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

Test Name:* Irinotecan toxicity testing (UGT1A1)
Microsatellite Instability (MSI) by fragment analysis
DPYD mutation analysis

Test Code:* MGM551 , MGM527 , MGM340

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. .....) JH3890A 574JH05/02 JH3890B JH3890C
- ☐ DBS/FTA
- ☐ Fresh Frozen Tissue
- ☐ Saliva
- ☐ Other sample type (specify site) _____

Peripheral blood (10 ml in EDTA) in 5 Tubs

6 Wax Block JH3890D JH3890E JH3890F 574JH05/02

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. Manel Akmeemana (In Capital Letters) D.O.B. DD MM YY Age:* 85Y/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* 5/2/2025 YY Blood Sample Collection 11/3/2025

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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techsupport@medgenome.com
customersupport@medgenome.com
www.medgenome.com
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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. Manel Akmeemana

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.

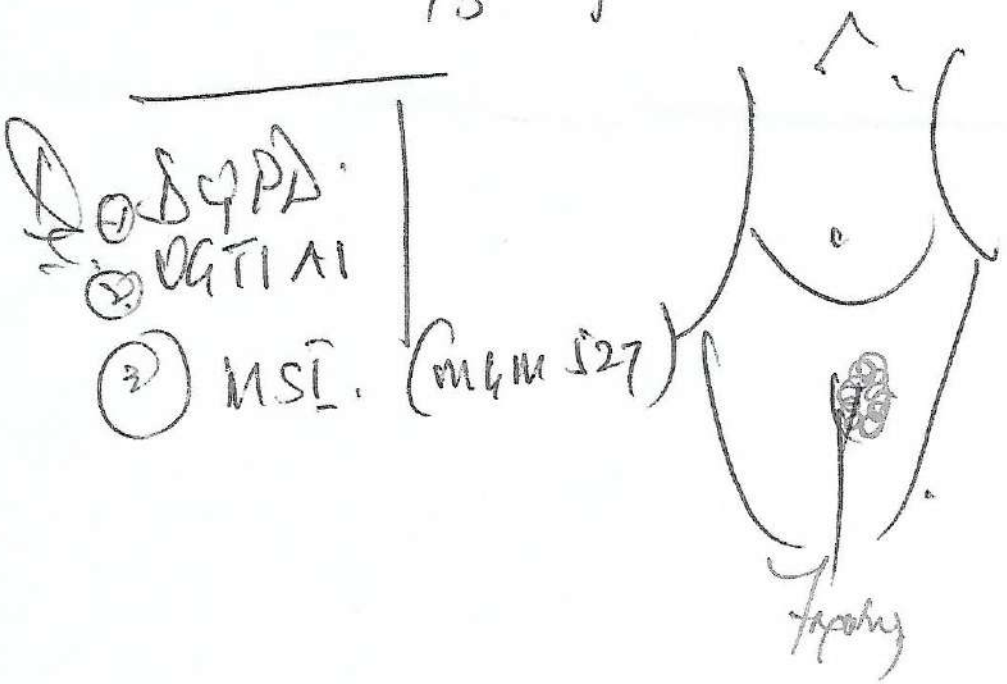
MeGenome may reserve the right to send you communications on genetics / genomics periodically. The team may also connect with you to seek consent for your active participation in certain programs & communications.

*Fields are mandatory

URGENT

ASIRI SURGICAL HOSPITAL | AOI AMERICAN ONCOLOGY INSTITUTE PRECISION CANCER CARE

Comprehensive Cancer Care Centre



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

LANKA
HOSPITALS

සුවෙන් සැලෙන් • CARING CURING • பராமரித்தல் குணமாக்கல்

Patient Name	:	Mrs. Manel Akmeemana Age : 85 years
Refereed By	:	Dr. Samanthi Premaratne (Consultant Gynae. Oncologist)
Bill No	:	CS25540625
Date	:	03-03-2025
Indication	:	Left inguinal lymphnode core biopsy Basaloid CA

ULTRA SOUND SCAN OF THE ABDOMEN AND PELVIS

Liver is not enlarged and shows normal echogenicity. No focal lesions. No intrahepatic duct dilatation. CBD is not dilated. Portal vein is of normal caliber.

