

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

Lung combo panel II- IHC (ALK D5F3, ROS1, PDL1, c-MET) & RT-PCR (EGFR[Hot Spot] exons 18, 19, 20, 21)

Test Name: PDL1 IHC analysis (SP263 clone) **Test Code:** MGM1373, MGM525
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), specify tissue: _____ FFPE tissue Block (Block no.)
 Fresh Frozen Tissue Saliva Other sample type (specify site) _____ DBS/FTA
XL2095

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 **One Wax Block**

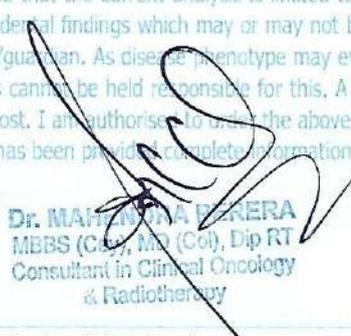
Patient Details

Name: * Mr. A.H.M. Aruna Rohantha (In Capital Letters) **D.O.B.** DD MM YY **Age:** * 58Y/M **Gender:** * M / F
Address: _____
Phone: _____ **E-mail I.D:** _____

Clinician Details

Clinician's Name: * Dr. Mahendra Perera **Hospital Affiliation:** Aegle Omics Pvt Ltd
Address: _____ **Phone :** _____
 _____ **Email id :** _____
Date of sample collection * 2/12/2024 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 authorise 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. MAHENDRA PERERA
 MBBS (Col), 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 **Mr. A.H.M. Aruna Rohantha**

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.

03 FEB 2023

03 FEB 2023

Handwritten signature

Max Ball

for

① Hospitalized July 2021

② was EURR 18.19.21

Handwritten signature

Dr. MAHENDRA PERERA
MCh, FRCR, FRCR, FRCR
Consultant Clinical Oncology
& Radiotherapy
Principal Investigator - Clinical Trials



CLIENT CODE : C00000208

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, NARAHEPITA, COLOMBO 5 Tel : +94 11 5430000 , Fax : +94 11 5439032 Email : info@lhd.lk Web : www.lhd.lk

PATIENT NAME : Mr A H M ARUNA ROHANTHA

PATIENT ID : LHC1.0001097493

ACCESSION NO : 6001XL002095

AGE : 58 Years

SEX : Male

COLLECTED : 02/12/2024 14:29

DATE OF BIRTH :

RECEIVED : 02/12/2024 14:29

REFERRING DOCTOR : Dr VARUNA KARUNARATHNA

REPORTED : 12/12/2024 18:27

CLINICAL INFORMATION :

OP2400003677/IPC1.0298470 IPD-OPERATION THEATRE 4076

Table with 2 columns: Test Report Status (Final), Results

HISTOPATHOLOGY

SMALL SPECIMEN OTHER BIOPSIES

INTERPRETATION

Clinical history Previous empyema, pleural thickening following decortication.

Specimen Pleural biopsy for histology.

Macroscopy Received few pale pieces of tissue together measuring 10 x 10 x 3 mm. All passed in 1 block.

Microscopy Sections reveal pleural tissue with denuded mesothelium. The wall shows an infiltrating carcinoma, composed of cohesive clusters, strands and few ducts lined by atypical epithelial cells with moderate nuclear atypia in a background of marked desmoplasia. These cells show vesicular nuclei, tiny nuclei and moderate deeply eosinophilic cytoplasm. Vascular emboli are not seen.

Diagnosis Pleura, ?/ side, biopsy:-Metastatic adenocarcinoma- see comment.

Comment ? Primary site. Suggest TTF1 and CK7 immunos to identify the primary site.

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

Handwritten signature of Dr. Ramani

End Of Report

Dr.(Mrs)Ramani Punchihewa MBBS,D path MD (Histopathology)

Consultant Pathologist

Handwritten notes and a circular stamp with text: Pleura, ?/ side, biopsy:-Metastatic adenocarcinoma- see comment.



