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

Test Name:* MGMT gene methylation analysis (Temozolomide Resistance)
FISH for 1p19q co-deletion,1p3619q13
IDH1 and IDH2 Gene Analysis

Test Code:* MGM207 , MGM467 , MGM 1341

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

N327/25

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:* Mr. M.I.M. Ibrahim (In Capital Letters) D.O.B. DD MM YY Age:* 60Y/M Gender:* M / F

Address: .....

Phone:..... E-mail I.D: .....

Clinician Details

Clinician's Name:* Prof. Jayantha Balawardana Hospital Affiliation: Aegle Omics Pvt Ltd

Address: ..... Phone : .....

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

Date of sample collection* 25/4/2025 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 (Col), MD (Col), 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:_____

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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: Mr. M.I.M. Ibrahim

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
LIVE MORE
A Softlogic Group Company

10/05/25

dr Ibrahim

1 High grade glioma 2
Brain

Debulking don

Neuro

IDH I
IDH 2
1p 19q Co-deletion

PROF. JAYANTHA BALAWARDANE
MBBS,MD,FRCP(Edin),FRCP(Lond),FSLCO
Professor in Oncology
Head of the Department of Oncology
Faculty of Medicine
University Hospital
Genaral Sri John Kotelawala Defence University

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Punchihewa. MBBS. D Path.MD
Consultant Histopathologist

Dr. Ramani Punchihewa
MBBS,D.Path, MD(Histopatho
Consultant Pathologist

Department of Histopathology
The National Hospital of Sri Lanka

Telephone: 011 269111 Ext. 2475

Histopathology Report

CONFIDENTIAL

Date Received : Friday, April 25, 2025 **Pathology Report No. :** N/327/2025

Name : M.I.M. Ibrahim **Age :** 60 years **Sex:** Male

Ward : 81 **BHT:** 075685 **Date of print:** Wednesday, May 7, 2025

History : Presented with worsening upper limb and lower limb weakness.

Specimen : NNG Biopsy of Right cerebral lesion for histology.

Macroscopy : Multiple fragments together measuring 10x5x4mm.(one block).

Microscopy : The sections reveal largely necrotic tissue with scanty amount of viable tumour composed of atypical glial cells with markedly enlarged, pleomorphic nuclei and moderate eosinophilic cytoplasm.
Few spindle areas are present. Microvascular proliferation or mitoses are not seen in the scanty viable tumour tissue.

Immunohistochemistry:-
Neoplastic cells show cytoplasmic positivity for GFAP.

Conclusion : Brain, right cerebral, NNG Biopsy :-
-High grade glioma NOS.(CNS WHO grade 4)

Comments : Need molecular analysis of IDH1, IDH2 mutation for further differentiation.

Registrar Dr.K.Amarawickrama
Thursday, May 8, 2025

Dr.Ramani Punchihewa, MBBS, D Path MD(Hist
Consultant Histopathologist

Dr. Ramani Punchihewa
MBBS,D.Path, MD(Histopathology)
Consultant Pathologist.
National Hospital of Sri Lanka.

Organization Accredited By Joint Commission International

ASIRI CENTRAL HOSPITAL LIVE MORE
A Softlogic Group Company

UHID	: 130673104	PMR	
PATIENT'S NAME	: MR M I MOHAMED IBRAHIM	AGE	: 59 Yrs
SCANNED REGION	: MRI - BRAIN	SEX	: MALE
REQUESTED BY DR	: DR GAMINI PATHIRANA	PLAIN	: X
REFERENCE NO	: RC02208496	ENHANCED	:
DATE	: 06-Apr-2025		

MRI BRAIN

Imaging Technique : *Pre-contrast axial DWI, T1, T2 FLAIR ; coronal T2 FSE and sagittal T1. MRA - Brain*
Comparison : *None*

REPORT :

There is a heterogeneous intensity large lesion measuring 7.1 x 7.7cm in the right posterior temporal and occipital lobe. It has perilesional oedema. It is T1 hypointense and T2 hyperintense.
Few haemorrhages noted within it.
Similar 2.2 x 1.4cm lesion seen in the splenium of the corpus callosum.
Midline shift to the left side with compression over the right lateral ventricle.
Rest of the ventricular system appears normal in size. No hydrocephalus.
Normal sulci and gyri. Grey white demarcation is preserved.
Basal cisterns and other CSF containing spaces appear unremarkable.
No focal abnormality is detected in the region of the hypothalamus or pituitary gland.
No evidence of CP angle lesion is seen.
The posterior fossa is unremarkable.

MRA Brain

Both intracranial internal carotid arteries appear normal in course, calibre and branching pattern. Both middle cerebral arteries and anterior cerebral arteries appear normal. The basilar and both posterior cerebral arteries appear normal in course, calibre and branching pattern. Normal anatomical variants are noted.

IMPRESSION

Two focal lesions in the right side cerebral and splenium of the corpus callosum are suspicious of primary brain tumours.
Midline shift to the left side.
Suggest contrast study with MR spectroscopy.

DR UDAYA WANIGASIRI
CONSULTANT RADIOLOGIST

DR. UDAYA WANIGASIRI
MBBS, FSLCR, EDiR, MD Radiology
SLMC Reg. No. 15011
CONSULTANT RADIOLOGIST
NHSL

CreateBy : Lahiru
Modified By : Lahiru

RC02208496

Print Date : 6-Apr-2025 4:13 pm

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RADIOLOGY AND IMAGING

ASIRI SURGICAL HOSPITAL LIVE MORE

UHID	: 130009530	PMR	:	ASH0225107
PATIENT'S NAME	: MR M.I.M. IBRAHIM	AGE	:	60 Yrs
SCANNED REGION	: MRI - BRAIN	SEX	:	MALE
REQUESTED BY DR	: PROF JAYANTHA BALAWARDANA	PLAIN	:	
REFERENCE NO	: RC01366468	ENHANCED	:	X
DATE	: 18-May-2025			

MRI BRAIN - (CONTRAST)

Comparison made to the previous study of April 2024,

FINDINGS:

Irregular mass lesion again seen in the right temporo-occipital region extending to the parietal lobe with peripheral enhancement now measuring 7.7 x 3.7cm compared to 7.2 x 3.3cm in the previous study. It is extending along the splenium of the corpus callosum towards the left side which appear more prominent in the current study.

Multiple smaller peripherally enhancing lesions seen in the adjacent temporal and occipital lobes.

There is oedema of the adjacent brain parenchyma with mass effect upon the right lateral ventricle.

There is a shift of the midline towards the left of 15.7mm compared to 8mm in the previous study.

Basal cisterns are partially effaced.

Grey white differentiation is normal in rest of both cerebral hemispheres.

Pituitary gland is normal.

Cerebellum, brainstem, bilateral CP angles, 7th and 8th nerve complexes also are normal.

IMPRESSION

The lesion in the right temporo-occipital region extending to the parietal lobe has minimally enlarged in comparison to the previous study with multiple smaller lesions in the adjacent brain parenchyma.

There is extension along the splenium of the corpus callosum towards the left side which is more prominent in the current study.

The mass effect is more with a shift of the midline towards the left.

Basal cisterns are partially effaced.

DR(MRS) LAKMALIE PARANAHEWA

CONSULTANT RADIOLOGIST

CreateBy : 2206744
Modified By : 2206744

RC01366468

Print Date : 18-May-2025 10:59 am

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