Spleen is normal in size. No definite focal lesions.
GB is moderately distended. No GB calculi noted. No GB wall thickening or pericholecystic fluid.
Head and body of the pancreas normal in size and echotexture. No focal lesions. Pancreatic duct is not dilated.

Abdominal aorta and IVC appear normal. No evidence of enlarged para -aortic lymph nodes.

R/Kidney – 7.9cm (BPL)
L/Kidney – 8.8cm (BPL)
Renal parenchymal echogenicity is normal. Corticomedullary demarcation is preserved.
No hydronephrosis or renal calculi. No focal lesions.
No supra renal masses.

Bladder is well distended. No bladder masses or calculi. No bladder wall thickening.

Pre voidal bladder volume	271ml
Post voidal bladder volume	114ml

Uterus is anteverted normal in size. No adenomyosis or fibroids. No cervical mass.

No adenexial mass lesion. No free fluid.
There is a hypoechoic left inguinal mass infiltrating to the skin measuring 7.9 x 7.4 x 5.3cm. Significant internal vascularity noted. No cystic areas or calcification. Inguinal vessels are normal. No infiltration of overlying mass.

IMPRESSION:

- **Left inguinal mass is in keeping with known Basaloid metastatic lymph node deposit.**
- **Normal uterus. No cervical mass.**
- **No bladder mass. However, PVRV is 114ml out of 271ml pre voidal volume.**
-

Suggest CECT Neck, Chest , Abdomen and pelvis (with full bladder) to find the primary lesion.

.....
Dr. (Mrs). Sandeepani Jayasuriya
MBBS MD Radiology
Consultant Radiologist

Dr. Sandeepani Jayasuriya
MBBS,MD (Radiology) (Aus)
Fellow in Breast & MSK Imaging (Aus)
Consultant Radiologist
National Cancer Institute - Maharagama

www.asirihealth.com

CONFIDENTIAL LABORATORY REPORT

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

CLSI Member ID # 383029 Member of AACC Member Number: 4700

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

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A Softlogic Group Company

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 0574 05/02/25
SAMPLE DATE & TIME : 05/02/2025 17:14 AGE : 85 Y/F
REPORT DATE & TIME : 18/02/2025 17:06 AHH2099931 / AHH8876
PATIENT : MRS. MANEL AKMEEMANA (110058651) 133C
REFERRED BY : DR (MRS) LAKMALIE PARANAHEWA

TEST : IMMUNOHISTOCHEMICAL ASSAY OF CK 5/6

P63 - Positive.

CK5/6 - Positive.

CK20 - Negative.

EMA - Negative.

BCL-2 - Negative.

CD10 - Negative.

CK7 - Negative.

Hence the immunohistochemical profile is compatible with a basaloid squamous carcinoma.
It must be noted that this profile could overlap with those of a primary tumour in the cervix.

PROF. JANAKI HEWAVISENTHI
MD.(Histopathology),D. Path,Professor of Pathology
Pathologist

www.asirihealth.com

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HISTOPATHOLOGY

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** OPD/AHH/ALS **

REFERENCE No. : 01 0619 17/01/25
SAMPLE DATE & TIME : 17/01/2025 19:20 AGE : 85 Y/F
REPORT DATE & TIME : 27/01/2025 12:51 AHH2009875 / ahh6070
PATIENT : MRS. MANEL AKMEEMANA (UHID-110058651) 184C
REFERRED BY : DR (MRS) LAKMALIE PARANAHEWA

TEST : HISTOPATHOLOGY REPORT

MACROSCOPY : Six linear fragments of tissue received measuring 8mm - 12mm in length.

MICROSCOPY : All six cores submitted for histology reveals a malignant tumour.
The tumour is composed of trabeculae and nests of malignant cells which show a focal morphology with moderate - marked nuclear pleomorphism. It shows very little basaloid differentiation and due to the stratified nature of the tumour cells raises the possibility of a transitional cell carcinoma (? From the bladder) as well.