Allergy
None

Mr A H M ARUNA ROHANTHA

IPC1.0298470/LHC1.0001097493

58 Year(s)/M DOB: 17-Apr-1966

DOA: 01-Dec-2024 06:49:50 PM

Discharge Summary

AD/202 87048

Patients Name: Mr. A.H.M Aruna Rohantha

Age / Gender: 58 / M Bed No: AD76

Consultant's Name: Dr. V. Kesunathne

Specialty: Consultant Thoracic Surgeon

Date of Admission: 01/12/2024 Date of Discharge: 03/12/2024

Diagnosis:

R/S Mini Thoracotomy - Lung Mobilization
and Multiple Pleural Biopsy

Surgery:

as above

Presenting Complaint:

AAR for Mini thoracotomy & Pleural biopsy
Recently MA for Pleural effusion

Past Medical / Surgical History:

Bronchoscopy & VATS Decortication

Physical Examination Findings:

Temperature: 98.6 °C Pulse: 82 per min B.P: 145/90 mmHg

CVS

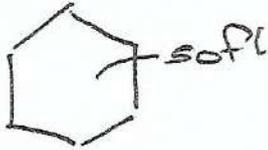
Dual Rhythm

Temperature : °C Pulse : per min B.P : mmHg

RS



Abdomen



CNS

GCS 15/15

Others:

Investigations:

Discussion / Ward Management / Surgery Notes:

Patient underwent R/S Mini: thoracotomy + ~~some~~
Multiple pleural biopsy. Patient was discharged
upon clinical stability.

Patient Condition / Status at the time of Discharge:

Hemodynamically stable

Diet Instructions:

as advised

Physical Activity:

as advised

Signs to look for to obtain Urgent Care:

Fever, SOB

Any Special Instructions:

Discharge Medications:

- o. Augmentin 625 mg tds
 - o. Paracetamol 2 tab tds
 - o. Nucoxia 1200 mg bd
 - o. Gabapentin 300 mg bd
 - o. Nexium 40 mg nocte
- } 1/52

Follow - up Instructions:

R/U in 1/52 E CAR - PA

Note:

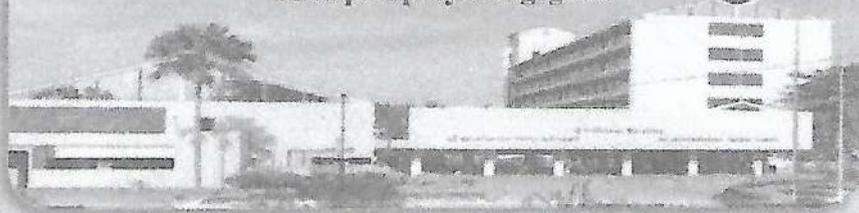
Kindly contact the consultation desk to make / confirm appointment for review with your consultant. All pending reports can be collected from outpatient report dispatch desk on the date indicated to you at the nurse's station at the time of discharge.

.....
Name of Medical Officer Signature of Medical Officer

Name of Consultant:

Lanka Hospitals Colombo	Call 011- 5430000
Consultation Desk (appointments)	Call 011- 5431185/86/87
(e- Channeling, Sampath bank, Dialog/ Mobitel phones -dial 225)	
24 Hours Emergency/ Ambulance services	Call 1566(Hot Line) or 015431066(reception)
Diagnostic Services (24 hour Sample Collection and Laboratory Investigation)	Call 011-5431060/ 61/ 62
24hour Pharmacy services	Call 011- 5431043
Financial Information Center	Call 011 -5431095

Thalapatpitiya Nugegoda



An excellent health care with state responsibility

Tel:011-2778610/Fax:0112778622, Ext: Histology(3028), Bio Chemistry(3033), Hematology(3060), Microbiology(3036).
E-mail: laboratory@sjghsrilanka.lk, Web: sjgh.health.gov.lk

Reg.No : 2429954 - M043 Age : 58 YR
Patient Name : Mr. A H M A R ABEYSINGHA Sex : M,
Case No : 0179L14/12/24 Ward : 07- CASUALTY
Referring Dr. : DR K V C JANAKA Current Status 07- Casualty
Date : 14-Dec-2024 11:04 am

Carcinoembryonic Antigen (CEA)

	Result		Normal Range
CEA	<u>344.5</u>	ng/mL	0.00-5.00

Expected results:

Non Smoker : 0.0 - 5.0 ng/mL
Smoker : 0.0 - 10.0 ng/mL

Carcinoembryonic antigen (CEA) Assay

Analytical sensitivity : 0.5 ng/mL

Assay principle : Chemiluminescent Microparticle Immunoassay (CMIA)

Immunoassay system : Abbott Architect i1000 SR

Date

Medical Laboratory Technologist

Consultant

Dr. Prabhath Ambawatta
Consultant Pathologist
MBBS, D PATH, MD, (Pathology) Col

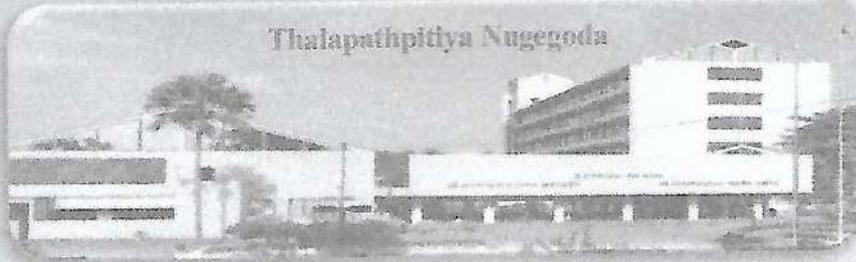
Dr.(Mrs)Sonali Rodrigo
Consultant Pathologist
MBBS, D PATH, MD, (Pathology) Col

