

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

Test Name:*

Hereditary BRCA1 and BRCA2 gene analysis

Test Code:*

MGM179

Sample type:

Blood (in EDTA tube)

Blood (in strecth 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

Peripheral blood (5ml in EDTA)

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.

Patient Details

Name: * Mrs. Nilanthi Ramanayake
(In Capital Letters)

D.O.B. DD MM YY

Age: * 55Y/F

Gender: * M / F

Address: _____

Phone: _____

E-mail I.D: _____

Clinician Details

Clinician's Name: * Dr. Mahendra Perera

Aegle Omics Pvt Ltd

Address: _____

Hospital Affiliation: _____

Phone : _____

Date of sample collection* 15/1/2025 YY

Email id : _____

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), MSc (Col), 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: _____

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. Nilanthi Ramanayake**

First Name

Middle Name

Last Name

Date of Birth: mm/dd/yyyy

Patient/Guardian Signature*

Date:

Place:

Father Name

Mother Name

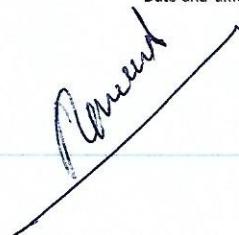
Signature*

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.

05 DEC 2021

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Deep Cut Deep
Follow Face
DC DRCA 1 in Sea Able.
(MAN 179)

Comprehensive Cancer Care Centre

6 DECEMBER 2024

Veri: El

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graph TD; Root((Molecajue)) --> S((Molecajue)); S --> S_Jordan["S. Jordan ?  
T. (oo) / J. (b)"]; S --> M_scutellum["M. scutellum ?  
2.57 mas / 4.12"]; oofly["oofly ?"]
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UHID	120253826	PMR	:
PATIENT'S NAME	MS N RAMANAYAKA	AGE	53 Yrs
SCANNED REGION	ULTRASOUND SCAN OF BOTH BREASTS	SEX	FEMALE
REQUESTED BY DR	DR. PANDUKA JAYASEKARS	PLAIN	X
REFERENCE NO	RC00989586	ENHANCED	:
DATE	25-May-2022		

ULTRASOUND SCAN OF BOTH BREASTS

All four quadrants of each breast were scanned, followed by evaluation of the subareolar region and axillary tails.

Hypoechoic well defined elongating lesion (1.6 x 0.6cm) in left breast 5 0' clock position at peri areolar position. No internal vascularity or architectural distortion.

Right breast parenchyma display a uniform echogenicity and echotexture of the fibro fatty and glandular components, which are in normal proportion for this age and parity.

No evidence of any mass lesion, cysts or ductal dilatation in right breast.

The Subcutaneous, Subareolar and Retromammary soft tissue planes are normal.

The skin is normal in thickness.

No axillary lymphadenopathy bilaterally.

COMMENTS

1. Hypoechoic elongating lesion in left breast peri areolar region has indeterminate features in US ? A papilloma.
Biopsy done from the lesion.
2. