

Genomic Test Enrollment and Informed Consent*

*Please fill in BLOCK letters only

Test Name
TarGT First Liquid 72 gene panel identifies gene variants (SNV's, Indels, CNVs and gene fusions) provides insights on actionable Mutations

PDL-1 YES
 NO

If applicable, choose the clone:-

Ventana SP142 SP263
 Dako 22C3

SPECIMEN DETAILS

Specimen Type and Nos.: Type - FFPE Blood Slides Tissue in RNA later Formalin Fixed Tissue
 No. -

Collection Date **10/04/2025**

Specimen Block ID

PATIENT INFORMATION

First Name

NADARAJAH

Middle Name

SHANMUGARAJAH

Last Name

DOB/Age **72Y/M**

Address

AEGLE OMICS (PRIVATE) LIMITED

1211-Level 12, Parkland Building
 No. 33, Park Street,
 Colombo 00200

Gender **Male**

Height

Weight (kg)

Aadhaar Number/Health ID

Contact Number

Email ID

Primary Cancer Site

Cancer Stage

Date of First Diagnosis

CAREGIVER INFORMATION

Name

Contact No.

Relationship with the Patient

Email ID

DOCTOR INFORMATION

Name **Dr. Mahendra Perera**

DR. MAHENDRA PERERA
 MBBS (Cey), MD (Col), Dip RT
 Consultant - Medical Oncology
 & Radiotherapy

Contact No.

Email ID **mahenp3@gmail.com**

Alternative Email ID **rajathever@gmail.com**

Hospital/Clinic Name and Location

Hospital/Clinic Patient ID

THE 4BASECARE WORKFLOW SOLUTION USED TO GENERATE THE TEST REPORT HAS NOT BEEN APPROVED BY ANY REGULATORY AUTHORITY OR MEDICAL AUTHORITY. 4BASECARE GENERATED INFORMATION IS ADJUNCTIVE INFORMATION TO PHYSICIANS AND MOLECULAR TUMOR BOARDS. 4BASECARE DOES NOT ASSURE OR GUARANTEE THE SUCCESS OF ANY THERAPEUTIC OPTION IDENTIFIED IN THE TEST. THE USER OF OUR TEST REPORT REMAINS RESPONSIBLE FOR THE CONDUCT OF PATIENT CARE AND FOR EVALUATING THE CLINICAL RELEVANCE OF INFORMATION PROVIDED. 4BASECARE IS NOT AN ENTITY LICENSED TO PRACTICE MEDICINE OR CLINICAL ACTIVITY AND THE REPORT GENERATED BY 4BASECARE DOES NOT AMOUNT TO, OR SUBSTITUTE, QUALIFIED PROFESSIONAL MEDICAL ADVICE.

DECLARATION:

I represent and warrant that I have the right, authority and capacity to consent to testing and I am at least 18 years old.

In case you have not completed 18 years of age on the date of signing of this consent form, your legal guardian will consent to your enrollment and all the clauses mentioned herein, shall be applicable to your guardian.

In addition, I represent and warrant that (1) all information that I have submitted or that is submitted on my behalf is complete, accurate and truthful, and

(2) in the event that I have allowed a third party to assist me in providing any information, I have reviewed and confirmed that all such information is complete, accurate and truthful prior to its submission to 4baseCare.

I HAVE READ OR HAVE HAD READ TO ME AND UNDERSTAND ALL OF THE ABOVE INFORMATION AND HAVE HAD AN OPPORTUNITY TO ASK QUESTIONS ABOUT THE PURPOSE, PROCEDURE, RISKS, BENEFITS AND LIMITATIONS OF ENROLLING TO THE ONCOBUDDY PLATFORM & SERVICES. I HAVE DECIDED TO ENROLL TO THE ONCOBUDDY PLATFORM AND SERVICES and to be bound by the terms of this Consent and any policies referenced herein.

I am 18 years and above I am below 18 years

I am the Patient

Name:

Signature:

I am the patient's Guardian

Name:

Signature:

I am the patient's Care Giver

Name:

Signature:

Date: DD/MM/YYYY

CONSULTING DOCTOR DECLARATION:

I hereby declare that the patient OR the legal guardian of the patient has given the consent willingly and have been explained about the services offered along with the terms and conditions of the services under OncoBuddy Platform.

