

**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**

Comprehensive Myeloma Panel  
FISH for Comprehensive Multiple myeloma with reflex Common IGH Breakapart (CCND1, MAF, MAFB, FGFR3)

Test Name:\* \_\_\_\_\_ Test Code:\* MGM2604 , MGM2769

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) \_\_\_\_\_  
 Serum (5 ml in Plain Tube Red Top)  
 Peripheral blood (5 ml in Heparin)

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:\* Mr. Kathirgamathamby Anandarajah D.O.B. DD MM YY Age:\* 71Y/M 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\* 11/3/2025YY

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 (C) MCh (DIRT)  
Consultant in 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 Mr. Kathirgamathamby Anandarajah

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.

Dr. Kalyan Das

W

Surgery

Ado = Compact Alpha Fuel  
mm 2604

mm 2769

**URGENT**

Dr. Mahendra Vikra  
Senior Surgeon  
Surgical Oncology  
Surgical Oncology  
Surgical Oncology

Re: Prima - Serum in Heparin Tube SID: 9018045 / 9018046 Mr.  
Kathirgamathamby Anandarajah

RN

[Ranjith Kumar Nagareddy <ranjith.nagareddy@medgenome.com>](mailto:ranjith.nagareddy@medgenome.com)



...

To: Aroon Gracy

Fri 14-03-2025 10:46

Cc: + 14 others

Dear Aroon

Sample was booked with test : MGM2769 in Blood in Heparin

Please arrange the Serum Sample in Serum tube for test MGM2604/  
Comprehensive Myeloma Panel

On Thu, 13 Mar 2025 at 21:46, Aroon Gracy <[aroon.gracy@medgenome.com](mailto:aroon.gracy@medgenome.com)>  
wrote:

Dear Sir,

Thank you for the reply.

[@ranjith.nagareddy@medgenome.com](mailto:ranjith.nagareddy@medgenome.com) Kindly check the details in last mail and let us if  
this is sufficient to process it further.



LANKA  
HOSPITALS

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RADIOLOGY- MRI

Patient Name : K. ANANDARAJAH	Lab No :
Age & Sex : 58Year(s) , M	Received On : 23/10/2011 9:05:59 AM
Ref. Doctor :	Reported On : 24-10-2011 11:41:18 AM
I.P/Bill No : 161471	Ward/Bed : 5027
UHID : APL1.0000249585	Order No : 1171097

MRI SCAN OF THE DORSAL SPINE (PLAIN & CONTRAST)

SEQUENCES.

TSE / T1 & TSE / T2W sections in sagittal plane.  
SE / T1W & TSE / T2W sections in axial plane.  
(STIR / LONG TE sections in sagittal plane.)  
Post I.V. gadolinium sections in 3 planes.

REPORT.

The study shows altered signal intensity involving D9 vertebra with anterior and lateral epidural (L>R) soft tissue at D8-D9 level moderately compressing the cord and bilateral nerve roots. Minimal pre and para spinal soft tissue is noted at D9 level.

These vertebra and soft tissue show patchy enhancement.  
Adjacent disc heights are preserved.

Focal fatty changes are seen at D7 and D11 level.  
Spinal curvature is altered.

The vertebrae are normal in height.  
Discs do not show any significant bulge.

IMPRESSION :- Altered signal intensity involving D9 vertebra with anterior and lateral epidural (L>R) soft tissue at D8-D9 level moderately compressing the cord and bilateral nerve roots ? metastatic.

.....  
Dr. Seema Karan  
(Consultant Radiologist)  
/br

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Gen. X ~~Handwritten~~ ~~Handwritten~~ ~~Handwritten~~

"MYELOMA"

1) ~~Handwritten~~ ~~Handwritten~~ ~~Handwritten~~

2) ~~Handwritten~~ ~~Handwritten~~ ~~Handwritten~~

3) ~~Handwritten~~ ~~Handwritten~~ ~~Handwritten~~

4) ~~Handwritten~~ ~~Handwritten~~ ~~Handwritten~~

5) ~~Handwritten~~ ~~Handwritten~~ ~~Handwritten~~ ~~Handwritten~~

} ~~Handwritten~~ ~~Handwritten~~

~~Handwritten notes~~

RBS / ~~Handwritten~~

~~Handwritten signature~~

Dr. MAHENDRA PERERA  
MBBS (Gen), MD (On), Dip. Ed  
Consultant in General Oncology  
& Radiotherapy

