MADE

PERITONEAL CAVITY OPENED

SEVERE BOWEL ADHESIONS

UTERUS BULKY ,

OVARIES ARE ADHERED, ADHESIONS SEPARATED

ABDOMINAL HYSTERECTOMY & BOTH OOPHERECTOMY DONE

HAEMOSTASIS ACHIEVED

ROUTINE CLOSURE DONE.

SPECIMEN SENT FOR HISTOLOGY .

FOLLOW UP: AT CLINIC IN 2 WEEKS (3-5PM).

DR. G. SUJAHARAN

Dr. G. Sujaharan
MBBS (COL), MD (Obs & Gyn), FSLCOG
MRCOG (UK), MRCP (Ireland), DRSRU (UK)
Diploma in GYN. Laparascopy (Germany)
Diploma in IVF & Reproductive Medicine (Germany)
Consultant Obstetrician & Gynaecological Surgeon
SLMC - Specialist Number 8051

PROFESSOR L.R. AMARASEKARA
M.B.B.S. (CEY) P.H.D. (LOND)
CONSULTANT HISTOPATHOLOGIST

110/7, THURSTAN ROAD,
COLOMBO-3
TEL : 2582251

17.09.2024

Our Ref. No. : C 684

Name : Mrs Sivanankai
(Age 58 years)

BHT : 933/24

Specimen : **Uterus and adnexae**

Ref by: Dr G.Sujaharan MD, MRCOG, MRCP.

Macroscopic Appearance
The uterus was enlarged and measured 8.5 x 5 x 4 cm. The cut surface revealed a dilated uterine cavity filled with a soft polypoidal tumour mass. The mass was seen to arise from the endometrium. The ovaries and tubes were normal.

Microscopic Appearance
Cervix - Sections are normal. There is no tumour invasion.
Uterus - Sections reveal a malignant polypoidal tumour arising from the endometrium. It is composed of glandular structures. Foci of squamous metaplasia are present. No lymphatic or vascular emboli seen. There is very early myometrial invasion (less than half-thickness). The appearance is that of a moderately differentiated endometrioid adenocarcinoma of the endometrium.
Fallopian tubes - Sections are normal.
Ovaries - Show corpora albicantia.

Conclusion
Uterus - Moderately differentiated endometrioid adenocarcinoma of the endometrium.
(Tumour grade II).

Comment – The tumour is predominantly within the uterine cavity (exophytic growth) with minimal myometrial invasion.

PROF. L.R.AMARASEKARA

PROFESSOR L. R. AMARASEKARA
M. B. B. S. (Cey) Ph. D. (Lond)
Consultant Pathologist

PROFESSOR L.R. AMARASEKARA
M.B.B.S. (CEY) P.H.D. (LOND)
CONSULTANT HISTOPATHOLOGIST

110/7, THURSTAN ROAD,
COLOMBO-3
TEL : 2582251

Name	:	Mrs. S. Sivanankai
Re No	:	C 654
Age	:	58 yrs
Date	:	26/7/2024
BHt	:	718/24
Re By	:	Dr. G. Sujaharan (MD,MRCOG,MRCP)
		Investigated for vaginal bleeding
Specimen	:	Endometrial tissue
Macroscopy	:	Very scanty .

Microscopy

Serial sections were examined from the block .
Sections reveal polypoidal pieces of endometrial tissue containing clusters of malignant epithelial cells .
The cells are seen to form acenar structures .
The appearance is that of a poorly differentiated endometrioid adeno carcinoma. It is not possible to state if the tumour is arising in an endometrial polyp or from the endometrium.

Please inform

PROF.L.R. AMARASEKERA.

Professor L.R. Amarasekara
MBBS (Cey) PHD (Lond)
Consultant Histopathologist

Submitted to Softlogic Insurance

NLH NEW LANKA MATERNITY HOSPITAL (PVT) LTD.
9, Bambalapitiya Drive, Colombo 04.
Tel : 011 2594906, 011 2594907

Date : 19/9/2019

Consultant Oncologist.
Lanka Hospital.

Dear Sir.

Re. Mrs. Siriwardena 58.

She underwent TAH & BSO.
for Ca Endometrium, in uterine
Polyp.

Her histology report revealed
that moderately differentiated Endometrial
adenoca. of Endometrium (GR-II).

Please see her.

Dr. G. Sujaharan
MBBS (COL), MD (Obs & Gyn), FSLCOG
MRCOG (UK), MRCP (Ireland), DRDRU (UK)
Diploma in MIGH, Laparascopy (Germany)
Infertility & Reproductive Medicine (Germany)
Consultant Obstetrician & Gynaecological Surgeon
Specialist Number 0051