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

Colorectal advanced panel by NGS & Microsatellite Instability (MSI) by fragment analysis

Test Name:* _____ Test Code:* MGM2529

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

FMK0536F

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

Patient Details

Name:* Dr. H.A.L.P. Pinnawala (In Capital Letters) D.O.B. DD MM YY Age:* 41Y/M 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* D4/3/2025YY

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 (Cey), MD (Col), Dip RT
Consultant in Medical 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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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: Dr. H.A.L.P. Pinnawala

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

දිනය
Date

දෛනික සටහන / DAILY STATE

Dr. S. L. Kandegedara, Con. Clinic Oncologist,
NH - Kandy.
2025/04/29.

Dear Sir,

Thank you for refferring this gentleman with Rt colon CA. T2 lesion with positive Lnr involvement. In my view, he requires FOLFOX Based chemotherapy as adjuvant treatment. It is my recommendation that prior to treatment DPYD status to be verified and MSI status to be evaluated from tumour (wax block) to optimize treatment further.

I have explained to the patient regarding the LIC and possible with cancer treatment as well.

Thank you.

Dr. T. SKANDARAJAH
MBBS, MD (Clinical Oncologist)
Consultant Oncologist
Cancer Hospital Maharagama
SLMC Reg. No: 12920

Department of Pathology
Faculty of Medicine
University of Kelaniya

Histopathology Laboratory Service

Report No: FMK-2507/2024

Name	: Mr.H.A.L.P.Pinnawala	Age	: 46 yrs
Clinic	: GE (NCTH)	Received Date	: 13-12-2024
Clinic No	: 1551/24	Reported Date	: 03-01-2025

HISTOPATHOLOGY REPORT

Specimen : A) Terminal ileum B) Cecum C) Ascending colon D) Transverse colon E) Descending colon F) Sigmoid colon G) Rectum H)Ascending colon polyp

Macroscopy : A) Two tissue fragments measure 4 mm and 3mm in maximum dimension.
B) Two tissue fragments, each measure 4 mm in maximum dimension.
C) Two tissue fragments measure 6 mm and 3mm in maximum dimension.
D) Two tissue fragments measure 7mm and 2mm in maximum dimension.
E) Two tissue fragments measure 4 mm and 3mm in maximum dimension.
F) Two tissue fragments, each measures 3 mm in maximum dimension.
G) Two tissue fragment measure 4mm and 2mm in maximum dimension.
H) Four tissue fragments measure 4mm, 4mm, 4mm and 3mm.

Microscopy : A) Sections show ileal mucosa with intact crypt villous architecture. Lamina propria shows markedly increased eosinophils. Neutrophils are not present. No cryptitis, crypt abscesses, granuloma formation, increase in intraepithelial lymphocytes, subepithelial collagen band widening, organism, dysplasia or malignancy is seen.

B-G) B to G biopsies show more or less same features, hence are described together. There are sections of large bowel mucosa exhibiting mild glandular distortion, mucin depletion and basal plasmacytosis. There are few scattered neutrophils in lamina propria with focal cryptitis. Crypt abscesses are not present. None of these mucosal biopsies shows organisms, granuloma formation, metaplasia, dysplasia or malignancy. With the given history these features are compatible with ulcerative colitis with mild activity. Nancy histological index 2.

H) Sections show four fragments of colonic mucosa with three of them reveal an invasive carcinoma composed of irregular, complex and fused glands lying in a desmoplastic stroma. These are lined by atypical cuboidal to columnar cells containing moderately pleomorphic enlarged round to oval hyperchromatic nuclei and a moderate eosinophilic cytoplasm. Mitotic activity is increased and few atypical mitotic figures are seen. Few singly infiltrating similar atypical cells are also identified. These histological features are in keeping with an invasive adenocarcinoma. Surface epithelium of these fragments show a focal villiform architecture and the lining epithelial cells show enlarged, elongated, hyperchromatic, crowded nuclei with pseudostratifications. Other fragment shows unremarkable colonic mucosal tissue.

Conclusion : A) Terminal ileum B) Cecum C) Ascending colon D) Transverse colon E) Descending colon F) Sigmoid colon G) Rectum H)Ascending colon polyp -
A) Ileal mucosa within normal limits
B) - G) Chronic colitis with mild activity, in keeping with previously diagnosed ulcerative colitis with mild activity (Nancy histological index 2)
H) Feature are in keeping with an invasive adenocarcinoma

.....
Dr. Mangala Bopagoda
MBBS, D.Path, MD (Histopathology)
Consultant Histopathologist

Dr. Piumi Nayanthara
Histopathology Trainee

Department of Pathology
Faculty of Medicine
University of Kelaniya

Histopathology Laboratory Service

Report No: FMK-0536/2025

Name	: Dr. H. A. L. P. Pinnawala	Age	: 47 yrs
Ward	: 41 (NCTH)	Received Date	: 04-03-2025
BHT	: 26727/25	Reported Date	: 25-04-2025

