

Sample Receipt Details:

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

Tumor BRCA1 & BRCA2 Gene Analysis
ER, PR, Her2, Ki-67

Test Name:* _____ Test Code:* **MGM537 , MGM2677**

Sample type:

<input 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: _____	* 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

KS43 B / 25

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:* **Mrs. M.D.M. Danansooriy** D.O.B. **DD MM YY** Age:* **82-11/12** 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* **12/3/2025 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 (Gen), MD (Gen), Dip RT
 Consultant in 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: _____

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.

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.

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.

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. M.D.M. Danansooriy
 First Name _____ Middle Name _____ Last Name _____ Date of Birth: mm/dd/yyyy _____

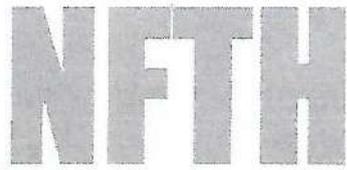
Patient/Guardian Signature* _____ Date: _____ Place: _____

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.



Dr. Neville Fernando
Teaching Hospital



La Damsy 2/10/11

- Lap Bands

- ER / PR for the
KID

- BRACED 4

[Handwritten signature]

Dr. Neville Fernando Teaching Hospital
Millennium Drive, off Chandrika Kumaratunga Mawatha, Malabe.
Tel: +94 11 2407600 info@nfh.lk www.nfh.lk
Caring hands Healing hearts

Patient Name : Mrs. M D M DANANSOORIYA
Reference No : IP0024/120325
Referring : Dr. K.S. Perera
BHT No : 25L01289
Gender : F, YR 82
Received On : 12Mar2025 11:10 am
Reported On : 27Mar2025 3:16 pm

Room No : R308

Histology large Sample 2

Histopathology Report

Specimen : Left modified mastectomy and level 11 axillary clearance

Macroscopy: Left mastectomy specimen measuring 190 x 140 x 50 mm with attached axillary fatty tissue measuring 110 x 90 x 30mm. The overlying skin ellipse measures 150 x 110mm. The nipple and areola are macroscopically normal. On sectioning, there is a firm, grey tumour measuring 30x30x30 mm in the upper medial quadrant. The tumour is 35 mm away from the deep resection margin, 20 mm from the skin, 70mm from the inferior margin and 40mm from the superior margin. 14 lymph nodes are retrieved from the axillary fatty tissue, largest measuring 6 x 6 x 5 mm in maximum dimension.

A-E) - Tumour

F) - Deep margin

G) - Nipple & areola

H-N) - Lymph nodes

Microscopy: Sections from the tumour show an invasive carcinoma composed sheets and acini of malignant cells with moderate tubule formation, mild nuclear pleomorphism and low mitotic activity(10/10HPF). Tumour cells show fixation artefacts. Intervening stroma shows a moderate lymphocytic infiltrate and sclerosis. The cytoarchitectural features place the tumour in modified Nottingham grade I (Tubule formation 2/ 3, Nuclear pleomorphism 2/3, mitotic count 1/3). Perineural invasion or vascular invasion is not seen. Resection margins are free of tumour invasion. The nipple and areola are histologically unremarkable. There is no evidence of Paget's disease. Axillary lymph nodes (14) are free of tumour deposits. Several lymph nodes show sinus histiocytosis.

P.T.O.

Patient Name : Mrs. M.D.M.DANANSOORIYA
Reference No : OP0036/150225
Referring Dr. : Dr. Mahendra Perera
Gender : F, 82 YR
Received On : 15-Feb-2025 9:41 am
Reported On : 19-Feb-2025 8:55 am
Specimen :

FNA

Cytopathology Report

Specimen : FNAC of the left breast

Microscopy : Six slides prepared from 02 puncture.

Microscopy : Cellular smear show sheets, small clusters and a few loosely cohesive and scattered pleomorphic cells with pleomorphic hyperchromatic irregular nuclei and scanty to moderate eosinophilic cytoplasm. No necrosis. No haemorrhages.

