

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

ESR1 gene testing by NGS -Liquid Biopsy (Hot Spot Mutations)

Test Name:* _____ Test Code:* **MGM2732**

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

Whole Blood in Streck Tubes 2x 10ml

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. Chinthika Pathiraja** D.O.B. **DD MM YY** Age:* **46Y/F** Gender:* **M / F**
(In Capital Letters)
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* **4/6/2025** **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. 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. Chinthika Pathiraja**

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.

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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.

HISTOPATHOLOGY

UHID	: 20029872	** IP/AHH/ASH **
REFERENCE No.	: 01 4096 14/06/17	IP No. : ASH0116831
SAMPLE DATE & TIME	: 14/06/2017 07:14	AGE : 39 Y
REPORT DATE & TIME	: 22/06/2017 20:23	ahh5830 / ASH2292
PATIENT	: MRS. C. PATHIRAJA [ROOM NO.707A]	
REFERRED BY	: DR.PANDUKA JAYASEKERA	

TEST : HISTOPATHOLOGY REPORT

MACROSCOPY :- A. Wide local excision of lesion in 3 O'clock position left breast.

The specimen received consists of an ellipse of skin measuring 45 x 4 mm and underlying breast tissue measuring 85 x 60 x 20 mm. There is an irregular greyish white tumour measuring 20 x 15 mm situated 8, 12, 30, 12, 9 and 10 mm away from the deep, lateral, medial, superior, inferior and superficial margins respectively.

B. Left axillary sentinel lymph nodes.

Piece of fatty tissue measuring 45 x 30 x 10 mm. Five lymph nodes, ranging from 6 x 5 mm to 10 x 10 mm are present.

C. Intramammary lymph node.

2 pieces of fatty tissue together measuring 15 x 15 x 3 mm, containing a single lymph node measuring 3 mm in diameter.

MICROSCOPY :- A. Sections from the tumour confirm the presence of an invasive carcinoma comprising variably sized nests and strands composed of pleomorphic cells with abundant eosinophilic cytoplasm and enlarged, irregular nuclei with prominent nucleoli. Tubular structures account for less than 10% of the tumour volume.

The mitotic count is 14/10 h.p.f. Cytoarchitectural features place the tumour in Nottingham grade (3) category (tubules 3/3, nuclear pleomorphism 3/3, mitotic count 2/3, total 8/9).
The invasive carcinoma does not

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involve the surgical resection margins.

The high-grade DCIS component extends up to the deep margin focally. Skeletal muscle in the specimen is not involved by the tumour.

There is a high-grade intraduct carcinoma with comedo necrosis within, adjacent to and away from the tumour.

It accounts for about 25% of the tumour volume. There is lobular cancerization. Perineurial invasion is not seen.

The nipple is histologically unremarkable.

Non-neoplastic breast tissue shows, adenosis, fibrosis, sclerosing adenosis, apocrine metaplasia and mild cystic dilatation of ducts.

There is a small intraduct papilloma.

B. All 5 lymph nodes show preserved normal architecture with some showing mild follicular hyperplasia. There are no metastatic deposits.

C. The single lymph node is histologically unremarkable.

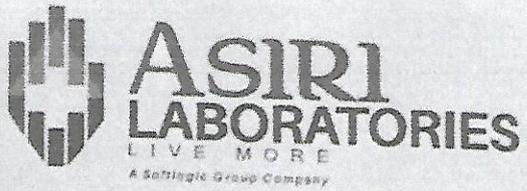
Conclusion :- C. Wide local excision of lesion in 3 O'clock position of left breast.

1) Tumour type : Invasive carcinoma of no special type (Invasive duct carcinoma not otherwise specified)

2) Tumour size : 20 x 15 mm

3) Tumour grade : Nottingham (modified Bloom and Richardson) grade 3.

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PATIENT : MRS. C. PATHIRAJA [ROOM NO.707A]
REFERRED BY : DR.PANDUKA JAYASEKERA

** IP/AHH/ASH **
IP No. : ASH0116831
AGE : 39 Y

will be
date of
ne week.

**
5831

- 4) Lymphovascular invasion : A suspicious focus is present. This needs to be confirmed with a CD34 immunostain.
- 5) Perineurial invasion : Absent
- 6) Surgical resection margins :The invasive carcinoma does not involve the surgical resection margin. The high-grade DCIS involves the deep resection margin focally.
- 8) Skeletal muscle : Not involved by the tumour.
- 9) DCIS component : Present (High-grade with comedo necrosis, accounts for 25% of tumour volume)
- 10) Lobular cancerization :- Present
- 11) Inflammatory response at tumour host interface : Present (moderate).
- 12) Nipple - Histologically unremarkable.
- 13) Non-neoplastic breast tissue : Fibrocystic disease.
- 14) Nottingham prognostic index - 4.4
- 15) Tumour stage : pT1c No Mx.

B. Left axillary sentinel lymph nodes

All five lymph nodes do not contain metastatic deposits.

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** IP/AHH/ASH **
IP No. : ASH0116831
AGE : 39 Y

C. Left intramammary lymph node

The single lymph node is histologically unremarkable.
There are no metastatic deposits.

Comment :- Recommend a CD34 immunostain on block Ala.