HISTOPATHOLOGY REPORT

Specimen : Right hemicolectomy specimen

Macroscopy : This is a right hemicolectomy specimen comprising the terminal ileum [80 mm in length and the proximal ileal resection margin (PRM) measuring 25 mm in diameter] and the caecum and the ascending colon [220 mm in length and the distal colonic resection margin (DRM) measuring 30 mm in diameter]. The serosal surface is smooth. There is a brown colour polypoidal tumour, 35 mm from the ileocaecal valve and 160 mm from the DRM, which measures 25 mm in length. The cut surface of the tumour shows focal myxoid areas. Macroscopically, the tumour appears confined to the muscle wall. The non-peritonealized resection margin is well away from the tumour. The caecal and colonic mucosa shows focal flattened areas. The appendix is 55x10 mm, and the cut sections show brown colour material within the lumen.

Twenty-five (25) lymph nodes are retrieved from the pericolic fatty tissue, the largest measuring 8 mm in maximum diameter.

Microscopy : The tumour comprises closely packed atypical glandular structures in a desmoplastic stroma. These glands are lined by moderately pleomorphic atypical columnar cells with increased mitoses. Around 30-40% of the tumour shows extracellular mucin pools. These features are compatible with a well-differentiated adenocarcinoma of the colon with a mucinous component. The mucosa adjacent to the tumour shows features of high-grade dysplasia. There is moderate host lymphoid response around the tumour. The tumour focally infiltrates the muscularis propria. No evidence of pericolic fatty tissue infiltration. Lymphovascular or perineural invasion is not seen. The non-peritonealized resection margin, PRM and DRM are not involved by the tumour.

The flattened mucosa of the background colon shows mild to moderate crypt distortion, a heavy chronic inflammatory cell infiltate in the lamina propria admixed with neutrophils and reactive changes in the crypt epithelium. These features are compatible with ulcerative colitis. These changes involve the DRM, which shows no definite evidence of dysplasia.

One of the twenty-five lymph nodes show metastatic tumour deposits (1/25).

Conclusion : Right hemicolectomy specimen -
Well-differentiated adenocarcinoma with a mucinous component.
Maximum tumour diameter: 25 mm
Tumour infiltrates the muscularis propria
Lymphovascular invasion: Not present
Perineural invasion: Not present
Resection margins are not involved;
The nearest longitudinal resection margin (PRM) clearance: 115 mm

The rest of the colon show features of ulcerative colitis.
The features of ulcerative colitis are seen in the DRM, which shows no definite evidence of dysplasia.

One of the twenty-five pericolic lymph nodes show metastatic tumour deposits (1/25).

Pathological tumour stage: pT2N1

Note: Wax block for molecular studies if indicated : Block F

Dr. Saumya Liyanage
MBBS, D.Path, MD (Histopathology)
Consultant Histopathologist

Dr. Piumi Nayanthara
Postgraduate Trainee

DEPARTMENT OF CHEMICAL PATHOLOGY

National Hospital - Kandy (NHK)

William Gopallawa Mawatha, Kandy
+94812233337 / +94812222261/63/65 Ext:2276

Clinical Biochemistry Report - Confidential

Technique : Enhanced Chemiluminescence Immunoassay

Lab Ref. No.: 2962.98

BHT/ OPD No.	: 98/25	**Sex**	: Male
Patient's Name	: HALP PINNAWALA	**Ward**	: STAFF
Referred By	: DR.CHATHURANGA KEPPETIYAGAMA	**Date**	: 2025-Jan-29
Age	: 47Y	**Time**	: 12:25:58

Test	Result	Unit	Reference Range	
CEA	7.25	ng/mL	Non Smoker	< 3.0

Comments : .....

Consultant Chemical Pathologist
MBBS, Dip (Path)
Consultant Chemical Pathologist
National Hospital, Kandy

Medical Laboratory Technologist

Date : .....

**** FOR ANY ENQUIRES ON THIS REPORT, PLEASE CONTACT Ext- 2384 / 2380 - Dr.Dulani Jayawardana(CCP) / 2276- SMLT- Biochem*

DEPARTMENT OF RADIOLOGY – GENERAL HOSPITAL KEGALLE

CT SCAN REPORT

NAME OF THE PATIENT	Dr H A L P Pinnawala			Age	46y	Sex	M
CT NO	1515	BHT/Clinic No	347	Ward/Clinic	GE		
REQUESTED BY	Dr T Kesavan (MBBS MD)						
SCAN REGION	**CONTRAST CT SCAN OF THE CHEST, ABDOMEN & PELVIS**						

INDICATION:-Malignant polyp in the ascending colon

CHEST

Both lung fields show normal aeration and broncho vascular pattern.
No evidence of bronchiectasis, cavitation, fibrosis or pulmonary nodules.
No mediastinal or hila lymphadenopathy seen.
No pleural effusion.
The trachea, main bronchi and the segmental branches are patent.
The cardiac chambers and the aorta are normal
The chest wall is normal.