Comment : Since the histomorphology is not unequivocally basaloid (and the long past history of basal cell carcinoma which is usually not metastatic) it may be prudent to explore the possibility of a cervical squamous carcinoma or bladder carcinoma (Transitional cell carcinoma). Further IHC staining withp16 CK5/6 (positive in cervical carcinoma), CK7 and p63 (positive in both cervical and bladder carcinoma), CK20 (positive in bladder carcinoma) and EMA (Negative in Basal cell carcinoma but positive in the former) and BCL2 and CD10 (variable positivity in Basal cell carcinoma).

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PATIENT : MRS. MANEL AKMEEMANA (UHID-110058651) 184C
REFERRED BY : DR (MRS) LAKMALIE PARANAHEWA

TRU CUT BIOPSY OF THE LEFT INGUINAL REGION MASS

Malignant epithelial tumour present - ? squamous carcinoma, ?? Transitional cell carcinoma ??? Basaloid carcinoma. Hence recommend further clinical evaluation of these sites. Recommend p16 , CK5/6, CK7, CK20, p63, EMA BCL-2 and CD10 which may also be useful in establishing the origin of this tumour - Please see comment.

JHH - 3890
(S.C.T. 17/01/2025 at 12.05pm)

PROF. JANAKI HEWAVISENTHI
MD.(Histopathology),D. Path,Professor of Pathology
Pathologist

01 0574 05/02/2025

Name	: Ms. M AKMEEMANA	Age	: 85 Years
Lab No.	: 184684441	Gender	: Female
Ref by	: ASIRI GROUP OF HOSPITAL	Reported	: 24/02/2025 12:15:35
Collected	: 14-02-2025 17:14:00	Report Status	: Final
A/c Status	: P		
Collected at	: ASIRI GROUP OF HOSPITAL NO. 181, KIRULA ROAD, COLOMBO - 05, SRI	Processed at	: LPL-NATIONAL REFERENCE LAB National Reference laboratory, Block E, Sector 18, Rohini, New Delhi -110085

IMMUNOHISTOCHEMISTRY REPORT

INDIVIDUAL MARKERS
(Immunohistochemistry)

IHC MARKER(S)	RESULT
p16	Cytoplasmic and nuclear immunoreactive in > 60% of lesional cells

Comment : All external controls show appropriate reactivity.

SLIDE NO : B/34970/25

SPECIMEN : Block of trucut biopsy of the left inguinal region mass for IHC markers.

CLINICAL HISTORY : Malignant epithelial tumor present - ? Squamous Carcinoma, ?? Transitional Cell Carcinoma, ??? Basaloid Carcinoma.

GROSS : Received 2 formalin fixed paraffin embedded blocks and 2 unstained slides labelled as S74JH/05/02

INTERPRETATION

RESULT	SCORE
Non immunoreactive	0
Immunoreactive in 1-25 % cells	1+
Immunoreactive in 26-50% cells	2+
Immunoreactive in 51-75% cells	3+
Immunoreactive in 76-100% cells	4+

p16 : p16 expression plays a major role in the evaluation of Cervical Squamous Intraepithelial lesions (SIL) & distinguishing dysplasia from benign mimics. Overexpression is seen in most high risk HPV associated squamous lesions whereas absent / focal weak expression is seen in normal / inflamed / atrophic cervical

epithelium. p16 expression has also been seen in non HPV related tumors like High grade serous carcinoma & Atypical uterine smooth muscle tumors like Leiomyosarcomas. Testing of oropharynyngeal squamous cell carcinomas with p16 is also indicated where it serves as an excellent surrogate marker for active HPV.

NOTE

1. Type of specimen Fixation & processing - Formalin fixed paraffin embedded tissue.
2. Detection system used is Polymer HRP
3. The impression is based on the material submitted and is not a complete surgical pathology report.
4. False negative IHC results due to inadequate fixation of the material sent for evaluation cannot be excluded.