Dr.(Ms.)Chitranga Kariyawasan
Consultant Haematologist
MBBS, D PATH, MD, (Haematology)

Dr.(Mrs).Kushlani Jayatilleke
Consultant Microbiologist
MBBS (Col), Dip. Medical Microbiology
M.D. Microbiology

Dr.(Mrs).Neranjana Vithanage
Consultant Chemical Pathologist
MBBS, D PATH, MD, Chemical Pathology

Thalapathpitiya Nugegoda



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Tel:011-2778610/Fax:0112778622, Ext: Histology(3028), Bio Chemistry(3033), Hematology(3060), Microbiology(3036).
E-mail: laboratory@sjghsrilanka.lk /Web: sjgh.health.gov.lk

BLOOD PICTURE REPORT

NAME: MR. A.H.M.A.R. ABEYSINGHA **AGE:** 58YRS
CASE NO: 2429954 **SEX:** M
0179L14 (B3/14) **WARD:** 07

INDICATION: Empyema of R/ lung, ?Metastatic Adenocarcinoma
Hb -8.7g/dl, ↑ESR, ↑CRP

RBC: Mild anisopoikilocytosis, Hypochromic microcytic
Pencil cells, Elliptical cells, Acanthocytes
Irregularly contracted cells , Few Target cells
Tear drop cells, No red cell fragments , No polychromasia
Moderate rouleaux formation

WBC: Mild polymorphonuclearleucocytosis
Neutrophils show left shift with toxic changes
Occasional myelocytes
Few Hypersegmented neutrophils
Reactive lymphocytes
No abnormal cells

PLATELET: Mildly increased on film

COMMENT: Compatible with a bacterial infection
No micro angiopathic haemolytic anaemia
RBC- Moderate Iron deficiency anaemia + Haemoglobinopathy
Suggest serum iron studies & serum ferritin once acute event has subsided

16.12.2024

Date

Medical Laboratory Technologist

.....**Dr.(Ms) C. KARIYAWASAN**
Seen by SR Haematology

Dr. Prabhath Ambawatta
Consultant Pathologist
MBBS, D PATH,MD.(Pathology) Col

Dr.(Mrs) Sonali Rodrigo
Consultant Pathologist
MBBS, D PATH,MD.(Pathology) Col

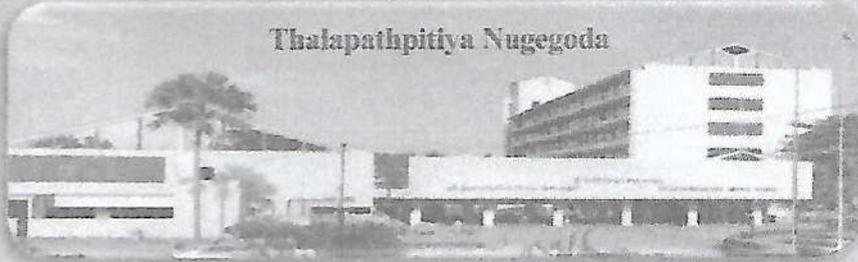
Dr.(Ms.) Chitranga Kariyawasan
Consultant Haematologist
MBBS, D PATH,MD.(Haematology)

Dr.(Mrs).Kushlani Jayatilake
Consultant Microbiologist
MBBS Col, Dip Medical Microbiology,
MD Microbiology

Dr.(Mrs).Neranjana Vithanage
Consultant Chemical Pathologist
MBBS, D PATH,MD,Chemical Pathology



Thalapathpitiya Nugegoda



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Tel:011-2778610/Fax:0112778622_Ext: Histology(3028), Bio Chemistry(3033), Hematology(3060), Microbiology(3036).

