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

Comprehensive Tumor Panel (SNVs, InDels, CNVs & Fusions) + TMB + MSI

Test Name:* PD-L1 Dako 22C3 IHC PharmDx Test Code:* MGM1785, MGM1789

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. .....)
- ☐ Fresh Frozen Tissue
- ☐ Saliva
- ☐ Other sample type (specify site) _____
- ☐ DBS/FTA

PRH4106B
PRH4106B 01/03

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.

One wax Block
One Slide

Patient Details

Name:* Mrs. Champa Egodawatta (In Capital Letters) D.O.B. DD MM YY Age:* 62Y/F Gender:* M / F

Address: .....

Phone:..... E-mail I.D: .....

Clinician Details

Clinician's Name:* Dr. Senaka Kandegedara Hospital Affiliation: Aegle Omics Pvt Ltd

Address: .....

Phone : .....

Email id : .....

Date of sample collection* 23/02/2024 YY

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. MAHINDRA 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:_____

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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 Mrs. Champa Egodawatta

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 :

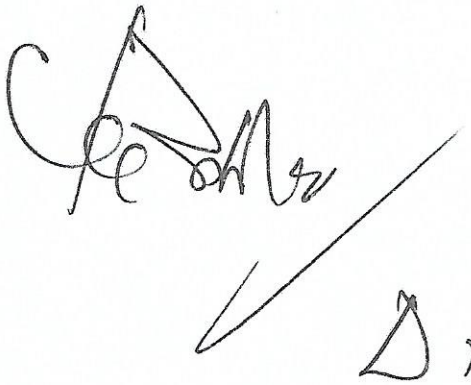
Signature of both parents is requested for prenatal testing.

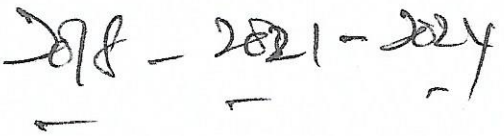
For trio testing, each parent should provide separate informed consent for the sequencing of his or her sample.

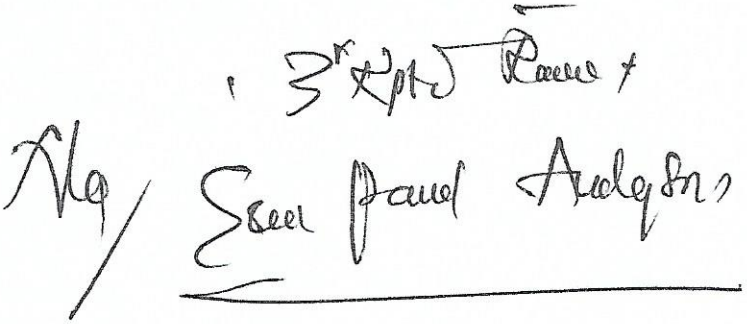
MeGenome may reserve the right to send you communications on genetics / genomics periodically. The team may also connect with you to seek consent for your active participation in certain programs & communications.

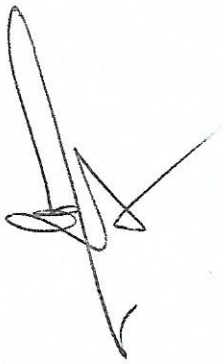
*Fields are mandatory

16 DEC 2024









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

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Health 26 a

ප්‍රතිකාර සටහන
TREATMENT SHEET

ඇඳ ඉහ වාර්තා අංකය
B.H.T. No.

දිනය Date	ප්‍රතිකාර (බෙහෙත්) Treatment (Drugs)	ආහාරවට Diet	අමතර ආහාරවට විශේෂ බලපත්‍ර ලත් ඖෂධයෝග විශේෂ උපස්ථායකයන් ආදිය Orders for Extra Diet, Proprietary Drugs, Special Attendants, &c.
	Dr. Mahendra	Perera	
	Consultant	on Allergy	
	Rea S/R		
	K/S/K		review on
	OD need ff		
	H^a	Recent	Rca.
	? gastric	disorder	
			[signature]
		[signature] Dr. S.L. Ka... MBBS MD Clinical Oncology Consultant Clinical Oncologist National Hospital Kandy	

H 059863 - 10,000,000 (2024/05) ශ්‍රී ලංකා රජයේ මුද්‍රණ දෙපාර්තමේන්තුව

CONFIDENTIAL LABORATORY REPORT

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

Member of CLINICAL AND LABORATORY STANDARDS INSTITUTE Member ID # 383029

Member of ACC Member Number: 4790

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LIVE MORE
A Softlogic Group Company

Asiri Laboratories Kandy, 907, Peradeniya Road, Kandy
T. + 94 81 785 0404 - 5 prlab@asiri.lk

HISTOPATHOLOGY

Block and sides of this specimen/s will be retained ONLY for six months after the date of this report. Specimen will be kept for one week.