Name:

Signature:

Date: 10/01/2024



For any further information on 4baseCare Solutions and Services, please contact:

+91 636-684-3415 info@4basecare.com 4basecare.com

4baseCare (Genomics Tarang ODC), SJP2-S1-1F- C wing, Wipro Limited, SEZ, Sarjapur 2, Sy.No.69(P), Doddakannelli, Sarjapura Road, Bengaluru 560035, KA, India

Name of Patient No. N. Shanmugam.

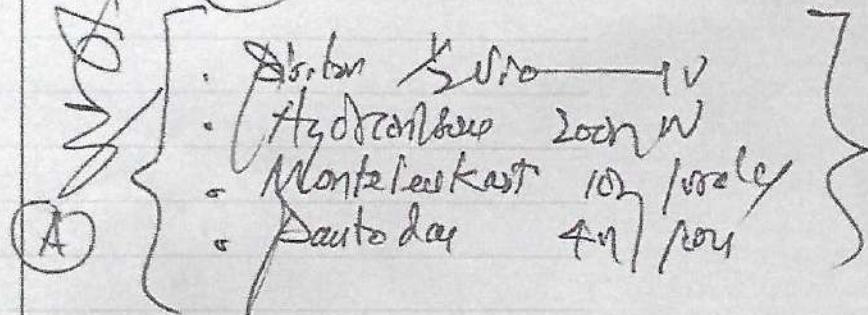
Age 70 Sex ♂

Address 8 Rajapalayam

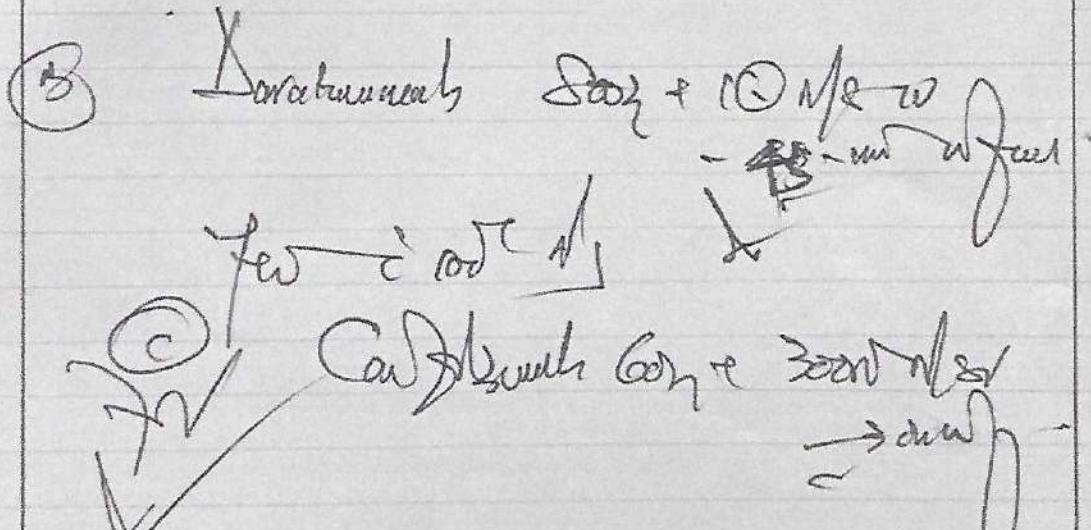
Dr. Mahendra Perera.
MBBS (Cey), MD (Col), Dip RT (IAEA)
Consultant Oncologist,
Consultant in Radiation Medicine

Date 10/09/2021

Medicines

(A) 

- Aspirin 500mg IV
- Hydroxyzine 200mg IV
- Montezemost 10mg orally
- Paracetamol 400mg orally

(B) 

- Domperidone 10mg + 10ml Me w
- Cetotifen 10mg + 300ml w/s
- Cetotifen 10mg + 300ml w/s

Dr. MAHENDRA PERERA
MBBS (Cey), MD (Col), Dip RT
Consultant in Clinical Oncology
& Radiotherapy
Principal Investigator - Clinical Trials

03 APR 2015

Co. Secretary

Daya Dew
(Reflex)

① M.M. 2604
(Blood)
② MRI

Caplizane
3rd Relapse

Comprehensive Myeloma
Plan

Dr. MAHENDRA PERERA
MBBS (Cey) MSc.Chr. DMR
Consultant in Clinical Oncology
& Radiotherapy
Principal Investigator- Clinical Trials



