

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: * DPYD mutation analysis
 Irinotecan toxicity testing (UGT1A1) **Test Code:** * MGM340, MGM551

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

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. Mrs. Amrisha Parathalingam (In Capital Letters) **D.O.B.** DD MM YY **Age:** * 42Y/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 :** _____
Date of sample collection * D21/5/2025YY **Email id :** _____

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 Medical Oncology
 Chemotherapy

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.

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. Mrs. Amrisha Parathalingam

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.

15 MAY 2015

Dr. Mahendra Perera MD

Receiv
Metastatic Ca
Recto-Sigmoid

① DUPD
② UGTA

[Handwritten scribbles]

Dr Mark Openshaw
Consultant Medical Oncologist
The Cancer Centre
Queen Elizabeth Hospital Birmingham
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Edgbaston
Birmingham B15 2GW

Secretary: Jack Ellis
Tel: **0121 371 3592**
Email: jack.ellis@uhb.nhs.uk

Reference: MO/JE

Hospital Number: A339214
NHS Number: 637 309 3239

Date of Clinic: 01 October 2024
Date of Typing: 11 October 2024

✓ Miss Amrisha Parathalingam
G2 Millennium Apartments
95 Newhall Street
Birmingham
B3 1BA

Dear Miss Parathalingam

RE: Amrisha Parathalingam 09/09/1982
G2 Millennium Apartments 95 Newhall Street, Birmingham, B3 1BA

SUMMARY:

1. New diagnosis of metastatic cancer with extensive liver metastases and locoregional lymphadenopathy including left common iliac and iliac bifurcation nodes.
CT scan shows early evidence of biliary dilatation but normal bilirubin, rectosigmoid primary stented seven days ago approximately.

Moleculars: MMR proficient. RAS, RAF, NTRK and HER2 awaited.
Consideration of privately funded FoundationOne testing
Significant weight loss over the last month.

TREATMENT PLAN: Urgent DPD, chemotherapy referral and start with FOLFOX chemotherapy, consideration of adding of EGFR versus Bevacizumab at a later date.

PAST MEDICAL HISTORY: No other medical problems. No admissions to hospital.

DRUG HISTORY: No known drug allergies. No regular medication. Not on any painkillers.

SOCIAL HISTORY: Criminal barrister, currently on sick leave.

Husband Chanrudh lives in Sri Lanka and works in a beach hotel.

Cousin is a Consultant Medical Oncologist working in GI Cancers at UCLH.

FAMILY HISTORY: Maternal grandfather had colon cancer in his 70s and survived this diagnosis. A cousin had sarcoma aged 3 and also survived this diagnosis. No children.

On examination, heart sounds normal. Chest clear. Abdomen is somewhat tense but no palpable discomfort.

I met you today in clinic and you have recently been diagnosed with metastatic colorectal cancer predominantly affecting the liver. You had a short history of PR bleeding and were found to have both a malignant tumour in the sigmoid and also unfortunately extensive disease within the liver on CT scan within the last two weeks. We discussed that unfortunately whilst chemotherapy can control and shrink this disease, this treatment is not a cure for the cancer. We discussed that without treatment, because the liver disease is extensive, survival is likely to be measured in one or two months but this can be improved to a median of 18 to 24 months with good result from chemotherapy with some people doing significantly better than this but also some people doing worse.

I discussed that we do not yet have all the molecular markers back for you - these are additional tests due to be completed on the tumour. We do have the MMR which has been shown to be proficient and therefore you would not be suitable for immunotherapy. With the results of the RAS/RAF, we may be able to add in an EGFR inhibitor such as Cetuximab or Panitumumab, and if this is not the case, you are already aware that there is the option of adding in either Bevacizumab two-weekly privately or indeed escalating chemotherapy to FOLFOXIRI if you are starting to feel better on treatment. We discussed FOLFOX chemotherapy today.

FOLFOX is a combination of two drugs; 5-FU given through a PICC line in the arm and oxaliplatin given IV (via a drip) on day 1 of a 14 day cycle. The 5FU is delivered via a small bottle attached to the PICC line which gives the treatment slowly over a couple of days and requires removal 2-3 days later. The most common side effects as outlined in the information sheet provided are fatigue, nausea, vomiting, hair loss, skin rashes, a sore mouth and diarrhoea. There are rarer side effects as outlined in the information sheet of which the most important are a risk of life threatening infection, deep vein thrombosis or clot, heart, liver, kidney and lung damage and a small risk of death. Oxaliplatin in particular has two other common side effects; nerve damage known as neuropathy, which causes pins and needles and numbness in the finger tips, particularly pronounced in the cold, which can be long lasting or in some cases permanent; and a sudden onset shortness of breath called laryngospasm, which most often occurs on the day of treatment and is worse in cold weather. Before starting on treatment you will meet our chemotherapy nurse who will run through the side effect profile with you in detail again. You will also have a special blood test called DPD testing prior to the chemotherapy to ensure your body breaks down the 5-FU chemotherapy correctly. Any issues with the chemotherapy please phone the red alert chemotherapy 24 hour helpline.

You are happy for me to share all of your medical details with your cousin and I will contact

DD2 Job ID – 11491243
A339214/637 309 3239

them with the results of your bilirubin later on today. If this is showing a significant rise, we may need to try and bring forward the chemotherapy earlier than next week and I will walk over a DPD testing today so that we have the results in the next few days. We will also carry out HIV, hepatitis B and C testing.

You were considering going to Sri Lanka to start your treatment but I did discuss that it would be a priority to at least start treatment here even if you are thinking of doing this in the future, given the possibility that this cancer could make you more unwell within the next few weeks. I will see you in two weeks' time to discuss how well the treatment has gone and also your molecular markers which will hopefully be available at this time. I will also enquire whether there is sufficient tissue for FoundationOne testing.

Yours sincerely

Electronically approved

**Dr. Mark Openshaw
Consultant Medical Oncologist**

Next appointment: 15th October 2024

CC:

Dr Nk Kang
Halcyon Medical
Unit 8
24 Martineau Place
Birmingham
B2 4UH