

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: 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
**RP3326A4 , RP3326A5
 RP3326A3 , RP3326A6**

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 **Wax Block 4 numbers**

Patient Details

Name:* **Mr. Christopher Kalinski** D.O.B. **DD MM YY** Age:* **74Y/M** Gender:* **M / F**
(In Capital Letters)
 Address: _____
 Phone: _____ E-mail I.D: _____

Clinician Details

Clinician's Name:* **Dr. Senaka Kandedegara** Hospital Affiliation: **Aegle Omics Pvt Ltd**
 Address: _____ Phone : _____
 _____ Email id : _____

Date of sample collection* **11/10/2024 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.


 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 be delivered 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. Christopher Kalinski

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.

ಪ್ರತಿವಾರ ಪರಿಶೀಲನೆ TREATMENT SHEET

ಪ್ರತಿವಾರ ಪರಿಶೀಲನೆ
R.H.T. No.

Date	Treatment (Drugs)	Diet	Orders for Extra Diet, Proprietary Drugs, Special Attendants, etc.
------	-------------------	------	--

Dr. Mahendra Perera
Consultant - on duty

Prescriber

Further EHE for pt. (NCS) kindr Amoy for etc

DR. MOH D. H. CRANE
sterile

Thy

S. L. KANEGEDAR
Signature

Date	Treatment (Drugs)	Diet	Orders for Extra Diet, Proprietary Drugs, Special Attendants, & c.
------	-------------------	------	--

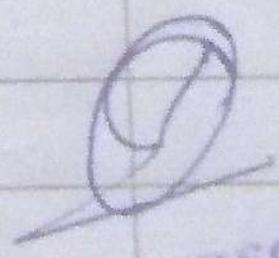
Dr. Ramani Punchikewa
 Consultant Histopathology

Near Cullinje

Ret. Mr. C. Kelinick 74y male
 K:W:R. has over
 was shown to further E.H.

As on Lung

Thuyon



Dr. S.L. KANDEGEDARA
 MBBS, MD, Clinical Oncology
 Consultant Clinical Oncologist
 National Hospital
 Kandy



CONFIDENTIAL LABORATORY REPORT

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



Asiri Surgical Hospital PLC. No. 21, Kirimandala Mw, Colombo 05.
T. +94 11 452 4448, +94 11 452 4400 F. +94 11 452 4448 E. histolab@asiri.lk

HISTOPATHOLOGY

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

** IP/AHH/ASH **

Page 1 of 3

UHID : 120439408
REFERENCE No. : 01 4004 11/10/24
SAMPLE DATE & TIME : 11/10/2024 01:14
REPORT DATE & TIME : 28/10/2024 07:37 AHH2009875 / ASH5255
PATIENT : MR. CHRISTOPHER KALINSKI [ROOM NO.ICUA]
REFERRED BY : DR D M S HANDAGALA

IP No. : ASH0218033
AGE : 74 Y/M 11/07/1950

TEST : HISTOPATHOLOGY REPORT

Clinical history :- CT-Lesion in left upper lobe of lung. Tru-cut biopsy-Poorly differentiated carcinoma

Specimen :- A) Left upper lobe of lung for histology.
B) Station-5 lymph nodes for histology.
C) Station -9 lymph nodes for histology.
D) Station -12 lymph nodes for histology.

Macroscopy :- A) Received specimen-Left upper lobe of lung .
Measurement -245x124x35 mm
Nature of the visceral pleural surface - Smooth.
No puckering.
Length of the bronchial stump - 5 mm .
Tumour location - In the left upper lobe peripheral.
Maximum diameter of the tumour - 2.4cm (24x22x18 mm)
Tumour margins - 40 mm from bronchial resection margin
and 8 mm from pleura.
Tumour appearance - Solid pale brown tumour with
irregular margins.
Separate tumour nodules - Not identified.
Tumour involves main bronchus/ carina - Not present.
Appearance of uninvolved lung parenchyma - Soft .
(7 blocks - A1-Vascular margin with bronchial resection
Margin, A2-Peribronchial lymph nodes, A3-Tumour with
pleura, A4*-5-Tumour, A6-Uninvolved lung, central ,
A7- Uninvolved lung, peripheral).

