strand
PRECISION MEDICINE SOLUTIONS
FOR BETTER HEALTHCARE DECISIONS

+91 9980448044
support.strandx@strandls.com
strandls.com

Barcode

GENETIC TEST REQUISITION FORM

Test Code:	SLS162000	Test Name:	Somatic Advantage 74 Gene Test	TR ID:
Test Code:	SLS810001	Test Name:	PDL-1 22C3 (Dako)	TR ID:
Test Code:		Test Name:		TR ID:
Test Code:		Test Name:		TR ID:

PATIENT DETAILS

Patient MRN/UHID #:

Patient Name: Mrs. Y.P.M De Silva DOB: Age: 73 Sex: F

Marital Status: Nationality: 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 Mahendra Perera Clinician Contact:

Referring Hospital: Asiri Surgical Hospital Colombo5

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: 30/8/2024 Sample collected by:

Clinical History/Pathology Report Attached: Y 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

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SAMPLE TYPES (TO BE FILLED BY CLINICIAN / PHLEBOTOMIST)

Tick Mark	Sample Types	Collection & Shipping	Tick Mark	Sample Types	Collection & Shipping
	Whole Blood	• >2ml (purple top) tube. • Shipped with cool pack.		**Saliva**	• In the collection kit provided by Strand. • Shipped in ambient temperature.
*	**FFPE Block** No. of Blocks 12 Age of the Block _____ No. of Slides _____	• Block ID XH28680A, XH28680B, XH28680C, XH28680D XH25679A, XH25679B, XH25679C, XH25679D XH25679E, XH25679F, XH25679G, XH25679H to be shipped at ambient temperature.		**Cheek Swab** **Buccal Swab**	
	Blood (Liquid Biopsy)	• 20ml of blood collected in 2 Streck tubes (10ml per tube to be filled till fill line). • Shipped in ambient temperature.		**Purified Genomic DNA**	• Source _____, • DNA (>1 microgram) in 10mM Tris buffer (No EDTA). • Shipped with cool packs.
	Others (Please specify) _____ _____	• As per sample type - in cool packs.		**Dried Blood Spot (DBS)**	• 2-3 drops of blood per circle in the blood stain card provided by Strand. • Shipped in ambient temperature.

Note 1: Blood sample should not be collected if the blood transfusion has been done in the past 4 weeks, dialysis in the last 72hrs & chemotherapy in the past 3 weeks (re-sample would be requested if DNA quantity/quality is impacted).

Note 2: LB sample should reach the lab within 72hrs from the time of sample collection.

Note 3: Blood samples for BCR_ABL should reach the lab within 36hrs from the time of sample collection.

CANCER DETAILS & TREATMENT (TO BE FILLED BY CLINICIAN)

Cancer Type/ Diagnosis	Age	Histopathology	Staging	Surgery	Treatment (Chemotherapy/ Radiation/Targeted)

Attach a copy of the Histopathology Report

Strand Life Sciences Pvt. Ltd Ground Floor, UAS Alumni Association, Building, Bellary Road, Hebbal, Bengaluru - 560024

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PEDIGREE / FAMILY HISTORY / CLINICAL HISTORY (TO BE FILLED BY CLINICIAN / GENETIC COUNSELOR)

Not Available

(PLEASE ATTACH SEPARATELY INCASE OF DETAILED PEDIGREE)

DETAILS OF SAMPLE SENT TO THE LAB

SEND SAMPLES TO
(Monday to Saturday only)

Strand Life Sciences Pvt. Ltd.
Ground Floor, UAS Alumni Association Building,
Veterinary College Campus, Hebbal, Bangalore-560024
Phone: +91 99 8044 8044, E-mail: support.strandx@strandls.com

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INFORMED CONSENT FOR GENETIC TESTING

- If the proband is over 18 years of age, 'You' in this form refers to the proband
- If the proband is a minor or differently-abled, 'You' in this form refers to the Legal Guardian of the proband
- 'We', 'Our', 'Us' refers to Strand Life Sciences Pvt. Ltd.

