

**Sample Receipt Details:**

POD : \_\_\_\_\_ Temp : \_\_\_\_\_  
 Date & Time : \_\_\_\_\_ Sample Type : \_\_\_\_\_  
 CS Name & Sign: \_\_\_\_\_ Logistics 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**

Test Name:\* **HRDTrack test** Test Code:\* **MGM1892**

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

**4254AXVI**

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:\* **Mrs..H.G. Nalika Vilasni** D.O.B. **DD MM YY** Age:\* **52Y/F** Gender:\* **M / F**  
(In Capital Letters)

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\* **20/8/2024 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. Mahendra Perera**  
 MBBS (Gen), MD (Col), Dip RT  
 Consultant in Medical 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.

**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.

**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.

**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..H.G. Nalika Vilasni  
 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.

Mr Raj

HRD

6777-36145

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B. H. T. No. }

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Date

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HRD  
BRACA I + II

24/1/25

Dr. Moharajah Perera

Senior Consultant Oncologist

Dear Sir

Re: Mrs H.C.N. Ulasan,

Thyroid & Lung cancer

primary cancer. Please be w

aware to advise D next 2, HRD,

steven

**Dr. T. SKANDARAJAH**  
MBBS, MD (Clinical Oncologist)  
Consultant Oncologist  
Cancer Hospital Maharagama  
SLMC Reg. No: 12929



CT Scan - Final Report

PHN 01320555160 | Name H.G.NALIKA VILASANI | Age 52 Y,3 M,30 D | Gender Female | Contact No 0779528237 |  
Referred No 08293/2024C | Referred From Clinic No 125 | Referred By Cons: Dr.Mrs. Samanthi Premarathna |  
BHT 045994/2024 | Ward <sup>24</sup> Ward No-28F | Ward Cons: Dr.Mrs. Samanthi Premarathna | Dr.T. Skandarajah  
Scan Date 2024-11-05 | Test Name CT Scan=>Chest/Abdomen and Pelvis |

Indication CA Ovary.  
TAH + BSO

Findings Spiral scans were done following oral, rectal and I.V contrast.

Findings-  
Chest- **Right pleural effusion 7.3 mm AP thickens .**  
No lung nodules or mass. No collapse or consolidation.  
No bronchiectasis.  
No supra-clavicular, axillary, mediastinal or hilar lymphadenopathy.  
No pericardial effusions.  
No pneumothorax.  
Great vessels of the chest and heart chambers are normal.  
No bone pathology seen.  
Thyroid gland appears normal

Findings-  
Abdomen  
and  
Pelvis- The liver is normal in size and smooth margins. There are no focal lesion. Intra-hepatic bile ducts and CBD are not dilated.  
The gall bladder is normal. No calculi or mass.  
The spleen is not enlarged. There are no focal lesion.  
The pancreas is normal. There is no evidence of tumours, calcification or duct dilation.  
B/L Supra-renal glands and both kidneys appear normal. No renal calculi, no hydronephrosis. **Bilateral stent in kidneys in situ**  
There is no para-aortic or pelvic lymphadenopathy.  
There is no ascites.  
**TAH + BSO**  
Bladder distended and appears normal.  
Bowels and rectum are normal.  
No bone pathology seen.

Comments **TAH + BSO**  
**No lymph node liver , bone metastasis.**  
**Right mild pleural effusion**  
**? Malignant effusion**  
**? Infective**  
**Suggest aspiration a cytology**

S.JAYASOORIYA  
Consultant Radiologist

  
Signature

.....  
Rubber Stamp

2024-11-26  
Date



## Department of Histopathology

National Cancer Institute, Maharagama

PHN : 01320555160  
 BHT/File: 08293/2024C  
 Ward : Clinic No 125  
 Age : 52 Y, 0 M, 17 D  
 Gender : Female  
 Sp. Id : 10276303  
 Path No : NCI/4254/2024

Name : Mrs H.G.NALIKA VILASANI  
 Test : Histology of Resection Specimen  
 Ref.By : Dr.Mrs. Samanthi Premarathna  
 Collection Date : 2024-08-20 11:13:00  
 Date of Receipt: 2024-08-20 11:19:04  
 Date of Report : 2024-09-19 17:05:59

### Clinical details

: Investigated for abdominal distension.  
 CECT - Large solid and cystic mass in the left adnexa.

