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

Tumour HRR (Homologous Recombination Repair) pathway genes analysis by NGS

Test Name:* Test Code:* MGM1623

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

R660/24 - AP783D

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 Block

Patient Details

Name:* Mrs. K.L.C.U. Kumari (In Capital Letters) D.O.B. DD MM YY Age:* 64Y/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* D 29/7/2024 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. MAHENDRA PERERA
MBBS, MD (Rad), 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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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.L.C.U. Kumari

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

ASIRI SURGICAL HOSPITAL | AOI AMERICAN ONCOLOGY INSTITUTE PRECISION CANCER CARE

Comprehensive Cancer Care Centre

Dr. MAHENDRA PERERA
MBBS (Ceyl), MD (Gen), 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

Department of Histopathology
National Cancer Institute, Maharagama

PHN	: 01360063661	**Name**	: MRS K.L.C.U.KUMARI
BHT/File	: 08166/2024C	**Test**	: Special Histochemical stains
Ward	: Clinic No 229	**Ref.By**	: Dr. Sanjeeva Gunasekara
Age	: 62 Y, 8 M, 23 D	**Collection Date**	: 2024-08-12 15:12:00
Gender	: Female	**Date of Receipt**	: 2024-08-12 15:12:25
Sp. Id	: 00275666	**Date of Report**	: 2024-08-27 13:44:30
Path No	: IHC/R660/2024		

Clinical details : Diagnosed with carcinoma of cervix in 2020, chemo- radiotherapy completed.
Presented with a right side supra clavicular lymph node mass.
Excision biopsy of the supra clavicular lymph node mass- Metastatic poorly differentiated carcinoma.

Specimen/Site :

Specimen Details : Tissue block from right side supraclavicular lymph node mass

Macroscopy : One wax block received (783 - Asiri Hospital)

Immuno Profile : The tumour cells in sheets and glands are strongly positive for CK, CK 7, chomogranin A and weakly positive for synaptophysin.
They are negative for P 63, ER and PAX 8.

Conclusion(s) : **Tissue block from right side supraclavicular lymph node mass ;**

Overall features compatible with deposits from an adeno-neuroendocrine carcinoma, most likely metastatic from the cervix.

Dr. Mrs. Priyanka Abeygunasekar
(MBBS, D Path, MD(Histopath)
Consultant Histopathologist

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

ISO 9001:2008 ISO 14001:2004 OHSAS 18001:2007

Central Hospital Limited. No. 114, Norris Canal Road, Colombo 10.
T. +94 11 466 5500 F. +94 11 466 5599 chllab@asiri.lk

ASIRI LABORATORIES
A Softlogic Group Company

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

** OPD/AHH/ALS **

REFERENCE No. : 01 0397 29/07/24
SAMPLE DATE & TIME : 29/07/2024 14:00 AGE : 62 Y/F
REPORT DATE & TIME : 05/08/2024 22:23 AHH2099935 / ahh6070
PATIENT : MRS. K.L.C.U. KUMARI (UHID-130507833) 56C
REFERRED BY : PROF.D J ANTHONY

TEST : HISTOPATHOLOGY REPORT

SPECIMEN : RIGHT-SIDE SUPRACLAVICULAR LYMPH NODE MASS

Clinical history : Cervical and mediastinal lymphadenopathy. ? TB lymphadenitis.
Past history of cervical carcinoma. Surgery is done.
CT scan - no evidence of recurrence.

Macroscopy : A firm irregular nodular mass measuring 40 x 30 x 25 mm.
Cut surface is uniformly white. Focal myxoid area is seen.
Random sections in 7 blocks.

Microscopy : Sections show complete effacement of the lymph node architecture by an infiltrate of large atypical cells arranged in organoid pattern. The cells show large vesicular nuclei with prominent nucleoli and brisk mitotic activity. Necrosis is also seen. The nuclei show stippled chromatin pattern.
Focal myxoid area show clusters of tumour cells floating in extra cellular pools of mucin. Some tumour cells show vacuolated cytoplasm.
Residual nodal tissue with lymphoid follicles having germinal centres is seen at the periphery.

