

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

[Combo] Lung combo panel - IHC (ALK D5F3, ROS1) & RT-PCR (BRAF V600E, EGFR [Hot Spot] exons 18, 19, 20, 21)

Test Name:* _____ **Test Code:*** MGM573

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.)
<input type="checkbox"/> Fresh Frozen Tissue	<input type="checkbox"/> Saliva	<input type="checkbox"/> Other sample type (specify site) _____	<input type="checkbox"/> DBS/FTA

PHR823A
PHR823B

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 allogeneic bone marrow transplant: Yes No.

Patient Details

Name:* Mrs. W.A. Shayama Manel Weththasingha (In Capital Letters) **D.O.B.** DD MM YY **Age:*** 43Y/F **Gender:*** M / F

Address: _____

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

Clinician Details

Clinician's Name:* Dr. Sujeewa Siyambalapitiya **Hospital Affiliation:** Aegle Omics Pvt Ltd

Address: _____

Phone : _____

Email id : _____

Date of sample collection* 14/11/2024 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. MALINDU PERERA
 MBBS (Cel), MD (Col), Dip RT
 Consultant in 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:** _____

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. W.A. Shayama Manel Weththasingha
 First Name Middle Name Last Name Date of Birth: mm/dd/yyyy

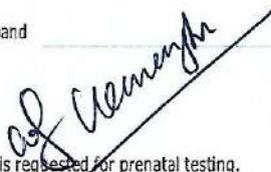
Patient/Guardian Signature* _____ Date: _____ Place: _____

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.



(Handwritten mark)

WARD NO : 40

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ලිපිනය (ගූගල්) Address												වයස (අවු.) වයස (වැරදීම) Age(Years)		ස්ත්‍රී/පුරුෂ භාවය කුමාරි / කුමාර Sex	M	F			
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වෛද්‍ය ඉතිහාසය සහ නිරීක්ෂණ සහ වැරදි පරීක්ෂණ ප්‍රතිඵල Clinical History and Examination												පරීක්ෂණ පරීක්ෂණ Investigation							
ECFR for lung panel.												FBC	<input type="checkbox"/>						
												UFR	<input type="checkbox"/>						
												ESR	<input type="checkbox"/>						
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ප්‍රතිකර්ම Treatment																			
සෞඛ්‍ය නිලධාරී අනුමැතියාගේ නම Referred to												අත්සන අත්සන Signature							

Discharge summary

Name: Mrs. W.A.Shayama Manel Weththasingha

Age: 43 yar

PID: 3135835

Date of Admission: 13/11/2024

Date of Discharge 15/11 /2024

Left VATS exploration + Pleural Biopsy + Lung Biopsy + Talc Pleurodesis.

Indication – Left Upper lobe mass with Multiple pleural deposits.

Done by Dr Saman Iddagoda (vs)

Dr Dhammika Rasnayake (vs)

Dr Sameera Fernando (SR)

Dr Lasantha Athukorala (SHO)

Dr K A P Dhammika (CA)

Findings.

F.O.B – Unhealthy mucosa of the left upper lobe bronchus at the level of apical segmental bronchi.

Multiple pleural metastasis.

Left upper lobe lesion.

Pleural effusion.

Procedure.

Uni-portal VATS.

Findings as Above.

Biopsy taken from Pleura and Lung.

Talc Pleurodesis done. Drain in situ.

Layered closure.

Skin Monocryl 3 . 0 subcuticular.

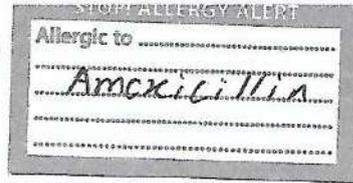
Post op.

Follow anesthetic plan for immediate post op.

Pain relief as per anesthetic plan.

CXR – PA at 6am on 14th November.

Trace Histopathology report and Oncology follow up.



B+rr.

DISCHARGE SUMMARY

Name: Mrs. W.A. Shyama Manel Weththasinghe.
Age: 43 years Sex: Female PID No. 03135835
Primary Consultant: Dr. Saman Iddagoda
Date of Admission: 13/11/2024 Date of Discharge: 15/11/2024

Final Diagnosis

Stage IV Lung Carcinoma

Operation: L/S VATS Biopsy + Pleurodesis.

Under GA/Spina/Epidura/Local: GA on 13/11/2024

Clinical History and Hospital Course

Evaluated for hemoptysis for 3/52
Chest showed $\frac{L}{UL}$ mass lesion
Suggestive of Malignancy.

Treatment given

Intraoperatively FO $\frac{L}{UL}$ mass
Pleural + Diaphragmatic Deposits
Lobectomy abandoned
Biopsies taken from primary lesion
+ Pleural biopsies.

IC tube - Removed on 15/11/2024.

Condition on Discharge:

Stable .

