MEDGENOME

CAP ACCREDITED

258/A, 3rd Floor, Narayana Nethralaya Building, Narayana Health City, Hosur Road, Bommasandra, Bangalore, Karnataka, India – 560 099
(Toll Free) 1800 103 3691 techsupport@medgenome.com
www.medgenome.com customersupport@medgenome.com

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

Soft Tissue Sarcoma Panel (SNVs, InDels and Fusions)

Test Name:* ______ Test Code:* MGM2515

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), specifiy tissue: ______
- ☒ FFPE tissue Block (Block no. ......)
- ☐ DBS/FTA
- ☐ Fresh Frozen Tissue
- ☐ Saliva
- ☐ Other sample type (specify site) PC307C2 PC307B

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.

2 Wax Block

Patient Details

Name:* Mr. W.G.W. Heshan Kumarasiri D.O.B. DD MM YY Age:* 19Y/M Gender:* M / F
(In Capital Letters)

Address: ......

Phone: ...... E-mail I.D: ......

Clinician Details

Clinician's Name:* Prof. Jayantha Balawardana Hospital Affiliation: Aegle Omics Pvt Ltd

Address: ......

Phone : ......

Email id : ......

Date of sample collection* 25/1/2025 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 (Cey), 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: ______

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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. W.G.W. Heshan Kumarasiri

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.

MeGenome may reserve the right to send you communications on genetics / genomics periodically. The team may also connect with you to seek consent for your active participation in certain programs & communications.

*Fields are mandatory

ASIRI SURGICAL HOSPITAL | AOI AMERICAN ONCOLOGY INSTITUTE PRECISION CANCER CARE

Comprehensive Cancer Care Centre

Dr. W. G. W. Heshan Kumarasiri

19 yr ♂

Pelvic Mass

Biopsy - Alveolar / Nucleat

? Alveolar Rhabdomyosarcoma

? Embryonal Sarcoma

Dear Dr. for Sarcoma Analysis

(MGM 2515) (SNV Indels Fusion)

Dr. MAHENDRA PERERA
MBBS ... Dip RT
Consultant ... Oncology

Asiri AOI Cancer Centre (Private) Limited.
No.21, Kirimandala Mw, Colombo 5 T. +94 11 452 4400 E. asiriaoi@asiri.lk

CONFIDENTIAL LABORATORY REPORT

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

Member of CLINICAL AND LABORATORY STANDARDS INSTITUTE Member ID # 383029 — Member of AACC Member Number: 4750

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A Softlogic Group Company

Asiri Hospital Holdings PLC, 181, Kirula Road, Narahenpita, Colombo 05
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HISTOPATHOLOGY

** OPD/AHH/ALS **

REFERENCE No.	: 01 0386 25/01/25
SAMPLE DATE & TIME	: 25/01/2025 10:57 AGE : 19 Y/M
REPORT DATE & TIME	: 02/02/2025 16:21 AHH2099932 / ahh2415
PATIENT	: MR. . W.G.W. HESHAN KUMARASIRI 184C UHID 130688128
REFERRED BY	: DR (MRS) LAKMALIE PARANAHEWA

TEST : **TRUS BIOPSIES**

Clinical features :- MRI showed right pelvic mass involving urinary bladder, prostate, seminal vesicle with bilateral pelvic lymph nodes. Suspicious for a malignant tumour, possibilities include tumours of the seminal vesicle (adenocarcinoma).

Specimen :- TRUS guided biopsies of the prostate.

Macroscopy :-
A) Right lobe middle - 2 cores of tissue measuring 20 and 21mm in length.
B) Right lobe anterior - Single core measuring 11mm in length.
C) Right lobe posterior - 2 cores of tissue measuring 16 and 12mm in length.
D) Left lobe middle - 2 cores of tissue measuring 12 and 19mm in length.
E) Left lobe anterior - 2 cores of tissue measuring 21 and 16mm in length.
F) Left lobe posterior - 2 cores of tissue measuring 24 and 14mm in length.

Microscopy :- A-F) Sections reveal a malignant tumour composed of sheets of small to intermediate sized cells showing scanty to moderate eosinophilic cytoplasm and irregular hyperchromatic nuclei. Some cells with eosinophilic cytoplasm and eccentric nuclei have a rhabdomyoblast-like appearance. scattered multinucleated giant cells are present. Mitotic figures are difficult to identify due to nuclear hyperchromasia and apoptosis. Foci of tumour necrosis are present. The tumour is seen in all the cores and occupy 20 to 100% of the surface areas of the cores. Maximum length involved is 16mm. There is no evidence of vascular or perineural invasion. There is no evidence of glandular differentiation, myxoid matrix or rosette formation.

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Member of AACC Member Number: 4790
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HISTOPATHOLOGY

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REFERRED BY : DR (MRS) LAKMALIE PARANAHEWA

Non-neoplastic prostatic tissue is histologically unremarkable.

Conclusion :- TRUS guided biopsies of the prostate

Poorly differentiated round cell malignancy infiltrating the prostate(see comments).

Comments :- 1) Possibilities include rhabdomyosarcoma(alveolar rhabdomyosarcoma-solid type or embryonal rhabdomyosarcoma dense type, an undifferentiated small round cell sarcoma of soft tissues(Ewing sarcoma and other round cell sarcomas)and desmoplastic small round cell tumour.