Conclusion : RIGHT-SIDE SUPRACLAVICULAR LYMPH NODE MASS

* Features are of a metastatic poorly differentiated carcinoma

* Morphological features favour
  - Large cell neuroendocrine carcinoma
  - Poorly differentiated adenocarcinoma

* The possible primary sites include
  - Lung
  - Upper gastrointestinal

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HISTOPATHOLOGY

** OPD/AHH/ALS **

REFERENCE No. : 01 0397 29/07/24
SAMPLE DATE & TIME : 29/07/2024 14:00 AGE : 62 Y/F
REPORT DATE & TIME : 05/08/2024 22:23 AHH2099935 / ahh6070
PATIENT : MRS. K.L.C.U. KUMARI (UHID-130507833) 56C
REFERRED BY : PROF.D J ANTHONY

- Previously diagnosed cervical carcinoma (needs to correlate with its histology)

The following first panel of IHC markers are recommended for initial diagnosis. Further IHC markers may be required depending on the positivity of these markers.
Chromogranin, synaptophysin, CK 7, CK 20, TTF 1

Comment : Blocks can be issued for immunohistochemistry. (Block No. D)

AP 783

PROF. A. A. H. PRIYANI
M.B.B.S. D. Path MD (Histopathology)
Consultant Pathologist

Please send us block D for IHC.

Dr.Wasantha Rathnayake MBBS MD
Consultant Clinical Oncologist
National Cancer Institute
Maharagama
Cancer Specialist
SLMC No. 15914

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CONFIDENTIAL LABORATORY REPORT

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CLSI Member ID # 383029 | Member of AACC Member Number: 4780

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HISTOPATHOLOGY

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HEMAS HOSPITAL THALAWATHUGODA

** COL/AHH/ALS **

REFERENCE No. : 01 5057 04/07/24
SAMPLE DATE & TIME : 04/07/2024 22:46 AGE : 63 Y/F
REPORT DATE & TIME : 08/07/2024 17:20 AHH2009875 / ahh6070
PATIENT : MRS. K L C U KUMARI
REFERRED BY : DR THANUJA SUMANASEKARA

TEST : CYTOLOGY

US guided FNAC of right side lymph node.
(Received five slides)

Microscopy :- Smears reveal a few scattered atypical cells in a background of blood mixed stromal fragments and focal myxoid areas. Nuclei are round with irregular out lines and hyperchromatic. Cytoplasm is scanty. Obvious epithelioid histiocytic aggregates are not seen in the smears examined. Necrotic debris and scattered lymphocytes and neutrophils are also identified.

Conclusion :- US guided FNAC of right side lymph node.

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* Atypical cell clusters, necrotic debris and mild inflammation are seen.

* Need lymph node biopsy and histological assessment.

GJ

DR. GEETHIKA JAYAWEERA
M.B.B.S., Dip. Path, M.D. (Histopath) FCPathSL
Consultant Histopathologist

NAWALOKA
RADIOLOGY
UNIT

NAWALOKA HOSPITALS

CT SCAN OF THE NECK, CHEST, ABDOMEN AND PELVIS

Patient name	Mrs. K.L.C.U. Kumari, 62Y
CT No -5928/24	Date - 19/07/2024
Referred by	Prof. D. J. Anthony MBBS, MS, FRCS (Edin) – Consultant surgeon
Indication	H/O CA cervix; radical hysterectomy done; now right SCF node
UPIN NO	NH 2407330438

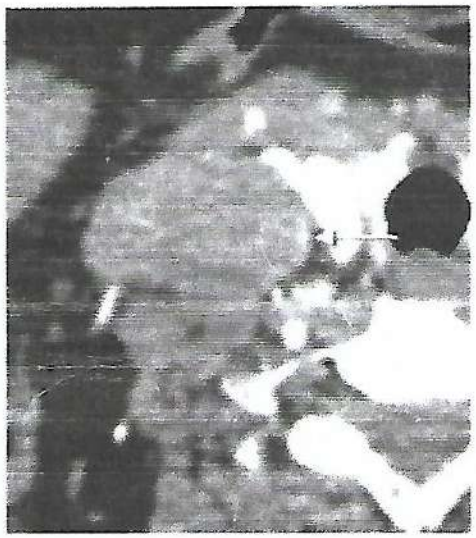
TECHNIQUE Pre/ post iv, oral/rectal positive contrast enhanced CT axial images of the neck, chest and abdomen/pelvis were obtained.

FINDINGS

Neck

Known enlarged right supraclavicular fossa (SCF) node- IMAGE I measures 40x22mm on axial image. It exerts mass effect on right sided neck vessels displacing those towards left side however flow is seen within.

Further small volume right SCF node also noted. No other size significant deep cervical lymphadenopathy.



Larynx, pharynx, para pharyngeal spaces, hard palate, tongue, epiglottis, vallecula appear normal. Bilateral salivary glands are normal.