E-mail: laboratory@sjghsrilanka.lk ,Web: sjgh.health.gov.lk

Reg.No : 2429954 - M044 Age : 58 YR
 Patient Name : Mr. A H M A R ABEYSINGHA Sex : M,
 Case No : 0179L14/12/24 Ward : 07- CASUALTY
 Referring Dr. : DR K V C JANAKA Current Status 07- Casualty
 Date : 14-Dec-2024 11:05 am

Prostate Specific Antigen (PSA)

	Result	Normal Range
PSA (Total)	4.63	0 - 4

Prostate Specific Antigen (PSA) Assay

Analytical Sensitivity : 0.008 ng/mL

Assay principle : Chemiluminescent Microparticle Immunoassay (CMIA)

Immunoassay system : Abbott Architect i1000 SR

A G D P Kumarasiri

Medical Laboratory Technologist

Consultant

Dr. Prabhath Ambawatta
 Consultant Pathologist
 MBBS, D PATH, MD, (Pathology) Col

Dr. (Mrs) Sonali Rodrigo
 Consultant Pathologist
 MBBS, D PATH, MD, (Pathology) Col

Dr. (Ms.) Chitranga Kariyawasan
 Consultant Haematologist
 MBBS, D PATH, MD, (Haematology) i

Dr. (Mrs) Kushiani Jayatilake
 Consultant Microbiologist
 MBBS, Col, Dip, Medical Microbiology,
 MD Microbiology

Dr. (Mrs) Neranjana Vithanage
 Consultant Chemical Pathologist
 MBBS, D PATH, MD, Chemical Pathology

RADIOLOGY AND IMAGING



Organization Accredited
by Joint Commission International



11-12,
**ASIRI
CENTRAL
HOSPITAL**
LIVE MORE
A Softlogic Group Company

UHID : 130556959
PATIENT'S NAME : MR A.H.M.A ABEYSINGHE
SCANNED REGION : CT CHEST

REQUESTED BY DR : DR AMITHA FERNANDO
REFERENCE NO : RC02041114
DATE : 10-Feb-2024

PMR : CHL0154898
AGE : 57 Yrs
SEX : MALE
PLAIN :
ENHANCED : X

CT CHEST

There is a segment of collapsed consolidation of the lower lobe of the right lung.

Airbronchogram seen.

There is an encysted pleural effusion seen.

No abnormal enhancement.

IC tube in-situ with the tip at the periphery of the pleural surface.

Aerated upper lobe appear to be normal.

Few atelectatic bands seen in the left lung as well.

Rest of the left lung is normal.

Heart is deviated slightly towards the left side.

Mediastinum is normal.

Small lymph nodes seen in the mediastinum, largest in the right para tracheal region 13 x 8mm.

Trachea and main bronchi are normal.

Aorta and IVC appear normal.

No evidence of bony abnormality seen in the chest wall.

Small nodule seen in the right lobe of thyroid gland measuring 8mm.

COMMENTS

Residual loculated pleural effusion with collapsed consolidation of the lower lobe of the right hemi thorax. No abnormal enhancement.

IC tube seen in-situ with the tip in the periphery of the right pleural surface.

Few enlarged lymph nodes seen in the mediastinum.

Note made of mild dilatation of the lower oesophagus.

DR(MRS) LAKMALIE PARANAHEWA
CONSULTANT RADIOLOGIST

CONFIDENTIAL LABORATORY REPORT

Member of Clinical and Laboratory Standards Institute, U.S.A.



707A

154898



Central Hospital Limited, No. 114, Norris Canal Road, Colombo 10.
T. +94 11 466 5500 F. +94 11 466 5599 chllab@asiri.lk

Block and slides of this specimen/s will be retained ONLY for six months after the date of this report. Specimen will be kept for one week

HISTOPATHOLOGY

** OPD/AHH/ALS **

Page 1 of 1

REFERENCE No. : 01 0437 11/02/24
 SAMPLE DATE & TIME : 11/02/2024 11:37 AGE : 57 Y/M
 REPORT DATE & TIME : 01/03/2024 19:22 ASH2010906 / AHH8876
 PATIENT : MR. A H M A ABEYSINGHE (130556959) 4147C
 REFERRED BY : DR AMITHA FERNANDO

TEST : HISTOPATHOLOGY REPORT-

Clinical history :- Right side large loculated empyema.? TB.

Specimen :- Right side pleural tissue for histology.

Macroscopy :- Received a piece of irregular brownish tissue measuring 35x15x2 mm. All passed in 2 blocks.

Microscopy :- Sections reveal fragments of pleural tissue with denuded mesothelium, covered by fibrin material. The wall shows marked inflamed granulation tissue response, areas of suppuration and necrosis. Separate blood and fibrin clots mixed inflammatory debris are also noted. There is no evidence of granulomata or malignancy in this biopsy.

Diagnosis :- Parietal pleura ,R/ side, biopsy :- Empyema.

RPH - 3004

G.P.H. Ramani

DR. RAMANI PUNCHIHEWA
MBBS, D path MD, (Histopathology)
Consultant Pathologist