

Sample Receipt Details:

POD : _____ Temp : _____
 Date & Time : _____ Sample Type : _____
 CS _____ Logistics _____
 Name & Sign: _____ 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

Test Name: * BRCA1 & BRCA2 deletion/duplication analysis **Test Code:** * MGM178

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)

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. K.K. Chandrika (In Capital Letters) **D.O.B.** DD MM YY **Age:** * 61Y/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 * 9/1/2025M 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.

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. K.K. Chandrika

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

Patient/Guardian Signature* _____ Date: _____ Place: _____

Father Name _____ Mother Name _____

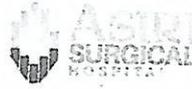
Signature* _____ Date and time _____ Signature* _____ Date and time _____

Relationship with the proband Kdm

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.



Comprehensive Cancer Care Centre

25 NOV 2024

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Day Book

M. Qudus Dey

Handwritten scribbles and lines

Dr. MANENDRA PILLAY
MBBS, MRCP, FRCR, FRCR (S), FRCR (O), FRCR (P)
Specialist Registrar
Medical Oncology
Asiri AOI Cancer Centre (Private) Limited

m/m 178



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



CONFIDENTIAL LABORATORY REPORT

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



Asiri Surgical Hospital PLC. No. 21, Kirimandala Mw, Colombo 05.
T. +94 11 452 4448, +94 11 452 4400 F. +94 11 452 4448 E. histolab@asiri.lk

HISTOPATHOLOGY

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

** IP/AHH/ASH **

Page 1 of 1

UHID : 120426796
 REFERENCE No. : 01 4105 24/09/24 IP No. : ASH0212092
 SAMPLE DATE & TIME : 24/09/2024 23:07 AGE : 61 Y/F 13/07/1961
 REPORT DATE & TIME : 07/10/2024 18:55 AHH2009875 / ASH2106280
 PATIENT : MRS. K.K. CHANDRIKA [ROOM NO.714A]
 REFERRED BY : DR.KANISHKA DE SILVA

TEST : HISTOPATHOLOGY REPORT

Clinical history :- Right lateral quadrant CA breast

Specimen :- A. Right lateral quadrant breast wide local excision
 B. Sentinel node biopsy

Macroscopy :- A. Received a mass of breast tissue with skin.
 Orientating sutures noted. The skin ellipse measures 35 x15 mm. The underlying breast tissue measures 50 x 50 x 30 mm. There is rounded lesion measuring 15 x 15 x 17 mm.
 A1- lesion with inferior
 A2- Lesion with superior and superficial margin
 A3- Lesion with deep and superficial margin
 A4- Lateral margin
 A5- Medial margin
 A6- Lesion

B. Three lymph nodes received largest 15 x 10 x 10 mm.

Microscopy :- A. There is an invasive carcinoma composed of nests and strands of malignant cells in a desmoplastic stroma. Tubule formation is <10 % (3/3). The cells are moderately pleomorphic (nuclear grade 2). The mitotic count is 3 per 2 mm² (1/3). Host lymphocytic response is mild. The tumour infiltrating lymphocytes amount to 5 %. There is no tumour necrosis. There is intermediate grade solid and cribriform DCIS within and adjacent to the tumour (<25%). There is no lympho-vascular or perineural invasion. Non neoplastic breast is unremarkable. The invasive tumour is 15 mm from medial margin, 20 mm from lateral margin, 20 mm from superior margin, 5 mm from inferior margin, 4 mm from superficial margin and 8 mm from deep margin. DCIS is 2 mm from superficial margin.



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REFERRED BY	: DR.KANISHKA DE SILVA	

B. Three lymph nodes free of tumour (0/3).

Conclusion :- A. Right lateral quadrant breast wide local excision:

Tumour type: Invasive breast carcinoma (NST)
Tumour grade: Nottingham grade 2
Invasive tumour size: 15 x 15 x 17 mm.
DCIS : intermediate grade solid and cribriform DCIS within and adjacent to the tumour (<25%).
Lympho-vascular invasion: not present.
Perineural invasion: not present.
Non neoplastic breast: unremarkable
Tumour infiltrating lymphocytes- 5 %
Excision margins: The invasive tumour
 15 mm from medial margin,
 20 mm from lateral margin,
 20 mm from superior margin
 5 mm from the inferior margin
 4 mm from superficial margin and
 8 mm from deep margin.

DCIS is 2 mm from superficial margin.
Tumour stage: pT 1c N(sn)0
Nottingham Prognostic Index: 3.34

B. Sentinel lymph node biopsy:

Three lymph nodes free of tumour (0/3).



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Comment : Immunohistochemistry for ER/PR/HER 2 and Ki 67 is recommended in block A3a .

PGH 531/2

DR. PRIYANKA ABEYGUNASEKERA
MBBS. D.Path. MD Path (Histopath)
Consultant Histopathologist



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HISTOPATHOLOGY

DONE ON - (4105 24/09/24)

** OPD/AHH/ASH **

Page 1 of 2

UHID : 120426796
 REFERENCE No. : 01 0390 14/10/24
 SAMPLE DATE & TIME : 14/10/2024 14:54 AGE : 61 Y/F 13/07/1963
 REPORT DATE & TIME : 23/10/2024 08:52 AHH2009875 / ASH2106888
 PATIENT : MRS. K.K. CHANDRIKA
 REFERRED BY : DR.KANISHKA DE SILVA

TEST : IMMUNOHISTOCHEMICAL ASSAY OF OESTROGEN RECEPTORS

Specimen : Right lateral quadrant breast WLE

Histological diagnosis : Invasive breast carcinoma (NST) , grade 2

	Percentage score	Intensity score	Total score
OESTROGEN RECEPTORS	5	3	8
PROGESTERONE RECEPTOR	2	3	5
HER -	0 (negative)		
Ki 67 index -	23 %		

Scoring Guidelines :

Allred Scoring System for ER & PR :

Score for Proportion Staining (PS) Score for Staining Intensity (IS)

- | | |
|-------------------------------|-----------------------|
| 0 = No nuclear Staining | 0 = No Staining |
| 1 = <1% Nuclear Staining | 1 = Weak Staining |
| 2 = 1 - 10% Nuclear Staining | 2 = Moderate Staining |
| 3 = 11 - 33% Nuclei Staining | 3 = Strong Staining |
| 4 = 34 - 66% Nuclei Staining | |
| 5 = 67 - 100% Nuclei Staining | |

TOTAL SCORE = PS + IS

Adding the two scores together gives a maximum score of 8.

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HISTOPATHOLOGY

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Scoring method for Her-2/Neu

Result category	Score to report	Staining pattern
Negative	0	No staining is seen
Negative	1+	Incomplete membrane staining in any percentage of cells
Equivocal	2+	Strong, complete membrane staining in <10% of cells Weak or moderate heterogeneous complete membrane staining in at least 10% of tumour cells
Positive	3+	Strong complete, homogeneous membrane staining in >10% of tumour cells.

- PG

P. Abey
DR. PRIYANKA ABEYGUNASEKERA
MBBS. D.Path. MD Path (Histopath)
Consultant Histopathologist