You hereby consent to undergo testing offered by us and understand that:

1. Your biological sample(s) will be collected using generally accepted techniques. The sample(s) could be blood, saliva, tumor tissue, or any other biological sample as needed.
2. You understand that the sample(s) may be used to determine if you and/or your family members have variants in your gene(s). Results may indicate affected status, increased risk of being affected in future, inherited risk of disease, somatic mutations in tumor tissue, or other such findings.
3. Genetic tests are relatively new and are being improved and expanded continuously. You are aware of the risks and limitations of genetic testing.
4. You may need to share your relevant health records to correlate the findings from the genetic testing.
5. The genetic test report will be usually released within the Turnaround Time (TAT) specified by us for the test.
6. A positive test result is an indication that the individual being tested has a genomic variant that might have implications for their health or their progeny's health. Consultation may be sought from any physician or genetic counselor of your choice. You may also consider independent testing and consultation in addition.
7. The report will be shared with your authorized physician where applicable, or shared to your registered email ID, or shared on our secure portal, or a hard copy of the report can be shared upon request to the address provided in this form.
8. It is possible that knowledge of genetic information of an individual might be misused if it is in the wrong hands. Hence, we cannot reveal the genetic information even to family members without your explicit written authorization to do so. We will maintain complete confidentiality of the test results, as genetic test results can have social implications.
9. Genetic testing has its limitations. A repeat or alternative tests might be recommended by your treating physician accordingly.
10. Genetic testing might identify secondary findings in genes outside of the original test genes as defined by the American College of Medical Genetics. ☐ You can opt out from receiving secondary findings by ticking this box here.
11. All laboratory raw data are confidential and will not be released unless a special written request is made by you or the consulting clinician on record, or a valid court order is received by us. VCF, FASTQ and BAM files can be provided to you or your authorized personnel for a period of 3 months. For requests beyond that period we may charge an additional cost, as per institutional policy.
12. Our laboratory does not return any leftover sample after completion of testing under any circumstances. The only exception to the above is in the case of FFPE tumor blocks which can be returned upon request by you or your ordering physician within a period of 6 months. Any left over DNA (if available), regardless of the sample type, can be requested by you for up to a period of 3 months, provided you bear the transportation costs.
13. Samples collected as part of routine care with potential for future genetic research will be stored by our laboratory in accordance with ICMR guidelines 2017, clause 10.3.7.
14. Samples can also be shared with collaborators within or outside the country in line with existing relevant guidelines, in accordance with ICMR guidelines 2017, clause 10.3.8.
15. You understand and agree to the use of your data and biological sample for future research by us and our collaborators. We will use your samples and data in anonymised or aggregated form, such that it will be incapable of identifying you. By voluntarily signing this consent form you agree to provide broad or blanket consent for the storage and use of your samples and data as specified by ICMR guidelines 2017. ☐ You can opt out of this clause by ticking this box here.
16. Sharing of data with our collaborators will be bound under a data access agreement that will maintain individual confidentiality. Your personal identity will not be revealed in any information shared with third parties or published; your data will be coded accordingly.
17. The future use of your data or sample in research may result in commercial gains. Based on the nature of research outcomes, further investments by us may be needed to commercialize these outcomes. You will not have the right to participate in any direct monetary gains resulting from any future commercial activity.
18. You understand and agree to being re-contacted in the future if there is new information available on your genomic variants or new research envisaged that you could benefit from.
19. You have the full rights to decide whether or not you wish to provide consent, nobody can coerce you into providing consent. You can also choose to withdraw your consent at a later stage if you so wish, you need to notify us regarding the same.
20. In case you have any concerns or perceive any conflict of interest, you may seek clarification on institutional policy from relevant authorities.