UHID	: 150174524		
REFERENCE No.	: 05 4069 23/02/24	IP No.	: AKH0050635
SAMPLE DATE & TIME	: 23/02/2024 19:20	AGE	: 61 Y/F
REPORT DATE & TIME	: 03/03/2024 13:54 AHK2500180 / AKH2430454		
PATIENT	: MRS. CHAMPA EGODAWATTA [ROOM NO.ICUB]		
REFERRED BY	: DR H.H. MANJULA KUMARA HERATH		

TEST : HISTOPATHOLOGY REPORT..

Specimen : Right partial nephrectomy - renal tumor

Macroscopy : The partial nephrectomy specimen measuring 60x30x20 mm.
Outer surface is partly covered with peri nephric fat.
The renal capsule stretched but intact.

The cut surface reveals a well demarcated haemorrhagic tumour measuring 12x9x8 mm.

The lesion is located 3 mm away from the deep resection margin macroscopically.

Microscopy : The right renal tumour shows the appearances of a clear cell renal cell carcinoma which is comprised of numerous tubular structures of varying sizes, formed by large cells with clear cytoplasm and small pyknotic nuclei (ISUP Grade

1). The tumour is well demarcated by a relatively thick capsule.
Areas of necrosis are not seen.
Foamy cells or calcifications are not identified.
No sarcomatous areas are seen.
The renal capsule, or perinephric fat are free of tumour invasion.
However few tumour nodules separate from main mass are noted within the perinephric adipose tissue.
The rest of the kidney shows focal chronic tubulo interstitial nephritis.
All the margins are well away from the tumour.
The closest resection margin is 3 mm from the tumour.
The perinephric fat margin is within 2 mm from the tumour nodules present within the perinephric fat.

CTD next page

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REPORT DATE & TIME : 03/03/2024 13:54 AHK2500180 / AKH2430454
PATIENT : MRS. CHAMPA EGODAWATTA [ROOM NO.ICUB]
REFERRED BY : DR H.H. MANJULA KUMARA HERATH

Diagnosis :
Right partial nephrectomy : Clear cell renal cell carcinoma.
Fuhrman/ISUP Nuclear grade 1
pT3aNxMx

SYNOPTIC REPORTING :
Partial nephrectomy
Specimen Laterality: Right
Tumor Focality: Unifocal
Tumor Size: Greatest dimension 1.2cm
Histologic Type: Clear cell renal cell carcinoma
Histologic Grade (WHO / ISUP): G1
Tumor Extent: Separate tumour nodules in the perinephric fat
Sarcomatoid Features: Not identified.
Rhabdoid Features: Not identified.
Tumor Necrosis: Not identified.
Lymphovascular Invasion: Not identified.
Margin Status: All margins negative for invasive carcinoma.
Regional Lymph Node Status: No regional lymph nodes submitted.
pT3aNxMx- AJCC 8th Edition (Invasion of perinephric fat)

PRH4106

Dr. Palitha Ratnayake
MBBS, D.path, MD (PATHOLOGY)
Consultant Pathologist

IMMUNOHISTOCHEMISTRY REPORT

NATIONAL HOSPITAL

KANDY

IMMUNOHISTOCHEMISTRY REPORT

Name: C Egodawatta

Age: 56Y Sex: Female

Ward/ Clinic: 47 BHT/ Clinic Number: 23993

Histology Reference number: KN 1265/21

IHC Number: 295/21

Specimen/ Site: Right partial nephrectomy specimen

IMMUNOHISTOCHEMICAL ASSESSMENT:

SMA and desmin highlighted attenuated smooth muscle fibers confirming that the excision represent RCC embolus within perihilar vessel.

03/03/2021

Dr. Palitha Ratnayake
Cons. Pathologist

Dr. Palitha Ratnayake
Cons. Pathologist
MBBS, D. Path MD (Pathology)

NATIONAL HOSPITAL

KANDY

HISTOLOGY REPORT

IHC - 295

Name: C Egodawatta

Age: 56Y Sex: Female

Ward/ Clinic: 47 BHT/ Clinic Number: 23993

Histology Reference number: KN 1265/21

Specimen/ Site: Right partial nephrectomy specimen

Macroscopy:

a. Right partial nephrectomy specimen measuring 25x20x20 mm which is partly covered with perinephric fat.
   The cut surface reveals a well circumscribed nodule measuring 18x12x13mm
   The lesion is within 1mm from the resection margin which contains normal renal tissue macroscopically.
   The cut surface of the tumour shows haemorrhagic areas.
b. Chest wall nodule: A soft tissue mass measuring 35x15x10 mm

Microscopy:

The sections through the renal nodule reveal a large nodule of clear cell renal cell carcinoma with areas of haemorrhages.

