

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 (Col), MD (Col), Dip RT
 Consultant in Clinical Oncology
 & Radiotherapy

Contact No.

Email ID **mahenp3@gmail.com**

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

Hospital/Clinic Name and Location

Hospital/Clinic Patient ID

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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:

Ravi Ganesan

Date: 10/4/20



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 Mr N. Shanmugam
 Age 74 Sex M
 Address 8 Velupillai Mulla

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

Date

10/09/20

Chemotherapy

- (A) {
- Doxorubicin 20mg IV
 - Hydrocortisone 200mg IV
 - Montelukast 10mg orally
 - Paracetamol 4mg PRN
- }

(B) Carboplatin 800mg + 10mg IV
 - 45 min infusion
 Few side effects

(C) Capecitabine 600mg BID
 → daily

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

03 APR 2025

Dr. Mahendra Perera

Sample
(Leuc)

① MGN. 2604
(Bloo)
② MGN

Cap/Zone

3rd Relapse.

Comprehensive Myeloma
Plan

Dr. MAHENDRA PERERA
MBBS (Ceyl) MD (Gen. Med.)
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. asiri@asiri.lk

RADIOLOGY AND IMAGING



UHID : 120128902
PATIENT'S NAME : MR NADARAJAH SHANMUGARAJAH
SCANNED REGION : MRI WHOLE SPINE AND BRAIN
REQUESTED BY DR : DR. MAHENDRA PERERA
REFERENCE NO : RC01344526
DATE : 16-Mar-2025

PMR : ASH0221856
AGE : 72 Yrs
SEX : MALE
PLAIN : X
ENHANCED :

MRI SCAN OF THE BRAIN

There is an avidly contrast 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 craniovertebral anomaly or tonsillar 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 height 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 cranio vertebral anomaly or tonsillar 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.

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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. -

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

Dr. Rupa Kannangara
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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 MRI.


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