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

DPYD mutation analysis

Test Name:* _____ Test Code:* MGM340

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

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. G. Perera (In Capital Letters) D.O.B. DD MM YY Age:* 86Y/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 : .....

..... Email id : .....

Date of sample collection* 21/5/2025 DD MM 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 (Cey), MD (Col), Dip RT
Consultant 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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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 . G. Perera

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

0773 796 702

ASIRI SURGICAL HOSPITAL | AOI AMERICAN ONCOLOGY INSTITUTE PRECISION CANCER CARE

Comprehensive Cancer Care Centre

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

Asiri AOI Cancer Centre (Private) Limited.
No.21, Kirimandala Mw, Colombo 5 T. +94 11 452 4400 E. asiriaoi@asiri.lk

NAWALOKA HOSPITALS P.L.C

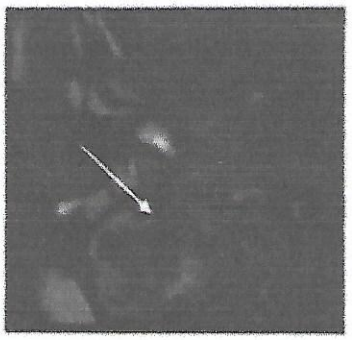
NAWALOKA RADIOLOGY UNIT

MRI SCAN OF LUMBAR SACRAL SPINE

Patient name	Mrs. G. Perera
MRI No: 2/2782/25	Date -21/04/2025
Referred by	Prof KI Deen, Consultant Surgeon
Indication	Right sided sciatica
UPIN	NH210416292333

TECHNIQUE:
Routine MRI study of the LS spine has been performed.

FINDINGS



All lumbar vertebrae and intervertebral discs show normal height and signal intensity. No disc bulge/ protrusion causing thecal sac indentation or stenosis of bilateral lateral recesses/ exit foramina.

No spondylolisthesis. **Lumbar lordosis is maintained.**
Spinal cord ends at L1vertebral level.

Partly imaged solid right pelvic side wall mass is well demonstrated in the CT done today.
No destructive osseous lesion.

COMMENT:

- **No degenerative lumbar disc disease causing impingement of exiting/ descending nerve roots.**
- **Partly imaged solid right pelvic side wall mass is well demonstrated in the CT done today.**

Dr. Chinthaka Appuhamy
MBBS (COL), MD Radiology, M.MED(STORE), EDiR, FRCR (UK)
EBiR (European Board of Interventional Radiology)
CONSULTANT RADIOLOGIST & SENIOR LECTURER,
DEPT OF SURGERY, UNIVERSITY OF KELANIYA.

Date: 22 April 2025

(83)

kings HOSPITAL COLOMBO

BIO-RAD

CONFIDENTIAL LABORATORY REPORT

PATIENT NAME : [illegible] BILL NO : [illegible]
AGE : [illegible] LAB REF NO : [illegible]
SEX : [illegible] WARD/CLINIC : [illegible]
REFERRED BY : [illegible] DR : [illegible]
COLLECTED TIME : [illegible] RECORDED TIME : [illegible]

TEST : **HISTOPATHOLOGY**

Specimen : [illegible] Distal rectal tumour

Macroscopy : A Piece of irregular mucosal tissue, mounted on a board measuring 30 x 20 x 12 mm.
Lesion sliced from right to left lateral margins and the proximal distal ends and the right and left lateral margins have been sampled.
B Two fragments of tissue received.

Key to blocks : A1) Proximal margin
A2) Distal margin
A3) Left lateral margin
A4) Right lateral margin
A5) Proximal portion
A6) Middle (central)
A7) Distal

Microscopy : A) These are sections of a moderate-poorly differentiated adenocarcinoma [illegible] infiltrating into the submucosa. The tumour is seen extending to the deep margin. (ie: involving the deep margin).
The extent of submucosal involvement is difficult to assess since the [illegible] mucosa is largely destroyed.
The tumour involves the most proximal edge of the specimen as well.
All other margins (ie: left lateral, right lateral and distal margin) are free of tumour.
No lymphovascular or perineural invasion is present
- LV0 Pn0

B) These are sections of a polyp with a tubular configuration exhibiting mild / low grade dysplasia of the colonic epithelium. There is no evidence of stromal invasion Indicative of malignancy.