The tumour nodule is present in the hilar fibro connective and adipose tissue, possibly with in a dilated large blood vessel. Bundles of smooth muscle are present in the periphery of the tumour nodule, suggesting the vascular nature.

The lesion is completely excised with clear margins.

The adjacent ureter or kidney tissue present are free of tumour invasion.

Diagnosis:

Deposit of clear cell renal cell carcinoma at the hilum/ possibly within a blood vessel

01/03/2021

Dr. Palitha Ratnayake
Cons. Pathologist

Dr. Palitha Ratnayake
Cons. Pathologist
MBBS D. Path MD (Pathology)

DEPARTMENT OF RADIOLOGY & IMAGING SERVICES
081 452 8831 076 972 4605 ahkradiology@asiri.lk

ASIRI HOSPITAL KANDY
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Name of patient	:	Mrs.Champa Egodawatta	**Age : 61 Yr**	**Sex : F**
Scan Region	:	Post contrast CT chest, abdomen and pelvis		
Requested y	:	Dr.Manjula Herath. MBBS, MD.	**Date :**	30/01/2024
		Consultant Genito Urinary Surgeon.		
Radiologist	:	Dr (Mrs) Samantha Perera. MBBS,DCH, MD (RAD)	**CT No :**	559866

CT SCAN REPORT

CT CHEST ABDOMEN AND PELVIS :

HISTORY: Known single kidney. Recurrent RCC, Partial nephrectomy done twice, MRI – local recurrence.

TECHNIQUE: **Pre and post oral , rectal and IV contrast axial scans of abdomen and pelvis with coronal & sagittal reformats.**

REPORT:

Left Kidney is absent.

Rt Kidney : 11.4x 6 cm

There is a 2x2x2.1cm heterogeneously enhancing lesion seen in the inferior region of the left kidney. It has reduced contrast enhancement the adjacent renal cortex. No calcifications seen within it
The lesion extend into the renal sinus fat with compression of the inferior calyx without infiltrating into it.
Renal pelvis is normal.
No hydronephrosis or hydroureter in the left side.
No renal vein or IVC thrombi.
No para aortic lymph adenopathy.

Single renal artery is demonstrated.

Urinary bladder is smoothly distended.
No free fluid in the abdomen and pelvis.
No evidence of bone metastasis

Liver is normal in size and show normal density.
There is solitary 2x2cm lesion in segment VI of the liver. It is hypodense in non-contrast study and shows Peripheral nodular contrast enhancement in the arterial and venous phases with centripetal contrast filling
In the delayed phase.
No intrahepatic or CBD duct dilatation.

GB, spleen and adrenal glands are unremarkable.
Stomach and bowel loops are normal.

Trachea and main bronchi are normal.
Both lungs are clear.
No focal lung nodules.
No mediastinal or hilar lymph adenopathy.
No pleural or pericardial effusions.
No rib erosions or other bony abnormalities.

PTO

COMMENT:

Recurrent renal cell CA in the inferior pole of single right kidney.
No liver, lung or bone metastasis.
Known haemangioma in the segment VI of the liver.

Dr. (Mrs) Samantha Perera. MBBS,DCH, MD(Radiology)
Consultant Radiologist,
National Hospital, Kandy

Thank you very much for referring this patient

Dr. (Mrs) Samantha Perera,
MBBS, DCH, MD (Radiology)
Consultant Radiologist
National Hospital - Kandy

SK

DEPARTMENT OF RADIOLOGY & IMAGING SERVICES
081 452 8831 076 972 4605 ahkradiology@asiri.lk

ASIRI HOSPITAL KANDY
LIVE MORE
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Name:	Mrs.Champa Egodawatta	Age	61 Yrs	Sex:	Female
Requested by:	Dr. S.L.Kandegedara. MBBS,MD				
Indication:	L/Renal cell CA, USS – Mass in the lower pole of right kidney.				
MRI Scan	MRI abdomen and Pelvis and MRCP			No.	00557209

Daté- 23.01.2024

Report

Left kidney is absent.
No masses in the left renal bed.

Right Kidney BPL – 11.4cm
There is a well defined 2.3x2x2cm (APxTransxCC) lesion in the inferior pole of the right kidney anteriorly.
It is heterogeneous in intensity in T1W, slightly hyper intense in T2W and shows contrast enhancement
which is less than the normal renal cortical enhancement.
Lesion is causing fluid restriction.
Mild sub serosal fat infiltration is seen. Gerota's fascia is not infiltrated.
The lesion is in close contact with the inferior calyx.
Single right renal artery is noted.
No renal vein or IVC thrombosis.
No para aortic lymphadenopathy.

