

Sample Receipt Details:

POD : _____ Temp : _____
 Date & Time : _____ Sample Type : _____
 CS Name & Sign: _____ Logistics Name & Sign : _____
 Prenatal Sample Yes No Bill type

TEST REQUISITION FORM

Disease Segment* _____
 Each sample must be accompanied by this completed requisition. * Fields are mandatory

Test Details

Hereditary Breast and Ovarian Cancer (HBOC) gene panel

Test Name* : _____ Test Code* : **MGM1517**

Sample type:

<input type="checkbox"/> Blood (in EDTA tube)	<input type="checkbox"/> Blood (in Streck tube)	<input type="checkbox"/> DNA, Specify Source: _____	<input type="checkbox"/> Buccal swab
<input checked="" 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 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

Peripheral blood (5 ml in EDTA)

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. Priyalakshmi De Silva** (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* **9/1/2025** 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.

Medical Professional Signature* _____ Date: _____ Place: _____
 Clinical notes/diagnosis: _____

Disease affection status Parental consanguinity present Age of manifestation: _____
 Affected Siblings 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. Priyalakshmi De Silva
 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.



LABORATORY REPORT
CONFIDENTIAL

Nawaloka Care Laboratories (Pvt) Ltd.
No. 169, Colombo Road, Negombo
Tel: 031 7 777 777 | 031 5 577 311
Email: info@labs@awaloka.care.com
Web: www.thawalokacare.com



Quality Certified
Blood Laboratories USA
Blood Laboratories UK
Blood Laboratories USA
Clinical Chemistry
Histology
Immunology

UFIN : - READY DATE : 21/06/2024 10:50 AM
PATIENT NAME : MRS G.P.G.E. DE SILVA
REF. DOCTOR : DR. R D ATHULA K FERNANDO
AGE : 58 years/8 months SERVICE REF. NO : NS1003063776
BHT : 2244078 ROOM NO : 311
SAMPLE COLLECTED : 05/06/2024 08:00 AM PRINTED DATE : 21/06/2024 11:43 AM
GENDER : FEMALE NID : N/A

Biopsy Large - Professional fees

Conclusion : Large pelvic mass:

High-grade carcinoma.
Differential diagnoses: 1. High-grade serous carcinoma
2. High-grade endometrioid carcinoma
Vascular invasion is not seen.
Tumour involves fallopian tube serosal surface.
SIIC cannot be assessed separately.

Comment : 1. Immunohistochemical markers WT1, PR and p53 are suggested on wax block All for differentiation of the differential diagnoses.
2. Correlate with clinical findings and imaging studies to determine the primary site the tumour.

LX-2947
20.06.2024

- End Of Report -

Hayal
Dr/Mrs/ Ineecha Jayasinghe
MBS Path MD Histopathology
Consultant Histopathologist

AS/ASW
24 JUN 2024
URGENT
For the blood
For the

Dr. NALINI SUNDARARAJAN
MBBS (Gen), MD (Histopathology)
Consultant Pathologist
Path Negombo

Dr. KASUN RAMAKRISHNAN
MBBS (Gen), MD (Chemical Pathology)
Consultant Clinical Pathologist
Path Negombo

Dr. NIDAN SURESH
MBBS (Gen), MD (Chemical Pathology)
Consultant Clinical Pathologist
Path Negombo

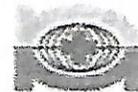
Dr. MAHENDRA PERERA
MBBS (Gen), MD (Gen), Dip RT
Consultant in Clinical Oncology
& Radiotherapy



LABORATORY REPORT
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SRM/2024/114
QA-DIRECTOR

Nawaloka Care Laboratories (Pvt) Ltd.
No. 128, Colombo Road, Negombo.
Tel: 031 7 777 777 | 031 5 577 111
Email: info@nawalokacare.com
Web: www.nawalokacare.com



Quality Control by
Blood Laboratory, UCL
Blood Laboratory UCL
Blood Laboratory UCL
Clinical Biochemistry
Microbiology
Haematology

UIN : - READY DATE : 25/06/2024 10:36 AM
PATIENT NAME : MS PRIYALAKSHMI DE SILVA
REF. DOCTOR : DR MAHENDRA PERERA
AGE : 59 years/0 months SERVICE REF. NO : CHL003097189
SAMPLE COLLECTED : 25/06/2024 07:48 AM PRINTED DATE : 25/06/2024 10:44 AM
GENDER : FEMALE

TEST NAME	RESULT	UNITS	FLAG	REF. RANGE
CA 125 - Serum (ECLIA)	41.49	U/ml	**	- - < 35

Comments:

Increased serum levels of CA-125 are mainly seen in gynecological malignancies. However, elevated levels may also occur in gynecological non-malignant conditions (endometriosis, ovarian cysts, menstruation, pregnancy, peritoneal and pleural inflammation), Non-gynecological malignancies (tumours colon, liver and lungs) and 1% of healthy controls. This assay can also be used as an aid in the detection of residual or recurrent gynecological malignancies during the follow up after the first line treatment.

Tests performed by cobas e systems using Electrochemiluminescence Immunoassay (ECLIA) Technology.

Description :

*** THE RESULTS REPORTED WITHOUT CLINICAL HISTORY.
PLEASE REPEAT THE TEST IF CLINICALLY NOT CORRELATED.

*** REPEATED AND CONFIRMED.

- End Of Report -

[Signature]

NCL44
MLT

1. KAPPA (K) ANTIBODY
2. KAPPA (K) ANTIBODY
3. KAPPA (K) ANTIBODY
4. KAPPA (K) ANTIBODY

1. THE IMMUNOGLOBULIN
2. THE IMMUNOGLOBULIN
3. THE IMMUNOGLOBULIN
4. THE IMMUNOGLOBULIN

1. ANTIBODY ANTIBODY
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1. ANTIBODY ANTIBODY
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3. ANTIBODY ANTIBODY
4. ANTIBODY ANTIBODY

*Note: For reagents of reporting request

*Results valid only for the sample as received





DIAGNOSIS CARD

Name: Mrs. G. P. G. E. De Silva

Age: 58 y

Sex: Female

BHT no: 2244078 /Room no: 311

Consultant: Dr. Athula Fernando (VOG)

Date of admission: 04/06/2024

Date of discharge: 08/06/2024

Midline exploratory laparotomy

Under GA on 04/06/2024

Done by Dr. Athula Fernando (VOG)

GA by Dr. Kapila Senevirathna (CA)

Indication : Large pelvic mass.

Findings : Large pelvic cystic mass, septated, with cystic & solid areas. Mass encapsulated by the Omentum & contains straw color fluids. Uterus is absent, ovaries cannot be identified separately. No ascites. No secondary tumor deposits on the Omentum, liver, bowels or pelvic & abdominal wall. Some small bowel adhesions to the cyst noted. Liver & under surface of diaphragm appear normal.

Procedure : Midline incision, peritoneal cavity opened into.
Pelvic mass removed. Haemostasis achieved.
Abdominal tube drain inserted.
Routine closer done with loop nylon to the rectus sheath and metal clips to the skin. Specimen sent for histology.

Post Op : Uneventful recovery.

Follow up : Review with histology report.

Athula Fernando

Dr. Athula Fernando

MBS, MScOB & Gyn, FSLCOC

SLMC Reg. No. 10365

Consultant Obstetrician and Gynecologist
District General Hospital, Negombo

Nawaloka Hospital

Contact Number (3rd Floor): 077 002 1245