

Sample Receipt Details:

POD : _____ Temp : _____
 Date & Time : _____ Sample Type : _____
 CS Name & Sign : _____ Logistics Name & Sign : _____
 Prenatal Sample Yes No **Bill type**

TEST REQUISITION FORM

Disease Segment* _____
 Each sample must be accompanied by this completed requisition. * Fields are mandatory

Test Details

Hereditary Breast and Ovarian Cancer (HBOC) gene panel

Test Name: * _____ **Test Code:** * MGM1517

Sample type:

<input checked="" type="checkbox"/> Blood (in EDTA tube)	<input type="checkbox"/> Blood (in streck tube)	<input type="checkbox"/> DNA, Specify Source: _____	<input type="checkbox"/> Buccal swab
<input type="checkbox"/> Amniotic Fluid	<input type="checkbox"/> CVS	<input type="checkbox"/> Cultured CV	<input type="checkbox"/> Cultured amniocytes
<input type="checkbox"/> Fetal Blood (PUBS)	<input type="checkbox"/> Maternal blood for MCC (please send for prenatal studies)	<input type="checkbox"/> Products of Conception (POC), specify tissue: _____	<input checked="" type="checkbox"/> FFPE tissue Block (Block no.)
<input type="checkbox"/> Fresh Frozen Tissue	<input type="checkbox"/> Saliva	<input type="checkbox"/> Other sample type (specify site) _____	<input type="checkbox"/> DBS/FTA

Peripheral blood (5 ml in EDTA) 3 Tubes

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. C.C.R.N.M. Munasinghe (In Capital Letters) **D.O.B.** DD MM YY **Age:** * 66Y/F **Gender:** * M / F

Address: _____
Phone: _____ **E-mail I.D:** _____

Clinician Details

Clinician's Name: *  Dr. MAHENDRA PERERA MBBS (Col), MD (Col), Dip RT Consultant in Clinical Oncology & Radiotherapy

Address: _____

Hospital Affiliation: Aegle Omics Pvt Ltd

Phone : _____
Email id : _____

Date of sample collection*: 14/5/2025YY

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 (Col), MD (Col), Dip RT
 Consultant in Clinical Oncology
 & Radiotherapy

Medical Professional Signature* _____ **Date:** _____ **Place:** _____

Clinical notes/diagnosis: _____

Disease affection status **Parental consanguinity present** **Age of manifestation:** _____
Affected Siblings **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. C.C.R.N.M. Munasinghe

First Name	Middle Name	Last Name	Date of Birth: mm/dd/yyyy
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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.

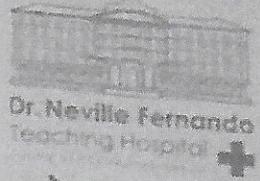
MedGenome may reserve the right to send you communications on genetics / genomics periodically. The team may also connect with you to seek consent for your active participation in certain programs & communications.

*Fields are mandatory

NFTH

Dr. Neville Fernando
Teaching Hospital

NH 109



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2023

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~~Signature~~

Dr. Mahendra Petara
MD (Gen), MD (Col), Dip. ST
Consultant in Clinical Oncology & Radiotherapy

NAME OF THE PATIENT:	Mrs. C. C. R. N. M. Munasinghe	AGE / GENDER:	65Y / F
REFERRED BY	: Dr. Mahendra Perera		
CT NO	: 333/2024		
INDICATION	: Metastatic adenocarcinoma of uterus, following surgery and radiotherapy. .		

Technique: Pre and post contrast study. Axial sections.

REPORT:

In comparison with CECT Chest and Abdomen report on 5/12/2023.

Chest

There are 3 centrally cavitating and peripherally enhancing lesions in the lower lobe of the right lung. The largest measures 54 x 44 x 73mm and paravertebral in location.

Rest of the lungs are normal.

No evidence of bronchiectasis.

Major intra-thoracic vessels are patent.