Name of Individual/Legal Guardian: Mr. De Silva Date: Signature:

STATEMENT OF PHYSICIAN/GENETIC COUNSELOR

- I have explained the genetic testing suitable for this individual and the individual has had the opportunity to ask questions.
- I have addressed the limitations outlined above, and I have answered this person's questions.
- I have obtained consent from the patient or the legal guardian for this testing. I confirm that the individual has given consent willingly.
- I allow Strand Life Sciences to contact the aforementioned patient for clinical history, treatment plan, and other details relevant to this test.
- I undertake to maintain the privacy and confidentiality of the patient's genetic data obtained from Strand Life Sciences and will remain solely responsible for any wrongful acts and/or omissions arising out of, or in relation to my use of the patient's genetic data.

Name: Dr. Mahendra Perera Date: (Physician/Genetic Counselor) Signature:

ASIRI SURGICAL HOSPITAL | AOI AMERICAN ONCOLOGY INSTITUTE PRECISION CANCER CARE

Comprehensive Cancer Care Centre

0 5 SEP 2024

82S - 162200 (BRAA...)

188,000

82S 162000

82S = 81004

Asiri AOI Cancer Centre (Private) Limited.
No.21, Kirimandala Mw, Colombo 5 T. +94 11 452 4400 E. asiriaoi@asiri.lk

Name of the Patient : -Mrs. P. De Silva
Age/Gender : -73Yrs/F
TGID : -2796731
Reference number ; -002085
Referred By : -Dr. D. L. H. D. A. Dayananda (MBBS)
Thank you for referring this patient

CT SCAN OF THE CHEST & ABDOMEN AND PELVIS

Technique
Non-contrast followed by arterial and venous helical sections have been obtained.

Report:

Abdomen

Gall bladder is replaced by enhancing ill defined lesion infiltrating in to the liver(segment 1vb, v and vl in keeping with locally infiltrating carcinoma.There is collection encasing gall bladder fossa (8.5cm x7cr x7.9cm) with gas pockets suggestive of perforation and infected collection. Medially it causes mass effec to porta hepatis . Proximal CBD (7) and hepatic ducts(1cm).Distal CBD not dilated.

Intra hepatic ducts not dilated at the time of imaging It infiltrates in to the hepatic flexure, omentum an proximal transverse colon. No evidence of any calculi.Small volume (6mm) celiac axis and porta hepatis nodes are seen. Small volume free fluid in upper abdomen.

Rest of the liver is normal. portal and hepatic veins are normal. No focal lesion seen.

Pancreas is normal in size. No focal lesion or calcification seen.
Spleen is normal in size. Both supra renal glands normal.
Both kidneys normal in size, shape and enhancement. No focal pathology seen.
No evidence of calculus or hydronephrosis either side.
Urinary bladder is distended and normal. No evidence of calculi or mass lesion.
Aorta is within normal caliber.
No significant para-aortic lymphadenopathy.

Chest

Lung fields are normal. No mass lesions.
Low density lymph node (1cm) in pre tracheal region
No hilar or other mediastinal adenopathy. No chest wall lesions.
There no axillary adenopathy. No perihilar congestion.
No pulmonary fibrosis. No bronchiectasis. No cardiomegaly.
No pericardial effusions.

COMMENT:

- Gall bladder replaced by Locally infiltrating mass in keeping with known gall bladder carcinoma.
- Collection in relation to the lesion infiltrating in to hepatic flexure, omentum and proximal transverse colon suggestive of localized perforation. Mild ascites and small volume upper abdomina adenopathy.
- Mild proximal CBD and hepatic duct dilatation due to mass effect.
- No evidence of distant metastasis

Dr. Thanuja Sumanasekara
MBBS, MD Radiology
Consultant Radiologist

Date: 18.08.2024

Dr. (Mrs) Thanuja Sumanasekara
MBBS (Sri Lanka) MD-Radiology(Colombo)
MRCR (UK)
Consultant Radiologist
Teaching Hospital - Ragama
SLMC Reg. No. 14197