FIXATION REQUIREMENTS

- The volume of formalin fixative should be atleast 10 times the volume of the specimen.
- Decalcification solutions with strong acids should not be used.
- Specimens should be immersed in fixative within 1 hour of the biopsy/resection procedure (time of removal & time of immersion to be mentioned).
- In all resection (large) specimens, the tumour must be bisected prior to immersion in fixative

IHC MARKER	CLONE
34BE12 / HMW-CK	34BE12
ACTH	BSB25
AFP	C3
ALK-1	1A4
ALK(D5F3)	RABBIT MONOCLONAL
AMACR	P504S
ATRX	BSB108
BCL-2	BCL2/100
BCL-6	EP278
Beta-Catenin	EP 35
Ber-Ep4	EP 155
BK Virus (SV40)	PAB416
C4D	EP272
Calcitonin	EP 92
Calretinin	2-E7
Cathepsin-D	C15/M
CD10	56C6
CD117	EP 10
CD138	EP 261
CD15	carb-3
CD1a	C10
CD20	L 26
CD21	EP 64
CD23	EP 75
CD3	SP 7
CD30	KI1AG
CD31	JC/70A
CD34	QBEND/10
CD4	EP 204
CD45(LCA)	PD7/26/16&2B11
CD45-Ro	UCHL-1
CD5	4C-7
CD56	123C3

IHC MARKER	CLONE
CYCLIN D1	RBT14
CMV	8B1.2.1G5.2&2D4.2
C-Myc	EP121
Desmin	D 33
DOG-1	1.1
E-CADHERIN	EP 6
ER	EP 1
EBER	ISH PROBE
EGFR	POLYCLONAL
EMA	E 29
FSH	POLYCLONAL
GATA-3	L50-823
GFAP	GA -5
GH	EP267
GALECTIN-3	9C4
GLYPICAN-3	1G12
BETA- HCG	MRH1243 RM
Her 2	EP 3
Her-2 (Gastric)	EP 3
HMB-45	MELANOMA
HSA	E-8
IDH-1	H09
INI-1	I-25
Inhibin	R1
IgA	POLYCLONAL
IgG	POLYCLONAL
IgG 4	EP 138
Kappa Light Chains	L1L1
Ki-67	SP 6
Lambda Light Chains	POLYCLONAL
LH	SP132
MDM-2	D7
MELAN-A	A103

IHC MARKER	CLONE
PRL	ME 121
PSA	ERPR-8
ROS1	D4D6
S100	Polyclonal
SAA	EP335
SALL-4	EP 299
SMA	IA4
SOX-10	EP 268
Synaptophysin	SNP 88
TdT	EP266
Thyroglobulin	2H.11
TSH	POLYCLONAL
TLE1 (1F5)	1F5
TFE 3	EP 285
TTF-1	SP141
UROPLAKIN	EP 321
Vimentin	V 9
WT-1	EP-122
STAT6	EP325
NKX3.1	EP356
SATB2	EP 281
OLIG 2	EP112
CD 163	EP 324
HBME 1	HBME 1
HHV 8	13B10
MLH1	GM011
MLH2	RED 2
MSH6	EP 49
PMS 2	EP -51
ARGINASE	ARG1/1125+1126
CD43	MT1
CD 19	EP169
LMWCK	CAM5.2

Classification: Internal

Note: 1. Slides / Blocks can be issued only on advise of the referring consultant after a minimum of 48 hours.
2. Gross specimens will be retained only for a period of 1 month after the date of reporting.
3. Contact histopathology department for any clarification.

Name	**: Ms. M AKMEEMANA**	**Age**	**: 85 Years**
Lab No.	**: 184684441**	**Gender**	**: Female**
Ref by	**: ASIRI GROUP OF HOSPITAL**	**Reported**	**: 24/02/2025 12:15:35**
Collected	**: 14-02-2025 17:14:00**	**Report Status**	**: Final**
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MC-2112

