

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

ESR1 gene testing by NGS -Liquid Biopsy (Hot Spot Mutations)

Test Name:* _____ Test Code:* **MGM2732**

- Sample type:**
- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Blood (in EDTA tube) | <input checked="" type="checkbox"/> Blood (in streck tube) | <input type="checkbox"/> DNA, Specify Source: _____ | <input type="checkbox"/> Buccal swab |
| <input type="checkbox"/> Amniotic Fluid | <input type="checkbox"/> CVS | <input type="checkbox"/> Cultured CV | <input type="checkbox"/> Cultured amniocytes |
| <input type="checkbox"/> Fetal Blood (PUBS) | <input type="checkbox"/> Maternal blood for MCC (please send for prenatal studies) | <input type="checkbox"/> Products of Conception (POC), specify tissue: _____ | <input checked="" type="checkbox"/> FFPE tissue Block (Block no.) |
| <input type="checkbox"/> Fresh Frozen Tissue | <input type="checkbox"/> Saliva | <input type="checkbox"/> Other sample type (specify site) _____ | <input type="checkbox"/> DBS/FTA |

2 x 10ml of Peripheral blood in Streck tube

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.

Patient Details

Name:* **Mrs. Manoja Goonewardena** (In Capital Letters) D.O.B. **DD MM YY** Age:* **59Y/F** 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* **3/1/2025 M 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
 MBS (Gen), MD (Gen), 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 Mrs. Manoja Goonewardena

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.

09 JAN 2025

Dr. Michael ...
12/11

Dr. Patel

Level 4

Amuel, x3yr

Dr. Bri
[Signature]

(Bla)

Dr. MAHENDRA PERERA
MBChB (Cyt), MD (Gen), Dip RT
Consultant in Clinical Oncology
& Radiotherapy
Principal Investigator - Clinical Trials



CONFIDENTIAL LABORATORY REPORT

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



35+

For our Patients ASIRI LABORATORIES



ASIRI LABORATORIES

ASIRI LABORATORIES

Asiri Surgical Hospital PLC No. 21, Kilmishale Msc, Colombo 05
T: +94 11 452 4448 / +94 11 452 4449 F: histopath@asiri.lk

Block and slides of this specimens will be retained until 7 days after the date of this report. Specimens will be kept for one week

** OPD/AHH/ASH **

Page 1 of 2

UNIT : 120151717
 REFERENCE No. : 01 0276 08/09/21
 SAMPLE DATE & TIME : 08/09/2021 10:29 AGE : 56 Y
 REPORT DATE & TIME : 10/09/2021 10:00 AHH2007094 / ASH2106280
 PATIENT : MRS. M GOONEWARDENA
 REFERRED BY : DR (MRS) THAMARA RAJAPAKSE

TEST : HISTOPATHOLOGY REPORT

Specimen : USS guided trucut biopsy Rt. breast lesion @12 o' clock position

Clinical data:

USS: BIRADS IV
 Hx ca left breast 2004

Macroscopic description:

2 ccores of tissue, largest measuring 5mm in length. All are embedded.

Microscopic description:

The specimen is examined in its entirety. Sections show a Nottingham grade 2 (T2P3M1) malignant tumour composed predominantly of glandular structures, cords and nests of markedly atypical neoplastic cells containing enlarged hyperchromatic nuclei and moderate eosinophilic cytoplasm infiltrating into desmoplastic stroma. DCIS component is absent. There is no definite evidence of lymphovascular invasion. There is mild immune host response. The morphological appearances here, are in keeping with the radiological suspicion of a Nottingham grade 2 invasive carcinoma NST (previously referred as invasive ductal carcinoma).

Conclusion: USS guided trucut biopsy Rt. breast lesion @12 o' clock position

- * Tumour type and grade: Nottingham grade 2 invasive carcinoma NST (previously referred as invasive ductal carcinoma).
- * DCIS component: Absent
- * Lymphovascular invasion: Absent
- * Immune host response: Mild
- * Receptor status: advised to be done on Block CF 521 A



CONFIDENTIAL LABORATORY REPORT

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



35+

35+ Years of Excellence

ASIRI LABORATORIES



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

** OPD/AHH/ASH **

Page 2 of 2

UHIC : 120151717
 REFERENCE No. : 01 0276 08/09/21
 SAMELE DATE & TIME : 08/09/2021 10:29 AGE : 56 Y
 REPCRT DATE & TIME : 10/09/2021 10:00 AHH2007094 / ASH2106280
 PATIENT : MRS. M GOONEWARDENA
 REFERRED BY : DR (MRS) THAMARA RAJAPAKSE

Comments:

1. Formonal receptor status and other immune markers (ER, PR, Her2 and Ki67) is best advised for further management (Block CF 521 A)
2. The grading may be upgraded in assessment of the main specimen.
3. This report requires urgent review.

3 ✓

CFH - 521

Charisma S. Fernando

DR CHARISMA S. FERNANDO
 MBBS, Dip Pathology, MD (Histopathology), FRCPath (UK)
 Consultant Histopathologist



CONFIDENTIAL LABORATORY REPORT

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



35+

ASIRI LABORATORIES



ASIRI LABORATORIES

LIVE MORE
A Sotilagic Group Company

Asiri Surgical Hospital PLC. No. 21, Kirimandala Mv, 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 1

UHID	: 120002404	
REFERENCE No.	: 01 4136 17/09/21	IP No. : ASH0155714
SAMPLE DATE & TIME	: 17/09/2021 18:22	AGE : 56 Y
REPORT DATE & TIME	: 01/10/2021 14:24	AHH2099933 / ASH2106280
PATIENT	: MRS. M.S. M. GOONEWARDENA [ROOM NO.822A]	
REFERRED BY	: DR INDRANI AMARASINGHE	

TEST : CYTOLOGY (FROZEN BIOPSY)

Specimen :- Right axillary sentinel lymph node biopsy.

Macroscopy :- Received a mass of fresh tissue with two lymph nodes, each measuring 10 x 8 mm.

Microscopy :- Sections of both lymph nodes reveal reactive changes only. No metastases is seen.

Conclusion :- Right axillary sentinel lymph node biopsy.

Two lymph nodes - Negative for metastatic carcinoma.

KW

DR. KUMUDINI WASALAARACHCHI
MBBS, D.Path, MD Histopath, FCPATHSL
Consultant Histopathologist

Department of Nuclear Medicine

Patient's Name : Mrs.M.S.M.Goonawardena
Age : 56Y
Sex : Female
Ref. No. : RC 00908794 Study No: BS/482/2021
Referred by : Dr.Mahendra Perera - Consultant Oncologist
Date : 05.10.2021

Tc^{99m}-MDP WHOLE BODY BONE SCAN

Technique : Tc^{99m} MDP Bone scan done following IV injection of Tc^{99m} 18mCi, using Siemens Symbia Evo Excel DUAL HEAD SPECT system.

Indication : Bilateral CA Breast ✓

Findings:

Tc^{99m} MDP Bone scan shows physiological tracer uptake in the skeleton.

No scintigraphic evidence of abnormal uptake of tracer noted.

Impression :

No evidence of skeletal metastatic disease.

Normal Bone scan.



5/10/2021
Dr. J. M. C. Udugama
M.B.B.S. PhD (Nuc. Med.)
Specialist in Nuclear Medicine