Conclusion : Malignant smear
C5



Dr. Ananthie Samarasekera
MBBS Dip in path MD (Histopathology) F.col path SL
Consultant Histopathologist
CYAS 07/25.



UHID : 310521663
PATIENT'S NAME : MRS M D M DANANSOORIYA
SCANNED REGION : BILATERAL BREASTS - 00322
REQUESTED BY DR : M/ O ETU
REFERENCE NO : RC01330446
DATE : 06-Feb-2025

PMR :
AGE : 82 Yrs
SEX : FEMALE
PLAIN : X
ENHANCED :

DIGITAL MAMMOGRAM & TOMOSYNTHESIS

Report :

There is a large ill defined soft tissue density mass lesion in the upper inner quadrant of the right breast with loss of normal architecture.
Microcalcification is noted within the mass.

There are few small benign calcification in the right breast.

Right breast shows normal parenchymal architecture compatible with age.

No skin thickening or nipple retraction.

Few axillary nodes are noted with normal fatty hilaum.

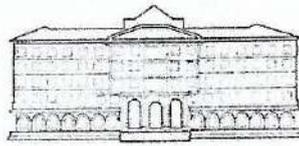
COMMENTS

Appearance are suggestive of CA left breast - BIRADA IVc.

**DR JAYANTHA WICKRAMARATNA
CONSULTANT RADIOLOGIST**

Dr. Jayantha Wickramaratna
3, 8/10, 5th Floor, (100)
Colombo 10, Sri Lanka
Radiology & IBCOR

Dr. K. S. Perera
 MBBS, M.S. DRCS (England) FCS (SL)
 Consultant Surgeon
 Senior Lecturer
 NPTH - Malabe



Dr. Neville Fernando
 Teaching Hospital

93493

DIAGNOSIS CARD

NAME : Mrs. M D M DANANSOORIYA AGE : 82 SEX Female
 BHT NO : 25L01289 CONSULTANT : Dr. K.S. Perera
 DATE OF ADMISSION : 11-March-2025 DATE OF DISCHARGE : 15-March-2025

L/S TOTAL MASTECTOMY + AXILLARY CLEARANCE DONE UNDER GA

C/O - L/S breast lump for 1/12

Hx of C/O - 06/02/2025 USS Breasts - Large ill defined hypoechoic mass in the left breast at 11 O' clock position 5cm away from the nipple (Size - 24 x 16 mm). Appearances of highly suggestive CA left breast

PMHx: BA, HTN, Chest infection treatment was given at SJH 2 weeks back

PSHx: B/L cataract surgery

AHx: Nil

Condition On Admission

O/E - Afebrile, PR - 86bpm, BP- 140/70mmHg, RR-20/min

Lungs- Occasional Crepts+, Rhonchi+, Abdomen soft, non tender

Investigations

Blood Group - A Positive

FBC: Hb- 10.4--10.6g/dl WBC- 10.58--9.63 N- 84--60.6% L-10--26.9% PLT- 131--155

S. Electrolytes : Na+143mmol/l, K+ 4.40mmol/l, Cl- 106mmol/l

Inward Managment

O.Domperidone 10mg stat

O.PCM 1g stat

O.Omeprazole 20mg stat

Inh.Seretide MDI 250/25 2puff bd

Inh.Tiova MDI 2 puff mane

O.Magnec 1 daiiy

O.Montiget 10mg nocte

O.Pantoprazole 40mg nocte



Name of Patient : Mrs. M. D. M. Danansooriya
Referred by : M/O ETU
Date : 06-02-2025
UHID : 1330445

ULTRA SOUND SCANNING REPORT OF THE BREASTS

Normal fatty glandular breast.

The normal echogenicity of mammary parenchyma is observed bilaterally.

No architectural distortion.

There is a large ill defined hypoechoic mass lesion in the left breast ar 11 0' clock position 5cm away from the nipple . Size of the masse 24 x 16 mm. Few small microcalcification noted within the mass.

No other abnormality.

Right breast is normal.

No evidence of enlarge lymph nodes.

COMMENT :
Appearances of highly suggestive of CA left breast


DR. J. WICKRAMARATNE
CONSULTANT RADIOLOGIST