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

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

Test Name:* Test Code:* MGM2732

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

Whole Blood in Streck Tubes 2x 10ml

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. K.D.M Jayawickreme (In Capital Letters) D.O.B. DD MM YY Age:* 65Y/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* 11/3/2025 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.

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: Mrs. K.D.M Jayawickreme

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

16 DEC 2024

Dr. MAHENDRA PERERA
MBBS (Cey), MD (Col), Dip RT
Consultant in Clinical Oncology
& Radiotherapy
Principal Investigator - Clinical Trials

CŌRE DIAGNOSTICS™

Your Test Result

Case ID	102230186653
Patient Name	K.D.M JAYAWICKREME
Age/Sex	63 Year /Female
Hospital Location	Colombo, Colombo, Sri Lanka
Hospital Name	Novex Pharmaceuticals Limited, Colombo
Physician Name	Prof. Dr. Jayantha Balawardana
Date & Time of Accessioning	11/11/2023 17:16 Hrs
Date & Time of Reporting	15/11/2023 14:02 Hrs

MC-2256

Report

TEST NAME

HER2

SPECIMEN INFORMATION

FFPE Block Collected on 10/11/2023 at 00:00 Hrs labelled as HW-2029-C

CLINICAL HISTORY

Invasive breast carcinoma, grade-II

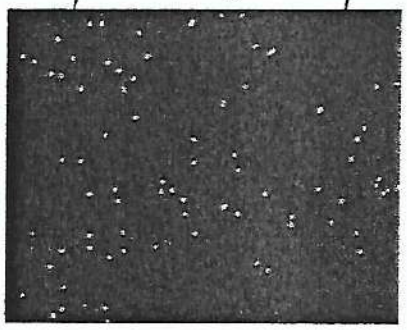
METHODOLOGY

Fluorescence In Situ Hybridization

DIAGNOSIS

FISH MARKER	RESULT
HER2	NEGATIVE

Total number of cells scored	100
Total number of HER2 signals	240
Total number of CEP17 signals	219
Average HER2 signals/cells	2.40
Computed Ratio	1.10



Probe used: HEALTHCARE HER2/CEP17 dual color probe. HER2: Orange, CEP17: Green

CLINICAL INTERPRETATION

Negative for HER2/neu amplification as per ASCO 2018 guidelines.
Her2:CEP17 ratio is <2 and Average Her2 signals <4 (Group 5).

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COLLEGE of AMERICAN PATHOLOGISTS
AU-ID-2010258

Dr. Shivani Sharma, DCP, DNB, DipRCPath.
Reg. No. 1906

Dr.Sonika, Ph.D

CŌRE DIAGNOSTICS™

Case ID	102230186653
Patient Name	K.D.M JAYAWICKREME
Age/Sex	63 Year /Female
Hospital Location	Colombo, Colombo, Sri Lanka
Hospital Name	Novex Pharmaceuticals Limited, Colombo
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MC-2256

Report

COMMENTS

1. Evaluation of this specimen shows a normal hybridization pattern. These findings are indicative that the patient is not eligible for anti HER2 therapy (Trastuzumab).
2. Her2 gene amplification is seen 18 to 20% of invasive breast cancers. These tumours show increased over all survival rate with Her2 targeted therapy such as Trastuzumab.
3. It has been recognised as a poor prognosis indicator in early breast cancer.
4. In cases where tumor heterogeneity is present, analysis of HER2 FISH on additional blocks is recommended for conclusive result.

Reference

Human Epidermal Growth Factor Receptor 2 Testing in Breast Cancer American Society of Clinical Oncology/College of American Pathologists clinical Practice Guideline Focused Update

Antonio C. Wolff, M. Elizabeth Hale Hammond, Kimberly H. Allison, Brittany E. Harvey, Pamela B. Mangu, John M.S. Bartlett, Michael Bilous, Ian O. Ellis, Patrick Fitzgibbons, Wedad Hanna, Robert B. Jenkins, Michael F. Press, Patricia A. Spears, Gail H. Vance, Giuseppe Viale, Lisa M. McShane, and Mitchell Dowsett Journal of Clinical Oncology 2018 36:20, 2105-2122

Disclaimer

- Testing only validated for FFPE specimens; specimens fixed in other than 10% neutral buffered formalin and prolonged cold ischemia time have not been validated using this method. Fixation time should not be less than 6 hours and not more than 72 hours for FISH testing
- Specimens placed in decalcifying solution may have a false-negative result.
- This test is not FDA approved / cleared for specific uses.
- Testing is interpreted according to ASCO/CAP 2018 Updated Guidelines for breast cancer. Repeat testing is recommended for discordant results.

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