Liver is normal in size and show normal intensity.
There is a single well defined 2x2x1.8 cm lesion in segment VI sub capsularly.
It is low in signal intensity in T1, high in T2 and show centripetal enhancement in contrast study.
Largest lesion is 12x15mm in segment VI.
No intra hepatic bile ducts or CBD dilatation.
Portal vein is normal in size.
Normal flow void is seen in the portal vein.

Spleen is normal in size and show normal contrast enhancement.
Adrenal glands are normal..
Pancreas is normal in size and show normal intensity in T1W andT2W images.
No focal lesions.
No pancreatic duct dilatation.
No peri pancreatic fluid collections.

PTO

Comment:

- MRI appearance are in keeping with local recurrence of RCC in the lower pole of solitary right kidney.
- Known liver haemangioma.
- No para aortic LN or liver metastasis

Dr.(Mrs) Samantha Perera
Consultant Radiologist,
National Hospital, Kandy.

ASIRI SURGICAL HOSPITAL | AOI AMERICAN ONCOLOGY INSTITUTE PRECISION CANCER CARE

Comprehensive Cancer Care Centre

Department of Nuclear Medicine

Whole body PET-CT Report

Name : Mrs.Champa Egodawatta Age/Sex :60Y/F Ref. No : RC00009023

Referred By: Dr.S.L.Kandegedara PET CT No:936/22 Date:12.11.2022

Clinical Details :

- Diagnosed renal cell CA in solitary right kidney in November 2018.
- Partial nephrectomy done in November 2018 and histology confirmed clear cell renal CA.
- Tumor recurrence of right kidney lower pole in February 2021.
- Exicion of tumor recurrence done.
- Follow up with interferon upto September 2022.

Indication : PET CT for further evaluation

Technique : Patient's serum glucose level was 110mg/dl at the time of the study. Patient was injected with 6.21mCi of F-18 FDG in right anticubital Fosse.

PET CT scan was performed from vertex to mid thigh after resting for 60minutes.

Corresponding low dose contrast enhanced spiral CT of the body was acquired. PET CT and Fused PET CT were reviewed at the work station.

REPORT

Head & Neck

- Right lobe of thyroid gland has a FDG avid nodule in lower pole 1.4cm x 1.0cm and SUV max 11.0.
- There are no abnormal attenuating or enhancing foci in the cerebral hemispheres, cerebellum or in the brain stem.
- No FDG avid foci in the skull vault or base of the skull.
- Normal physiological distribution of FDG uptake and is noted in brain parenchyma
- Soft tissues of the neck shows normal FDG activity.
- No FDG avid foci in the neck.
- No significant cervical lymphadenopathy on CECT.
- Bilateral orbits, pharynx, para pharyngeal soft tissues and soft tissues of the neck are normal.

Chest

- There are no focal parenchymal nodules or air space opacifications in the lung.
- No FDG avid foci in the lung fields.
- The chest wall, soft tissues of the chest and mediastinum appear normal.
- No prominent or enlarged FDG avid lymphnode in the axillae, mediastinum or hilar.
- No pleural or peri cardial effusions.

Abdomen & Pelvis

- Enlarged liver with fatty infiltration.
- Solitary right kidney has normal parenchymal activity. High FDG avidity in renal pelvicalyceal system is due to excreated urine.
- No FDG avid lesions in the liver, spleen, pancreas, kidneys or adrenal glands.
- They show normal parenchymal attenuation in CT.
- Abdominal wall, peritoneum and retroperitoneum appear normal with no FDG avid foci.
- No abnormal mass lesions or fluid collections in the abdomen or pelvis.
- No prominent or enlarged or FDG avid lymphnodes in the abdomen or pelvis.

Muscular skeletal and miscellaneous

- No FDG avid foci in the visualized bones from skull base to the pelvis and upper thigh.

IMPRESSION :

1. **No FDG avid tumor recurrence in right kidney or the para renal space.**

   Mild dilatation of renal pelvicalyceal system.
2. **No metabolically active metastasis in to liver, lung or the bones and no FDG avid lymph nodes.**
3. **Hypermetabolic solitary nodule in right lobe of thyroid gland.**

Dr. (Mrs.) Eranga Perera
M.B.B.S. MD (Radiology)
Consultant Radiologist

Caution: Whole body PET CT includes skull base to mid-thigh scanning. CT scan used only for attenuation correction and anatomical localization. For brain metastasis MRI has higher sensitivity than PET CT. This is a professional opinion, findings must be correlated clinically.