No mediastinal or hila lymphadenopathy.

The trachea, main bronchi and the segmental branches are patent.

The cardiac chambers and the aorta are normal

No pleural effusion or pneumothorax.

The chest wall is normal.

Abdomen

Known lobulated peripherally enhancing 68 x 55 x 80mm mass lesion is again seen behind the head of the pancreas, which is almost inseparable. There is associated dilatation (9mm) in the distal pancreatic duct. The lesion extends up to the hepatic hilum superiorly and up to the right renal hilum inferiorly. No encasement of the adjacent vessels.

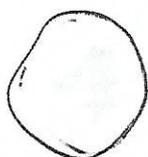
There is a heterogeneously enhancing 44 x 45mm focal lesion in the Segment VI and VII of the liver with extracapsular extension. There are several adjacent satellite lesions in the vicinity. No intra hepatic bile duct dilatation. Liver is normal in size. Hepatic vasculature appears normal. Portal vein is patent.

Gall bladder appears normal. No evidence of cholecystitis or calculi.

Spleen appears normal.

Previously noted left kidney upper pole lesion is not seen. Both kidneys are normal in size and shape. Concentration and excretion of contrast are satisfactory. No focal lesions or hydronephrosis seen in either kidney. No renal calculi are seen. Both ureters appear normal.

PTO →





Dr. Neville Fernando
Teaching Hospital



CONFIDENTIAL RADIOLOGY REPORT

No free fluid is seen in the abdomen.

No evidence of para aortic or pelvic lymph adenopathy is seen.

Bladder is normal.

Bowels are grossly normal.

Visualized bones appear normal.

DIAGNOSIS:

- **Known intra-thoracic and intra-abdominal metastatic disease.**
- **Central cavitation of the chest lesions, relative central necrosis of the lesion in relation to the pancreas and the liver lesions suggest response to treatment, however previous imaging is not available for direct comparison.**

Date: 12 July 2024

*Dr. Janaka Rajapakse
(Consultant Radiologist)*

Dr. Janaka Rajapakse
Consultant Radiologist
MBBS, MD (Radiology)
Fellowship in Chest & Cardiac Imaging
(Perth Western Australia)
SI MC Reg No 13529

Name of the patient : Mrs. C. C. R. N. M. Munasinghe
Reference No : Kings / 000036088
Age : 62Yrs
Gender : Female
Procedure : US guided Tru cut Biopsy of mass in the pancreatic head done under local anaesthesia.

Specimen sent for Histology / Cytology by Prof. Chandu De Silva.

14.09.2020

PSC
Dr (Mrs) Shantha Hettiarachchi
CONSULTANT RADIOLOGIST

CONFIDENTIAL LABORATORY REPORT

MRD ID	: KINGS/000036088	CR NUMBER	: C/20-21/39927
PATIENT NAME	: MRS.C.C.R.N.M.MUNASINGHE	LAB REF.NO	: 03/14092020
AGE/SEX	: 62Y/FEMALE	SAMPLE ON	: 12.56 PM 14/09/2020
REFERRED BY	: DR. (MRS) S.HETTIARACHCHI	REPORT ON	: 12.25 PM 23/09/2020
OPD/IP	: IP		

TEST : CYTOLOGY

Specimen : Ultrasound guided FNA of mass in pancreatic head

Macroscopy : 6 alcohol fixed smears were received.

Microscopy : The smears contain blood only.

Conclusion : Ultrasound guided FNA of mass in pancreatic head

Non-diagnostic smears (C1 category).

PC C - 152/20

Chandu de Silva

Prof.Chandu De Silva
MBBS, D.Path, MD(Histopathology), FCPATHSL, MIAC
Consultant Histopathologist

DEPARTMENT OF RADIOLOGY AND CLINICAL IMAGING.
National hospital for respiratory diseases, Welisara, Ragama.

