



Barcode

**GENETIC TEST REQUISITION FORM**

Test Code: **S L S 1 6 2 2 0 0** Test Name: **Somatic BRCA Test** TR ID:   
 Test Code: Test Name: TR ID:   
 Test Code: Test Name: TR ID:   
 Test Code: Test Name: TR ID:

**PATIENT DETAILS**

Patient MRN/UHID #:   
 Patient Name: **Mrs. W.M.A.A.B Walisundara** DOB: Age: **43** Sex: **F**   
 Marital Status: Nationality: **Sri Lankan** Contact No.:   
 Address:   
 Email ID: Pincode:   
 ID Proof:  Driving License  Aadhaar Card  Voter ID card  Ration card Others: \_\_\_\_\_

**ADDITIONAL DETAILS IF REQUIRED**

Transfusion Date (if available): Blood Group:

**CLINICIAN INFORMATION**

Referring Clinician: **Dr. Roshan Gunarathne** Clinician Contact:   
 Referring Hospital: **General Hospital Kandy Sri Lanka**   
 Email Id:   
 Address: \_\_\_\_\_

**ADDITIONAL FAMILY MEMBERS' DETAILS**

Disease Status - Affected: Age at Diagnosis:   
 Affected Sibling/Family members:  Yes  No (If yes, provide the details in the table below)

Name	Relation with Patient	Type of cancer	Age at Diagnosis	Sex

**SAMPLE COLLECTION INFORMATION**

Date & Time of Collection: **1 5 0 6 2 0 2 4** Sample collected by: **Asiri Surgical Hospital Colombo 5**   
 Clinical History/Pathology Report Attached:  H and E Slides sent:

**FOR OFFICIAL USE ONLY**

Region: Bill type (for internal use only):   
 Sales person: GC done by: GC date:

GENETIC TEST REQUISITION FORM - ONCOLOGY

SLS/GEN/TRF-ONC/01\_V1





### CT REPORT

PATIENT'S NAME    MRS. W. M. A. A. B. WALISUNDARA    43Y    F

REGION              CT - CHEST, ABDOMEN & PELVIS

REFERRED BY        DR. CHINTANA HAPUACHCHIGE

RADIOLOGIST        DR. W. MEEGODA

REF NO              AHL - 486 / RC 949409

**Technique :** *IV contrast, oral, rectal water given. Arterial phase chest & venous phase abdomen performed.*

**Indication :** CA left ovary.

**CHEST**

Thyroid gland appears normal.

No lung nodules. No collapse or consolidation.

No supra-clavicular, axillary, mediastinal or hilar lymphadenopathy.

No pleural or pericardial effusions.

Great vessels of the chest and heart chambers are normal.

No bone pathology seen.

*CA 181 - 39.7*

**ABDOMEN & PELVIS**

Left ovary is surgically absent.

Prominent right ovary. Suggest TVS.

Uterus is retroverted. No masses.

No iliac or para aortic lymphadenopathy.

No free fluid, omental or peritoneal masses.

Liver, spleen, gall bladder, pancreas, adrenal, both kidney, bladder and bowel are normal.

**COMMENT :-**

- Know CA left ovary.
- No evidence of distant metastases.
- No pulmonary metastasis.

**Reported By : Dr. W. Meegoda**  
**Consultant Radiologist**

✓  
**DR. CHINTANA HAPUACHCHIGE**  
Consultant (Specialist) Radiologist  
ASIRI MEDICAL HOSPITAL, Colombo 05, Sri Lanka

# DIAGNOSIS CARD

Name : MRS. W.M.A.A.B. walisundara.

Address : NO. 27, Ekiriya gata road

D.O.B : 43 years.

Pitihuma, Kegalle.

Date of Admission : 14/06/2024.

Dr. : C. Hapuschchige

Date of Discharge : 17.06.2024

0113-882475

Interval Debulking laparotomy.

CR 125 - 39. 50/101

A Oxy.

CR + 3 gpc.

Dr. C. Hapuschchige.

15.06.2024

Misho. Hiver, bohul. A.M.M.K. Normal.

both Oxyier ser. (L) > R. U.L. U.L. POO Any deposit

3/4 Uterus. 1/2.