PCH - 9328/ 9329/ 9330(18/06/17)

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

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UHID : 20029872
 REFERENCE No. : 01 4263 13/06/17
 SAMPLE DATE & TIME : 13/06/2017 18:55
 REPORT DATE & TIME : 13/06/2017 19:22 ash4505 / ash4531
 PATIENT : MRS. C. PATHIRAJA (ROOM NO.707A)
 REFERRED BY :

** IP/AHH/ASH **
 IP No. : ASH0116831
 AGE : 39 Y

TEST : CYTOLOGY (FROZEN BIOPSY)

Macroscopy :- Ellipse of skin measuring 45 x 4 mm and underlying breast tissue measuring 85 x 60 x 20 mm. There is an irregular greyish white tumour measuring 20 x 15 mm, situated 8, 12, 30, 9 and 10 mm away from the deep lateral, medial superior, inferior and superficial margins respectively.

Microscopy :- Imprint smears from the mass reveal clusters of epithelial cells showing nuclear enlargement, irregularity and coarse chromatin clumping.

Conclusion :- Intra-operative imprint cytology of mass in left breast (Wide local excision)

-
1. Malignant cells are present (C5 category).
 2. The surgical resection margins are not involved by the tumour. (closest is the inferior margin with a clearance of 8 mm).

PC

Chandu de Silva

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



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ENZYME IMMUNOASSAY

** OPD/AHH/ALS **

Page 1 of 1

UHID : 20029872
REFERENCE No. : 01 0241 23/01/25
SAMPLE DATE & TIME : 23/01/2025 09:39
REPORT DATE & TIME : 24/01/2025 19:17
PATIENT : MRS. C. PATHIRAJA
REFERRED BY : DR MAHENDRA PERERA

AGE : 46 Y/F 24/02/1978

ANH2005804 / ALS2011141

TEST	RESULT	FLAG	REFERENCE VALUE
CA 15-3	12.80		u/ml

Comment :-

Expected value :

6.4 - 58

Median 21.6

Pathiraja
MLT

Dr. NISHADYA KANAGINGHE
MBBS, D Path, M.D. (Pathology) FRCPA
Gen. Haematology Pathologist

Dr. KUSHAL RAMATUNGA
MB BSc, CCA, PgD, MRB

Dr. CHANDRIKA MEGAMA
B. Pharm, MB (Chemical Path) FRAC
Gen. Clinical Pathologist / Pathologist

Dr. PREETHI PERERA
M. B. S. (Reg) MD (Micro)
MD (Medical Microbiology)
Consultant Medical Microbiologist

Dr. SUJATHA PATHIRAJE
MBBS, Dip. Micro, MD (Microbiology)
Gen. Clinical Microbiologist

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Case Number: 24010105687
Patient Name: CHINTHIKA PATHIRAJA
Age/Sex: 46 Yrs/Female
Patient Location: Colombo
Hospital Name: Aegle Omics
Physician Name: Dr. Mahendra Perera
Date & Time of Accessioning: 10/12/2024 17:25 Hrs
Date & Time of Reporting: 28/01/2025 11:38 Hrs

AMENDED REPORT

Reason: Change in Date & Time of Accessioning and specimen collection (From November to December).

TEST NAME

CA27.29 Breast Cancer Marker

SPECIMEN INFORMATION

Serum collected on 09/12/2024

CLINICAL HISTORY

Not provided

METHODOLOGY

Immunoassay

RESULTS

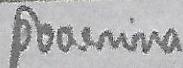
Test Name	Result	Units	Biological Reference Interval
CA27.29 Breast Cancer Marker	13	U/mL	< 38

COMMENTS

This test was performed using the Siemens (Bayer) Chemiluminescent Method. Values obtained from different assay methods cannot be used interchangeably. CA27.29 levels, regardless of value should not be interpreted as absolute evidence of the presence or absence of disease.

Kindly correlate with clinical findings


Dr. Deepthy Sahadevan, Ph.D.


Dr. Poornima Raikar, MD
Reg. No. 95706


Dr. Shivani Sharma
DCP, DNB, DipRCPath. Reg. No. 1906

This is a transcribed report and the test was performed at the laboratory OSL 03.

Patient Name :- Mrs. Chinthika Pathiraja	Age :- 46Y
Reference No :- 000090432	Region :- Breast
Referred By :- Dr. Mahendra Perera	Date :- 22.10.2024

DIGITAL MAMMOGRAM & TOMOSYNTHESIS

Report : (Mammo No. 06127/1027)

Fibro glandular - right breast
Reconstructed left breast.

No masses or distortions on Tomo.
No suspicious micro calcifications.
No skin thickening or nipple retraction.
Benign post surgical calcifications in left sub areolar region in reconstructed breast.
Surgical clip in left axilla.

Axillary nodes - A dense node in right axilla and a small node in left axilla.

US SCAN BREASTS

FINDINGS :

Right breast unremarkable.
Prominent benign right axillary nodes.
Left side reconstructed breast and the chest wall unremarkable.
Residual benign left axillary node 12 x 5mm.

IMPRESSION:

Benign follow up study with bilateral benign axillary nodes.


Dr. (Mrs) Kartha Samarawickrama
Consultant Radiologist