UHID	120128902	PMR	ASH0221856
PATIENT'S NAME	MR. NADARAJAH SHANMUGARAJAH	AGE	72 Yrs
SCANNED REGION	MRI WHOLE SPINE AND BRAIN	SEX	MALE
REQUESTED BY DR	DR. MAHENDRA PERERA	PLAIN	X
REFERENCE NO	RC01344526	ENHANCED	
DATE	16-Mar-2025		

MRI SCAN OF THE BRAIN

There is an avidly contract enhancing mass measuring 4.0 x 3.4 x 4.2cm seen in the left CP angle likely arising from petrous bone. It is immediately posterior to the internal auditory canal and it is not extending into the auditory canal. It is closely related to internal cerebral artery and vertebral artery. These arteries are not infiltrated by the mass. Left internal jugular vein is encircled by the mass. Mild mass effect is noted to left cerebellar hemisphere. No appreciable peri lesional oedema. The cerebral hemispheres are normal. The brain stem and cerebellum are normal. The ventricular system and subarachnoid spaces are normal. The corpus callosum, pituitary gland and optic chiasm are normal. There is no cranivertebral anomaly or tonsilar herniation. Changes of sinusitis is noted in the right maxillary sinuses. Upper nasopharynx is normal.

MRI SCAN OF THE CERVICAL DORSAL & LUMBAR SPINES

Spinal curvatures and alignment are maintained.

Vertebral body destruction with contrast enhancement noted in multiple levels with no associated significant soft tissue mass.

Destruction and fusion of C5/C6 vertebral body with destruction of intervertebral disc at this level. Retro pulsion of destructed segments causing mild central canal stenosis. No cord compression.

Destruction of T5 vertebral body with involvement of posterior element. No central canal stenosis.

3) Mild reduction of hight of T7 vertebral body.

4) Destruction of T12 vertebral body with involvement of posterior elements. However no central canal involvement.

5) Destruction of L2 vertebral body with no posterior element involvement or central canal stenosis.

There are multiple focal lesions noted in most of rest of vertebral bodies.

There is no crano vertebral anomaly or tonsilar herniation.

The spinal cord, conus medullaries and cauda equina are normal in size and signal intensity.

There are no intra medullary lesions, syringomyelia or mass lesions causing cord compression.



Inter facet join and the ligament flava are normal.
There is no spondylolisthesis or tethered cord.
There is no para vertebral abnormality.
No retroperitoneal mass lesions.
No MR evidence of a vascular malformation in the thecal sac.

COMMENTS

Left CP angle tumour and destructive lesion in vertebral bodies may represent.

1) Malignant meningioma at left CP angle with metastatic disease of spine.

2) Bone metastases. ? Primary.

Histology correlation would be helpful. -

Rupa K
DR(MRS) K.M.R KANNANGARA
CONSULTANT RADIOLOGIST

Dr. Rupa Kannangara
MBBS(Kelaniya), MD(Radiology)
Consultant Radiologist
National Hospital in Lanka
SLMC NO. 13634



Department of Radiology District General Hospital Vavuniya

Name:	K.N.SHANMUGARAJAH	Date:	11.03.2025
Age:	73Y	Sex:	M
BHT No.:	482/25/ENT	Ward:	ENT
CT No.:	40994	Indication:	Left asymmetric SNHL

CT SCAN BRAIN + TEMPORAL BONES

Axial CT scans were obtained with IV contrast.

Findings:

Brain and left temporal bone

- There is an avidly contrast enhancing 4.1X2.4X3.2cm size lesion seen in the left Petrous bone. It is seen immediately posterior to the internal auditory canal left side. It erodes the internal petrous cortex in mastoid air cells and partially invade the mastoid air cells to the external ear canal.
- Tumour infiltrates the left lateral mass of the atlas through the base of the skull.
- Internal acoustic meatus appear normal.
- Dehiscence of left Superior semi circular and left posterior semi circular canal.
- Left Vestibular aqueduct is eroded.
- Cochlear and vestibule normal in left side.
- Cerebral sulci and extra-axial CSF spaces are normal
- No hemorrhages or infarctions.
- Visualized paranasal sinuses appear normal.

Right Temporal Bone

- Cochlear and semi circular canals are normal.
- Mid ear ossicles are normal. No soft tissue density material or fluid levels in the middle ear cavity.
- Mastoid air cells are aerated.
- Scutum is intact.

Comment:

- left CP angle lesion most likely

DD- 1. Meningioma.
2. Paraganglioma.
3. Metastasis

Suggest histology and MRT



Dr. Harsha Chandrasena
MBBS, MD (Radiology)
Consultant Radiologist
DGH Vavuniya