Name:- N. Munasinghe Age:- 65 yrs Sex:- F
Ward:- BHT:- 12935/2023
Referred by Dr. Wathsala Gunasinghe (Consultant Chest Physician)
Thank you for referring this patient.

CECT CHEST& ABDOMEN REPORT CT NO : 4909/2023

Indication:- endometrial CA history, CXR mass

Report-

Heterogeneously enhancing mass lesion measuring 4.8(Tr) x 7.3(AP) x 8.7(CC) cm noted in the in the right lower lobe in right paravertebral distribution. It completely obliterates the medial basal bronchus .

Few other focal lesions noted in the basal segments of the right lower lobe.(The largest - 3.0 x 3.2 cm)

No further lesions in right upper or middle lobes.

No mediastinal or hilar lymphadenopathy

No pleural thickening or enhancement.

No bronchiectasis. Both hilar regions are normal.

No mediastinal masses are seen. No cardiomegaly.

Heterogeneously enhancing mass lesion measuring 6.8(Tr) x 5.3(AP) x 7.9(CC) cm noted behind the head of the pancreas causing pancreatic duct dilatation. It extends into the hepatic hilum superiorly and right renal hilum inferiorly. No encasement of adjacent vessels. Intrahepatic ducts are not dilated. Portal vein is not thrombosed.

Focal lesion noted (7.7 x 5.0 cm) with extracapsular extension and chest wall infiltration in the segment VI and VII of the liver. Few satellite lesion noted in the vicinity. Rest of the liver shows normal density. No hepatomegaly.

Focal lesions noted in the upper pole of left kidney(1.3 x 1.2 cm) and spleen(0.6 x 0.5 cm)

Cervical stump is filled with fluid density material.

Gall bladder is normal. No gall bladder calculi seen. Spleen is not enlarged.

No supra-renal masses seen. Bowel appears normal.

No free fluid seen in the abdomen.

Impression:-

Intrathoracic and intra-abdominal metastatic disease of known malignancy

5 December 2023



Dr. S. Palihawadana
Consultant Radiologist.
Dr.(Mrs.) SUMUDU H. PALIMAWADANA
MBBS. MD. FRCR. FRANZCR
Consultant Radiologist
National Hospital for Respiratory Diseases
Welisara

DEPARTMENT OF ANATOMICAL PATHOLOGY
NATIONAL HOSPITAL FOR RESPIRATORY DISEASES (TEACHING)
WELISARA – SRI LANKA

TEL: 0112956702 Ext: 121

HISTOLOGY REPORT

Name :- Ms. C. C. R. N. Mala Munasinghe.

Age :- 65yrs.

Sex :- Female.

Requesting Dr: Dr. Wathsala Gunasinghe.

Date Received: - 19.12.2023

Ref. No: - RD 1622H/23.

Hospital: - NHRD – Welisara

Ward:- 05

BHT/clinic No: - 13546/23

Date Issued: - 28.12.2023.

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Clinical history:- Diagnosed patient with endometrial carcinoma.

CT – Heterogeneous enhancing mass lesion in right lung lower lobe.

Specimen:- CT guided tru-cut biopsy from right lung lower lobe for histology.

Macroscopy:- Received two cores of tissue measuring – 15 mm and 09 mm. (All passed in 01 block).

Microscopy:- Sections reveal two cores of lung tissue with an infiltrating adenocarcinoma, composed of cohesive clusters and irregular glands lined by stratified low columnar epithelial cells with mild nuclear atypia. Background shows heavy inflammation.

Immunohistochemistry:- TTF1 – Negative in tumor cells.

ER- Strong nuclear positivity in tumor cells.

Diagnosis:- Lung, right side, lower lobe, lesion, CT guided tru-cut biopsy:-

-Metastatic adenocarcinoma, from previously known endometrial carcinoma.

Signature :-----

DR. Ramani Punchihewa

MBBS, D.Path MD (Histopathology)

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