B) Received two fibro-fatty tissue together measuring
10x10x5 mm. All passed in 1 block.

C) Received two irregular dark firm tissue pieces together
measuring 7x5x5 mm. All passed in 1 block.

D) Received four irregular dark firm tissue pieces
together measuring 12x12x5 mm. All passed in 1 block.



CONFIDENTIAL LABORATORY REPORT

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



Asiri Surgical Hospital PLC. No. 21, Kirimandala Mw, Colombo 05.
T. +94 11 452 4448, +94 11 452 4400 F. +94 11 452 4448 E. histolab@asiri.lk

HISTOPATHOLOGY

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

** IP/AHH/ASH **

Page 2 of 3

UHID	:	120439408	
REFERENCE No.	:	01 4004 11/10/24	IP No. : ASH0213033
SAMPLE DATE & TIME	:	11/10/2024 01:14	AGE : 74 Y/M 11/07/1950
REPORT DATE & TIME	:	28/10/2024 07:37	AHH2009875 / ASH5255
PATIENT	:	MR. CHRISTOPHER KALINSKI [ROOM NO.ICUA]	
REFERRED BY	:	DR D M S HANDAGALA	

Microscopy :- A) Histological type of the tumour -
Squamous cell carcinoma, nonkeratinizing and basaloid sub types.
Grade of the tumour - Poorly differentiated-G3.
Maximum size of the tumour - 2.4 cm (T1c)
Bronchial resection margin - Not involved (> 15 mm clearance).
Vascular margin - Not involved.
Lympho-vascular space invasion - Not present.
Peri-neural invasion - Not present.
Necrosis - Present, about 20 %.
Satellite nodules - Not identified.
Uninvolved lung parenchyma-
Mild obstructive pneumonitis changes mainly central region. Periphery shows patchy smoking related changes.
Visceral pleural invasion -Absent -PL0(with 10 mm clearance from the tumour).
Tumour infiltrating lymphocytes -15%
Peri-bronchial lymph nodes - No. identified-4
No. involved -0/4
Pathological staging -pT1cN0Mx

B) Station-5 lymph nodes - No. identified - 2
No. involved - 0/2

C) Station-9 lymph nodes - No. identified - 2
No. involved - 0/2

D) Station-12 lymph nodes - No. identified - 6
No. involved - 0/6

Sections from all these lymph nodes show reactive change with multiple microgranulomata and carbon pigmentation.



CONFIDENTIAL LABORATORY REPORT

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



Asiri Surgical Hospital PLC. No. 21, Kirimandala Mw, Colombo 05.
T. +94 11 452 4448, +94 11 452 4400 F. +94 11 452 4448 E. histolab@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

** IP/AHH/ASH **

Page 3 of 3

UHID	:	120439408	
REFERENCE No.	:	01 4004 11/10/24	IP No. : ASH0218033
SAMPLE DATE & TIME	:	11/10/2024 01:14	AGE : 74 Y/M 11/07/1950
REPORT DATE & TIME	:	28/10/2024 07:37	AHH2009875 / ASH5255
PATIENT	:	MR. CHRISTOPHER KALINSKI [ROOM NO.ICUA]	
REFERRED BY	:	DR D M S HANDAGALA	

These changes can be seen in tumour draining lymph nodes.

Diagnosis :- A) Left lung, upper lobe ,lobectomy :-

- Squamous cell carcinoma, non keratinizing and basaloid sub types.
- Poorly differentiated-G3.
- 2.4 cm in maximum size (T1c).
- With free of bronchial resection margin (> 15 mm)
- With free of visceral pleural invasion (PL0)-see text.
- With free of metastasis in peri-bronchial lymph nodes (0/3)
- With negative vascular emboli and perineural invasion.
- pT1c NO Mx.

B) Lymph nodes, station-5, excision :-

- Negative for metastatic carcinoma (0/2).
- With microgranulomata.

C) Lymph nodes, station-9, excision :-

- Negative for metastatic carcinoma (0/2).
- With microgranulomata.

D) Lymph nodes, station-12, excision :-

- Negative for metastatic carcinoma (0/6).
- With microgranulomata.

RPH-3326 (S.C.T. 11/10/24 1.14 AM.)

G.P.H. Ramani

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