Visualised paranasal sinuses, bilateral middle ear clefts and mastoid air cells are clear. Imaged neurocranium is normal.

Thyroid gland is normal in size.

CHEST

Right upper para tracheal nodal mass (35x40mm)- IMAGE II abuts aortic arch, SVC and left brachiocephalic vein; it also partially encases the trachea; it merges with the previously described small volume right SCF node and right hilar node(23x25mm) - IMAGE III as well.

These nodal masses extend further down and merge with the sub carinal node-17x30mm. Multiple tiny calcifications seen within these nodes, mainly in hilar nodes.

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ABDOMEN AND PELVIS

Prior radical hysterectomy noted with no evidence of pelvic recurrence. Long segment subtle wall thickening in the rectum and sigmoid colon likely post radiotherapy changes. No obstructive bowel masses or wall thickening.

The liver is normal in size and CT attenuation with smooth margins. **There are no focal lesions.** Intra-hepatic bile ducts and CBD are not dilated. Portal vein and branches are patent.
The spleen is not enlarged; no focal lesions. The gallbladder is free of calculi.
The pancreas and both supra-renal glands appear unremarkable.
Bilateral kidneys are normal in size and contrast enhancement. No solid renal masses or back pressure effects.
No mesenteric or para-aortic/ pelvic lymphadenopathy.
There is no ascites.

No concerning bone lesions in the neck, chest, abdomen and pelvis.

COMMENT:

- **Enlarged right SCF, para tracheal, hilar and sub carinal nodes with associated tiny calcifications; peri bronchial interstitial thickening with small bronchocele and sub pleural nodule in right lower lobe- tuberculosis is likely.**
- **DD- atypical sarcoidosis (due to unilateral thoracic/ hilar lymphadenopathy).**

- **Left lung and bilateral pleural spaces are clear.**
- **Prior radical hysterectomy with no evidence of pelvic recurrence.**
- **No hepatosplenomegaly, focal lesions or ascites.**
- **No abdominal or pelvic lymphadenopathy.**

N.B. Given the unilateral distribution of thoracic lymphadenopathy with scattered tiny calcifications, Lymphoma thought to be less likely.

Nodal calcification are usually described in treated lymphoma.

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

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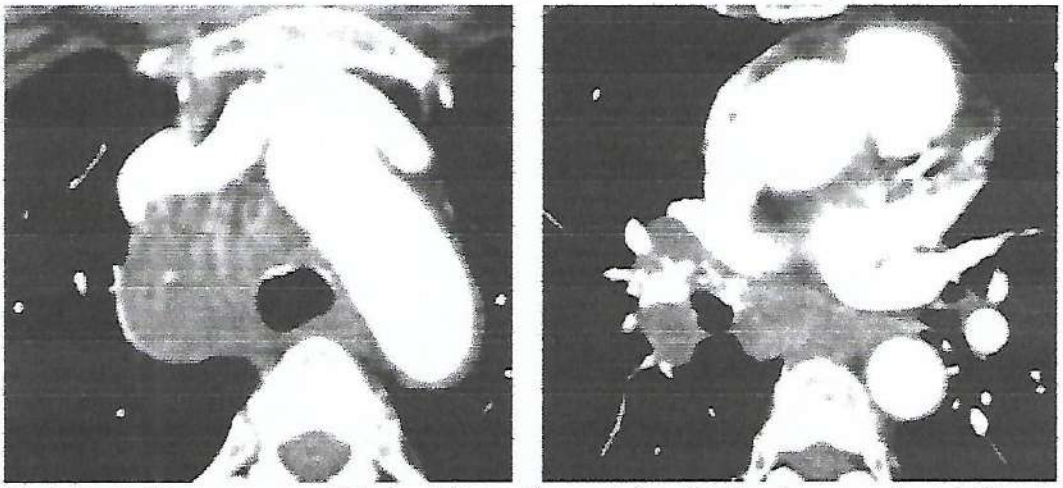
There are no bilateral axillary and left mediastinal or hilar lymphadenopathy.



No lobar collapse or consolidation bilaterally; **nodular thickening seen in relation to right oblique fissure. There is marked peri-bronchial interstitial thickening associated with possible small bronchocele formation in right lower lobe. Subtle septal thickening is also noted in right lower lobe.**

Focal sub pleural low density consolidation/ nodule is seen in right lateral basal segment- 14x20mm- IMAGES IV & V; few focal calcifications seen within this nodule and adjacent diaphragmatic pleura. No lung nodules/ masses on left side.

Mild cardiomegaly is noted; no pleural or pericardial effusion.