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

Tumour HRR (Homologous Recombination Repair) pathway genes analysis by NGS
Androgen receptor (AR) gene analysis[Expedited TAT]

Test Name:* Test Code:* MGM1623, MGM599

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) _____

PC319B1 , PC319C1
PC319B2 PC319C2
PC319B3

Peripheral blood (5 ml in EDTA) 3 Tubs

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.

5 Waz Blocks

Patient Details

Name:* Mr. Ruwan Lokuge (In Capital Letters) D.O.B. DD MM YY Age:* 67Y/M 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* 3/3/2025 DD MM YY 27/ 1/2025

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.

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:_____

MEDGENOME
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
customersupport@medgenome.com
www.medgenome.com
CAP ACCREDITED
COLLEGE of AMERICAN PATHOLOGISTS

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. Ruwan Lokuge

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

24 FEB 2025

Ca. Prostate

Dx plan

S. AR
. BRACA 1 & 11,
(- HRR Panel)

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

CONFIDENTIAL LABORATORY REPORT

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

Asiri Hospital Holdings PLC, 181, Kirula Road, Narahenpita, Colombo 05
T. +94 11 452 3355-7 F. +94 11 452 3358 prlab@asiri.lk

ASIRI LABORATORIES
LIVE MORE
A Softlogic Group Company

HISTOPATHOLOGY

REFERENCE No.	: 01 0652 27/01/25	
SAMPLE DATE & TIME	: 27/01/2025 19:37	AGE : 67 Y/M
REPORT DATE & TIME	: 04/02/2025 10:34 AHH2099932 / ahh6070	
PATIENT	: MR. R.K. LOKUGE (UHID-120250971) 112C	
REFERRED BY	: DR (MRS) LAKMALIE PARANAHEWA	

TEST : TRUS BIOPSIES

.

Clinical features :- Increased PSA (12 ng/ml).

Specimen :- TRUS guided biopsies of the prostate.

Macroscopy :- A. Right lobe anterior : 2 cores of tissue measuring 14 and 12mm in length.

B. Right lobe middle : 3 cores of tissue measuring 19, 16 and 14mm in length.

C. Right lobe posterior : 2 cores of tissue measuring 19 and 18mm in length.

D. Left lobe anterior : 2 cores of tissue measuring 22 and 13mm in length.

E. Left lobe middle : 3 cores of tissue measuring 18, 17 and 17mm in length.

F. Left lobe posterior : 2 cores of tissue measuring 19 and 16mm in length.

Microscopy :- A to F. Sections confirm the presence of an acinar type prostate carcinoma predominantly composed of separate well-formed, small neoplastic glands (Gleason grade 3) This pattern account for about 60% of the tumour. Fused neoplastic glands and ill-formed small neoplastic glands constitute about 40% of the tumour volume (Gleason grade 4). The tumour is seen in 6 out of 7 cores from the right lobe where it occupies 25% to 70% of the surface areas of the cores (average 43.3%). The tumour is not seen in cores from the left lobe. There is no evidence of vascular or perineural invasion.

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

ASIRI LABORATORIES
LIVE MORE
A Softlogic Group Company

Asiri Hospital Holdings PLC, 181, Kirula Road, Narahenpita, Colombo 05
T. +94 11 452 3355-7 F. +94 11 452 3358 prlab@asiri.lk

HISTOPATHOLOGY

REFERENCE No. : 01 0652 27/01/25
SAMPLE DATE & TIME : 27/01/2025 19:37 AGE : 67 Y/M
REPORT DATE & TIME : 04/02/2025 10:34 AHH2099932 / ahh6070
PATIENT : MR. R.K. LOKUGE (UHID-120250971) 112C
REFERRED BY : DR (MRS) LAKMALIE PARANAHEWA

Details of tumour grade and percentage involvement

A1 : 3+3 - 25%.
A2 : Not involved.
B1 : 3+4 - 50%
B2 : 3+4 - 70%
B3 : 4+3 - 25%
C1 : 4+3 - 50%
C2 : 3+4 - 40%
D1,D2,E1,E2,E3,F1,F2 : Not involved.

Conclusion :- TRUS guided biopsies of the prostate

1. Tumour type : Acinar type prostatic adenocarcinoma.

2. Gleason sum score : 3 (60%) + 4 (40%) = 7

3. Grade group (ISUP) : Group 2

4. Tumour burden : Percentage of positive biopsy cores = 42.8%
   The tumour occupies 25 to 70% of the surface areas of the affected cores (average 43.3%).
   Maximum length involved = 11mm

5. Perineural invasion : Absent.

6. Vascular invasion : Absent.

PC - 319 (S.C.T. 27/01/2025 at 9.15 am)

Chandu de Silva

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