ABDOMEN AND PELVIS

There is a 10 x12 X20mm size focal area of mucosal thickening of the posterior wall of the upper part of the ascending colon. Small calcification or surgical clip is seen in the lesion. No peri lesional fat strandings. No regional lymphadenopathy.

Rest of the large and small bowel oops are normal

Liver is normal in outline and size. No dilated intra hepatic or extra hepatic biliary ducts. There are no metastatic deposits or any other masses.
The gall bladder is normal. No calculi.
Pancreas appears normal. No calcification or masses. The duct of the pancreas is normal.
Spleen is not enlarged.
Both kidneys are normal in size and density. No calculi mass lesions or ureteric obstructions.
Bladder contour is normal. No mass lesions were seen within the bladder.
No ascites.
There is no para aortic lymphadenopathy.
Bony window reveals no bony abnormalities.

COMMENT:-

1 Focal areas of mucosal thickening of the ascending colon compatible with known malignant lesion
2 No regional lymphadenopathy
3 No distant metastasis

Date: 03 February, 2025

Thank you very much for referring this patient

DR. R J K S Wijebandara
M.B.B.S, M.D.(Radiology)
Consultant Radiologist

Professorial Surgical Unit, Division of Colorectal Surgery

COLOMBO NORTH TEACHING HOSPITAL, RAGAMA

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சுகாதாரப்பராமரிப்பு நிபுணர்களைப் பார்வையிடும்போதும் இந்த அட்டையை எடுத்துச் செல்லவும்.
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රෝග නිශ්චය තුන්පුව
நோய் நிருணய அட்டை
DIAGNOSIS TICKET

රෝගියාගේ නම நோயாளியின் பெயர் Name of Patient	Dr.H.A.L.P.Pinnawala	වයස வயது Age	47 years
වාට්ටුව வாட்டு Ward	Ward 41	ලේඛනගත අංකය பதிவு இல Reg. No.	026727/2025
ඇතුල් කළ දිනය சேர்த்த திகதி Date of Admission	01/03/2025	පිට කළ දිනය வெளியேற்ற திகதி Date of Discharge	06 /03/2025
රෝග පරීක්ෂාවන් හා ප්‍රතිකාර பரிட்சைகளும் சிகிச்சையும் Investigations and Treatments	Laparoscopic Right Hemicolectomy under GA on 03/03/2025		

Surgery done by:

Prof. Sumudu Kumarage (VS)

Assisted by:

Dr. Vasitha Abesuriya (VS)

Dr. Raayiz Razick (SR)

Dr. Jasothakrishna (Reg)

Dr. Mahesh (MO)

GA given by:

Prof. Bhagya Gunathilake (CA)

Dr. Kulitha (Reg)

Dr. Vindya (MOA)

Dr.Tharini (MO-T)

Indication;

Adenocarcinomatous polyp in ascending colon of which margins are unable to assess due to piecemeal resection

Procedure:

An appropriate sign-in procedure was adapted to ensure the identity of the patient, that the intended procedure to be performed was as planned and pre-operative assessment was completed. Aseptic condition was maintained. The patient was placed in supine position.

Pre-operative antibiotics were used. The abdomen was cleaned and prepped with 10% povidone iodine and appropriately draped.

Pneumoperitoneum created using a veress needle. 4 ports entry into the peritoneal cavity. (10mm*1 – supraumbilical, 5mm*3 – supra pubic, LHC, LIF)

Findings :

- No external evidence of active bowel wall inflammation

-No evidence of liver mets or peritoneal deposits

Mobilization of the ascending colon was done dissecting in the mesorectal plane. Hepatic flexure and transverse colon mobilized by dissecting omental and peritoneal attachments.

Ileo colic and right branch of the middle colic vessels were clipped and divided. Terminal ileum and mobilized colon was delivered through a small supraumbilical transverse incision.

Side to side ileo colic anastomosis created using linear cutting staplers between the terminal ileum and transverse colon. Resected specimen was sent for histology. Haemostasis was achieved. A tube drain was placed at right paracolic gutter. Fascial closure done with 1 loop PDS. Skin approximated with 3/0 Prolene

Summary:	Patient's condition upon discharge:
47 years old known patient with ulcerative colitis underwent Right Hemicolectomy under GA on 03/03/2025. Post op SICU care was given.	Patient clinically stable.

Discharge plan:

- Review in 1 week in clinic

Prof. Sumudu Kumarage
MBBS (Col), MS (Col), FRCSEd
Professor in Surgery
Consultant General and Colorectal Surgeon
Department of Surgery
Colombo North Teaching Hospital