### Specimen/Site

:

### Specimen Details

: A - Uterus, bilateral tubes and ovaries  
 B - Omentum

### Macroscopy

: A - The specimen received consists of an atrophic uterus with attached cervix, right fallopian tube, right ovary and a small piece of anterior peritoneal fold. The left ovarian mass with attached fallopian tube received separately in the same container. The uterus with cervix measures 70 x 35x 24 mm. The right fallopian tube measures 45 x 06 mm. The right ovary measures 18 x 10 x 07 mm. The anterior peritoneal fold measures 40 x 07 mm. The cut surface of uterus is unremarkable. The endometrium is 01 mm and the myometrium is 14 mm in maximum thickness. The left ovarian mass measures 90 x 75 x 15 mm. The attached fallopian tube with fimbrial end measures 25 x 08 mm. The outer surface of the mass shows few surface deposits. The cut surface of ovarian mass reveals multilocular cystic tumour with cysts containing yellow colour thin fluid. One area contains hair and amorphous material.

B - Specimen received consists of a segment of omentum measuring 360 x 170 x 20 mm. Tumour deposit are seen measuring 40x30x15 mm.

### Microscopy

: A - The left fallopian tube contains serous tubal intraepithelial carcinoma and a focus of mucosal high grade serous carcinoma. Sections from the left ovarian mass reveal an adenocarcinoma with similar morphology composed of glandular, papillary cribriform structures and small groups of cells. The constituent tumour cells are medium sized and polygonal. These cells contain markedly pleomorphic nuclei with prominent nucleoli and moderate amounts of eosinophilic cytoplasm. Stroma contains psammomatous calcification. The capsule of the ovary is breached by the tumour.

↑ CA126  
6970

There is a coexisting teratomatous component composed of stratified squamous epithelial lining, sebaceous glands, mucinous glands, smooth muscles, blood vessels, cartilage and adipose tissue. Immature elements are not identified within the teratomatous component.

Right ovary and right fallopian tube also contain similar deposits. Right parametrium is involved by the same tumour. Left parametrial tissue is free of tumour involvement.

Anterior peritoneal fold contains extensive deposits of the tumour.

Endometrium is non reactive with no atypia or malignancy.

Myometrium contains foci of adenomyosis. Cervix appears unremarkable and free of tumour involvement.

B - Omentum contains deposits of a high grade serous carcinoma.

**Conclusion(s)**

**: A - Uterus, bilateral tubes and right ovary and left ovarian mass;**

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**Due to presence of serous tubal intraepithelial carcinoma and tubal mucosal high grade serous carcinoma in the left fallopian tube, the left fallopian tube needs to be considered as the primary site of origin.**

**Left ovary ;**

- Involved by serous carcinoma

- Capsular breach is present.

- Co-existing mature cystic teratoma present.

**Right ovary : Involved by high grade serous carcinoma.**

**Right fallopian tube : Involved by high grade serous carcinoma.**

**Anterior peritoneal fold of uterus : Involved by high grade serous carcinoma,**

**Right parametrium : Involved by high grade serous carcinoma.**

**Left parametrium : Not involved.**

**Cervix : No malignancy.**

**Endometrium : Non reactive.**

**Myometrium : Adenomyosis.**

**B - Omentum;**

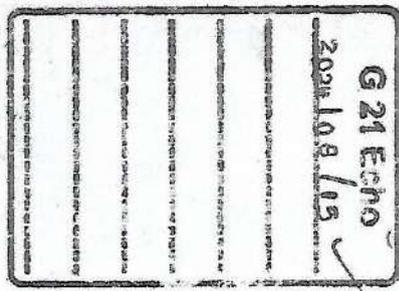
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**Metastatic deposits of high grade serous carcinoma present.**

*Plasma effusion  
ST IV.  
Advent  
Endometrial*

**DR. SAMANTH PREMARATNE**  
MBBS  
CONSULTANT  
GYN & OBSTETRICS  
CANCER INSTITUTE  
MAHARAGAMA

*[Signature]*  
**Dr. (Mrs) Bhadramali Ranasinghe**  
(MBBS, D Path, MD(Histopath))  
Consultant Histopathologist

10/1/25 Can  
 20/1/25 Admit  
 24/01/2025 etax  
 Can CR 205  
 25/01/2025 Admit  
 5/2/2025 fee plus  
 15/2/2025 - Admit (29)



லொலி  
 சுகாதாரம்  
 Health  
 (Buff Card\* S. T. & E.)

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 அரசாங்க புற்று நோய் ஸ்தாபனம்  
 CANCER INSTITUTE

**National Cancer Institute, Maharagama**

NAME	: H.G.NALIKA VILASANI
DOB	: 1972-07-27
CONTACT	: 0779528237
DATE	: 2024-8-14



01320555160



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 சாதனைக்கு வரும்போது, இதைக் கொண்டுவரவும்.  
 Please bring this card when attending for examination.

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