2) Recommend the following initial panel of immunohistochemical markers on blocks 307B and C2.

a) CD99 b) Pancytokeratin c) Desmin
d) WT-1 d) MyoD1

More markers and molecular genetic studies may be required depending on the initial results.

PCH - 307
(S.C.T - 24/01/2025 at 1.55 pm)

Chandu de Silva

PROF. CHANDU DE SILVA
MBBS,D.Path,MD(Histopathology),FCPathSL,FCSSL,MIAC
Professor of Pathology

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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/ALS **

REFERENCE No. : 01 0386 25/01/25
SAMPLE DATE & TIME : 25/01/2025 10:57 AGE : 19 Y/M
REPORT DATE & TIME : 04/02/2025 13:40 AHH2099932 / ahh2415
PATIENT : MR. . W.G.W. HESHAN KUMARASIRI 184C UHID 130688128
REFERRED BY : DR (MRS) LAKMALIE PARANAHEWA

ADDENDUM REPORT

Clinical features :- MRI showed right pelvic mass involving urinary bladder, prostate, seminal vesicle with bilateral pelvic lymph nodes. Suspicious for a malignant tumour, possibilities include tumours of the seminal vesicle (adenocarcinoma).

Specimen :- TRUS guided biopsies of the prostate.

Macroscopy :- A) Right lobe middle - 2 cores of tissue measuring 20 and 21mm in length.
B) Right lobe anterior - Single core measuring 11mm in length.
C) Right lobe posterior - 2 cores of tissue measuring 16 and 12mm in length.
D) Left lobe middle - 2 cores of tissue measuring 12 and 19mm in length.
E) Left lobe anterior - 2 cores of tissue measuring 21 and 16mm in length.
F) Left lobe posterior - 2 cores of tissue measuring 24 and 14mm in length.

Microscopy :- A-F) Sections reveal a malignant tumour composed of sheets of small to intermediate sized cells showing scanty to moderate eosinophilic cytoplasm and irregular hyperchromatic nuclei. Some cells with eosinophilic cytoplasm and eccentric nuclei have a rhabdomyoblast-like appearance. scattered multinucleated giant cells are present. Mitotic figures are difficult to identify due to nuclear hyperchromasia and apoptosis. Foci of tumour necrosis are present. The tumour is seen in all the cores and occupy 20 to 100% of the surface areas of the cores. Maximum length involved is 16mm. There is no evidence of vascular or perineural

HSP 20
HSP 87

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HISTOPATHOLOGY

** OPD/AHH/ALS **

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invasion. There is no evidence of glandular differentiation, myxoid matrix or rosette formation. Non-neoplastic prostatic tissue is histologically unremarkable.

Conclusion :- TRUS guided biopsies of the prostate

Poorly differentiated round cell malignancy infiltrating the prostate (see comments).

Comments :- 1) A previous biopsy done at NHSL had shown positive staining with MyoD1 and desmin and negative staining with WT-1 and CD99. Thus the differential diagnosis is between alveolar rhabdomyosarcoma solid type and embryonal sarcoma dense type.

2) Recommend repeat desmin and MyoD1

3) Molecular genetic studies are required (PAX3-FOXO-1 and PAX7-FOXO-1 fusion products to distinguish between alveolar rhabdomyosarcoma and embryonal rhabdomyosarcoma.

PCH - 307 (S.C.T - 24/01/2025 at 1.55 pm)

Chandu de Silva

PROF. CHANDU DE SILVA
MBBS,D.Path,MD(Histopathology),FCPathSL,FCSSL,MIAC
Professor of Pathology

Division of Interventional Radiology **Diagnosis Card**

Asiri Central Hospital

Bilateral Ante Grade Ureteric Stenting

Indication	:	**Bilateral ureteric obstruction**			
Name	:	Mr. W. G. W. Heshan Kumarasiri			
Address	:	Miriswatta, Maddewila, Ethkadura			
Age	:	19 Years			
D.O.B	:	14.02.2005			
Ward / Bed No.	:	DSU03B	BHT No	:	CAT0001858
Date of Admission	:	22.01.2025			
Date of Discharge	:	22.01.2025			
Performed by	:	Dr. (Mrs) Lakmalie Paranahewa (Consultant Interventional Radiologist)			
Anesthetist	:	Dr. Hiranthi Abeysinghe (Consultant Anesthetist)			

Report : on 22.01.2025

Under ultrasound guidance using sterile conditions the dilated PC systems were accessed using 18G needle under local anesthesia.
035' angled Therumo wires used to cross the tight strictures in the lower ureters.
6F uretic stents were successfully placed within either ureter.
Haemostasis achieved.
Patient tolerated the procedure well with no immediate post procedure complications.

Conclusion : Successful placement of ureteric stents across the ureters bilaterally.

Dr. (Mrs) Lakmalie Paranahewa
MBBS, MD, FRCR.(London)
Consultant Interventional Radiologist
Asiri Group of Hospitals

Dr.(Mrs) Lakmalie Paranahewa
MBBS, MD, FRCR (London)
Consultant Interventional Radiologist
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