Investigations					
FBC WBC	8.4				
Hb	11.4				
PLT	234				
INR	1				
PLT	234				
S. Cr	0.78				
NaT	143				
KT	4.4				
CXR- Post op	- expanded lung				
Renmu					

ECG
.....
X-Ray Chest.....
.....
X-Ray.....
USG.....
CT Scan.....
MRI.....
.....
.....
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.....

Discharge Advice:

~~R~~ on 21/11 with 2 CXR
Trace histology reports.

Caution:

Drugs on Discharge

S.No.	Drug Name	Dose	Frequency	Timing	Remarks
①	O. ciprofloxacin 500mg x bid	/	/		
②	Panadolene 1g x tid				
③	Celecoxib 200mg x bid				
④	Omeprazole 20mg x bid				

Follow-ups in OPD ON 21/11 AT NARD

Follow up plan :

Signature		Medical Officer
Name	Apsara M. G.	Olu Ward
Designation	M.O.	Hemas Hospitals (Pvt) Ltd
		Wattala.

In Case of emergency. Please Contact : Incharge Nurse :
Telephone No.:
Name:
S.L.M.C. Reg. No :
Aruna Jayasinghe
In-Charge
Ward
Hemas Hospitals (Pvt) Ltd
Wattala.
Tel: 070 7234418

CONFIDENTIAL LABORATORY REPORT

SLAB
Name : Mrs W A SHYAMA MANEL WETHTHASINGHE

Age / Sex : 43 Y / Female

SID No : 07000342/WTL

Ref. By : Dr Saman Iddagoda

Bill No : WTL-IPV-2411-19200

Ward : ARAIYA 1

Patient ID : PAT03135835



Collected Date : 14/11/2024 00:17

Received Date : 14/11/2024 09:18

Reported Date : 20/11/2024 10:13

Page 1/2

HISTOPATHOLOGY REPORT

Clinical history :- Left upper lobe lung mass with pleural metastasis. Previous bronchial biopsy- Adenocarcinoma.

Specimen :- A). Pleural biopsy for histology.
B). Lung biopsy for histology.

Macroscopy :- A). Received a piece of pale brown tissue measuring 15x10x5 mm(one block).
B). Received three pieces of pale brown tissue together measuring 10x8x3 mm (one block).

Microscopy :- A).Sections reveal parietal pleural tissue with denuded mesothelium. The wall shows an infiltrating adenocarcinoma, composed of nodular proliferation of irregular glands lined by atypical epithelial cells with moderate nuclear atypia in a background of marked inflamed desmoplasia. These cells show low columnar epithelium with moderate eosinophilic cytoplasm. Foci of aggregates of inflammatory cells are also seen. Focally surface of the pleura shows papillary architecture with surrounding similar atypical epithelial cells.

B).Sections reveal superficial fragments of lung tissue , probably visceral pleura with an infiltrating similar adenocarcinoma as in specimen-A. Lung parenchymal tissue is not identified in this biopsy.

Diagnosis :- A & B).Pleura, left side, parietal & visceral , biopsies :-Metastatic adenocarcinoma - see comment.

Comment :-This could be metastasis from lung , suggest TTF1 to confirm it.

LAB NO : RPH 823

Dr. Ramani Punchihewa

MBBS, D.Path, MD(Histopathology)
Consultant Histopathologist

Dr. Wisaka Rathnamalala
MBBS, D.Path, MD(Haematology)
Consultant Haematologist

Dr. Prof. Gayana Mahendra
MBBS, D.Path, MD(Histopathology)
Consultant Histopathologist

Dr. Jayanthi P. Elvitigala
MBBS, Dip. Microbiology, MD(Microbiology)
Consultant Microbiologist

Dr. Rajitha Samarasingha
MBBS, D. Path, MD(Chem Path)
Consultant Chemical pathologist

Dr. Shanika Fernandopulle
MBBS, D. Path, MD(Histopathologist)
Consultant Histopathologist

Dr. Janaki Fernando
MBBS, D.Path, MD(Histopathology)
Consultant Histopathologist

CONFIDENTIAL LABORATORY REPORT



Name : Mrs W A SHYAMA MANEL WETHTHASINGHE

Age / Sex : 43 Y / Female

SID No : 07000342/WTL

Ref. By : Dr Saman Iddagoda

Bill No : WTL-IPV-2411-19200

Ward :ARALIYA 1

Patient ID : PAT03135835



Collected Date : 14/11/2024 00:17

Received Date : 14/11/2024 09:18

Reported Date : 20/11/2024 10:13

Page 2/2

BLOCKS and SLIDES of this specimen will be retained ONLY for TWO years, after the date of this report.
Specimen will be preserved for TWO MONTHS.

*** End of Report ***

Prof. Janaki Hewavisenthi
MBBS, D.Path, MD(Histopathology)
Consultant Histopathologist

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