CD61	ITGB3/2145	MPO	POLYCLONAL	CD103	EP 206
CD68	KP-1	MUM-1	EP190	GPA	GA-R2(H1R2)
CD79a	11 E3	MYOGENIN	F5D	CA 9	EP161
CD7	EP-132	NAPSIN-A	EP205	FLI 1	G146-22
CD8	C8/468	Neurofilament	EP79	BRAF V600E	RM8
CD99(MIC 2)	HO36.1.1	NSE	M1G.N.3	H3K27M	RM192
CDK-4	EP 180	OCT2	EP 115	Glutamine Synthetase	GS-6
CDX-2	CDX2.88	P16	JC8	CD57	BSB-108(CD57/B8)
CEA	CEA 88	P40	BC 28	MUC4	8G7
CHROMOGRANIN-A	PHE-5	p-53	D07	HSP70	W27
CK (Pancytokeratin)	AE1&AE3	p-63	4A4	MUC5AC	CLH2
CK-7	OV-TL12/30	PAX-5	24/PAX5	LIN28	EP-150
CK-19	E92	PAX-8	EP331	SOX11	CLO142
CK-20	IT-KS20.8	PDL-1	SP 263	Perforin	5B10
CK-5/6	EP 24/EP67	PLAP	PL8/F6	Langerin	12D-6
P57*	KP-10	PLA2R	CL0474	LMO2	SP-51
PD-L1 (SP142)	SP142	PR	EP 2	PD-1	NAT-105
Androgen Receptor (AR)	EP-120	Podoplanin	D2-40	HEPAR 1	OCH1E-5
Brachyury	RBT-TBXT	PD-L1 (22c3)	22C3	INSM1	BSB123
SOX2	EP103	CD35	EP197	NUT1	RPAB
GLUT1	EP141	MyoD1	EP212	BCOR	BSB128
NKX2.2	NKX2/294	CD2	EP222	Caldesmon	BSB19
SDHB	BSB131	Oct3/4	N1NK	GAB1	EPR375
H3K27me3	RM175	BOB1	RBTBOB1	YAP	D8H1X
MUC-1	EP85	ERG	EP111	CA19.9	121SLE
MUC-2	CCP58	MBP*	EP207	H3 G34W*	RM263
SF1*	ZR397	PRAME*	QR005	NeuN*	PFOX3
PIT1*	Polyclonal	T-PIT*	Polyclonal	GCDFP15*	EP95
BRG-1*	EPNCIR IIIA	SMAD4*	RABBIT POLYCLONAL	BAP1*	C4
CALPONIN*	CALP	PanTRK*	RABBIT POLYCLONAL		

*** Not under NABL scope**

HISTOPATH NO : [LPL/B/34970/25]

MCI 18-29074

Dr.Shubhra Tayal
MD, Pathology
Consultant Pathologist - NRL

DMC-5141

Dr Rajiv Tangri
MD, Pathology
Technical Director -
Histopathology and
Cytopathology - NRL

Note: Case reported by Dr.Shubhra Tayal

Classification: Internal

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MC-5113

IMPORTANT INSTRUCTIONS

•Test results released pertain to the specimen submitted .•All test results are dependent on the quality of the sample received by the Laboratory .•Laboratory investigations are only a tool to facilitate in arriving at a diagnosis and should be clinically correlated by the Referring Physician.•Sample repeats are accepted on request of Referring Physician within 7 days post reporting.•Report delivery may be delayed due to unforeseen circumstances. Inconvenience is regretted .•Certain tests may require further testing at additional cost for derivation of exact value . Kindly submit request within 72 hours post reporting.•Test results may show interlaboratory variations .•The Courts/Forum at Delhi shall have exclusive jurisdiction in all disputes/claims concerning the test(s) & or results of test(s).•Test results are not valid for medico legal purposes •This is computer generated medical diagnostic report that has been validated by Authorized Medical Practitioner /Doctor.•The report does not need physical signature.

(#) Sample drawn from outside source.

If Test results are alarming or unexpected, client is advised to contact the Customer Care immediately for possible remedial action.

Tel: +91-11-49885050,Fax: - +91-11-2788-2134, E-mail: lalpathlabs@lalpathlabs.com

National Reference lab, New Delhi, a CAP (7171001) Accredited, ISO 9001:2015 (FS60411), ISO 27001:2013 (616691) Certified laboratory

Classification: Internal

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