Hudson's Hysterectomy + BSO + Oophorectomy dx.  
Roux.



DR. CHINTHANA HAPUACHIGE  
MBS, MCh, DGO, MRCOG  
Consultant Gynaecological Oncologist / Surgeon  
SLMC No. 17244  
MRCOG 15303

(1) Complete Cycle Reduction dx.

(2) Calc-3 + Multi-

on discharge:

- o. Augmentin 625mg bd
  - o. Zylact 200mg bd
  - o. Paracet 1g bily.
  - o. Cefixime 200mg (u)
  - o. Famotidine 20mg bd
- 1/52
- R/v with histology in 2/52.

- \* Post op HS - 9.2g/l (16/06)
- ↓
- 10 RBC transfused
- ↓
- Blood transfusion reaction noted
- Med with
  - 10 Hydrocortisone
  - 10 Piroctan

2024/8/15

CT4 D<sub>1</sub> D<sub>8</sub> 1D<sub>1</sub>

CT4 D<sub>1</sub>

zu Dek. mit 2023 / 80m 40  
zu An. 2023  
D. L. 2023

16/2 2 v. Dek. zu An. 2023  
zu P. 2023  
& L. 2023

Rechn. 120 + (2023 - 2023)  
C. 2023/2023 - 15

D<sub>8</sub> 2024/2/23

D<sub>1,1</sub> 2024/2/23

39834

PN : MRS W.M.A.A.B . WALISUNDARA  
 UHID : 150652035 IP : DAY0028599  
 AGE : Y: 43 M: 5 D: 9 SEX: F D.O.B: 14-Feb-1981  
 CONSULTANT : DR ROSHAN GUNARATHNE



## DIAGNOSIS CARD

No. : .....

Patient's Name : .. MRS. W. M. A. A. B. WALISUNDARA ..  
 Age : 43.. Years DOB : 14.. / FEB / 1981.. Gender: FEMALE  
 Address : NO. 27, EKIRIYAGALA ROAD, PITIHUM, KEGALLE

UHID : 150652035..... IPN : DAY0028599  
 Room / Unit / Bed No: ..... 2 ..... Speciality : .....  
 Primary Consultant : .. DR. ROSHAN GUNARATHNE ..  
 Date of Admission : .. 23 / 07 / 2024 ..... Date of Discharge: 23 / 07 / 2024

Diagnosis:

(L) Ovarian Ca  
 for Chemotherapy

Surgery:

Presenting Complaint:

Allergy:

Past Medical History:

Diabetes Mellitus <input type="checkbox"/>	Hypertension <input type="checkbox"/>	Dyslipidemia <input type="checkbox"/>
IHD <input type="checkbox"/>	Bronchial Asthma <input type="checkbox"/>	Renal Impairment <input type="checkbox"/>
Other		

Physical Examination:

Temperature: ... 37 ... °C      Pulse : ... 90 ... /min      BP : ... 140 / 90 ... mmHg

4<sup>th</sup> dose (part)

**Investigations:**

Date	Test	Result/s

**In-Ward Management:**

- 1. IV Dexamethasone 8mg
- 2. IV Paliperidone 0.25mg
- 3. IV Piriton 10mg
- 4. O. Loratadine 10mg
- 5. IV Paclitaxel 120mg in 10 NS over 3hrs.

**Discharge Plan**

**Medication:**

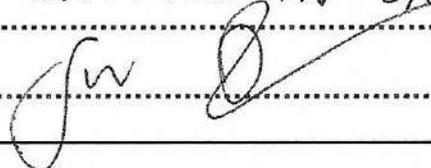
- 1. Paliperidone 0.5mg bd.
- 2. Domperidone 10mg bd.
- 3. Loratadine 10mg N / 2 days.

**Advice & Follow-up Plan:**

QIV in 1/52

**Dr. Roshan Gunarathne**  
MBBS, MD  
Consultant Clinical Oncologist  
SLMC Reg. No : 16753

Name of Consultant: ..... **DR. ROSHAN GUNARATHNE** .....

Signature : .....  .....

(Consultant's Stamp)