09/11/2012

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28/01/2012

**ASIRI HOSPITAL LABORATORY**  
**COLOMBO 05 SRILANKA**

T:+94114512792,F:+94115345802 asirilab@asiri.lk

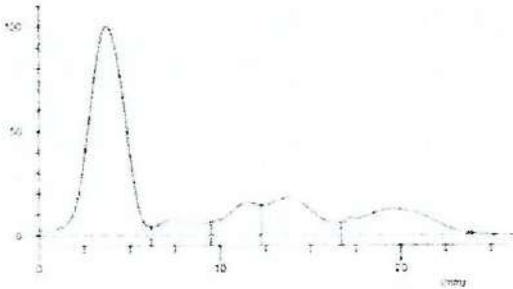
Analysis Type                    serum protein  
Print Date                        7/23/2012 3:06:28PM

Sample Number 10

Item	Value
Patient Name	MR K ANANDARAJAH
Patient ID	0063L19/07/12
DOB	
Protein (g/l)	69.00
Albumin (g/l)	42.90
DB Status	



Index	Band	Rel Area	Conc (g/l)	Range (g/l)
1	Albumin	57.44%	42.90	35.00 - 55.00
2	Alpha 1	5.04%	3.09	3.00 - 5.00
3	Alpha 2	8.32%	5.10	5.00 - 7.00
4	Beta	14.28%	8.76	6.00 - 12.00
5	Gamma	14.92%	9.15	9.00 - 15.00
Total			69.00	
Ratio A		0.57		



Comments

Normal protein electrophoresis pattern.





July 2012

## MRI Scan Report

Name of Patient : Mr. K Anandarajah 58 years  
Referred by : Dr. Mahendra Perera

### METS-EVALUATION MRI SCAN OF CHEST, ABDOMEN, PELVIS & SPINE

*DW ADC coronal, sagittal and axial sections before and after Gadolinium enhancement have been obtained*

The lung fields are normal. No mass lesion to suggest lry or lry neoplasm.  
Mid to lower trachea and main and branching brochii are normal in caliber  
No features to suggest bronchiectasis or fibrosis.  
No endo bronchial lesion or external lesion causing significant narrowing of the trachea or lower air way.  
No significantly enlarged hilar or mediastinal lymphadenopathy.

The lower trachea and the rest of the main and branching brochii are normal in caliber.  
No endo bronchial lesion or external lesion causing significant narrowing of the trachea or lower air way.

Liver is normal in size but has fatty signal intensity. There is no focal lesions or duct dilatations.  
Gall bladder is normal, no stones within. Spleen and pancreas are also normal.  
Both kidneys are normal in size and shape.  
Both supra renal glands are also positively identified.  
No mass lesion or features of hyperplasia.

Bowel loops are normal. No obstruction is demonstrated.  
Retro peritoncum is also normal. No para aortic lymphadenopathy detected.

The prostate is enlarged (60ml). No focal lesions or abnormal focal enahenement within.  
focal No sizable pelvic mass. No free fluid.

In the spine, there are fluid intensity foci with in D9 vertebra. However, no definite extension of soft tissue material in to the spinal canal or in the para spinal region. Mild and patchy contrast enhancement is also evident. Signs of past surgery are seen in the dorsal aspect around this level. Degenerative disc bulges are seen at L3/L4, L4/L5 and L5/S1 levels with impingement of thecal sac.



# DURDANS HOSPITAL

## DURDANS MEDICAL AND SURGICAL HOSPITAL (PVT) LTD

3 Alfred Place, Colombo 3.  
Helpline: 5410000, 1544 Fax: 2575302  
www.durdans.com

## MRI Scan Report

Rest of the vertebral bodies and discs are normal in size, shape, height and signal intensity.  
Few foci of high signal intensity is seen in dorsal and lumbar vertebral bodies, most likely due to fat deposition. Spinal canal is adequately spacious.  
No focal lesions top suggest Hry deposits.  
No fractures or para vertebral mass / collections.  
Lower spinal cord and the cuada equina are normal in size and position.  
Cord ends around lower L1 level.  
Lower spinal cord and the cuada equina are normal in size and position.

### IMPRESSION:

1. Abnormal fluid / soft tissue intensity with in D9 vertebral body.  
Features could represent inflammatory process or neoplastic involvement, like a plasmacytoma etc as suggested by previous histology.  
Considerable degree activity denotes active disease process.  
*Suggest comparison with the pre-op MRI scan findings.*
2. Fatty infiltration of the liver. US scan correlation is suggested.
3. Prostatomegaly.
4. Degenerative changes of lumbar spine.

*No definite focal lesion with adequately active signal intensity is identified to suggest a Hry neoplasm.*

  
Dr. Prasad De Silva,  
Consultant Radiologist.

17 July 2012

DR. PRASAD DE SILVA  
MBBS (Colombo)  
MD-Radiology (Colombo)  
Consultant Radiologist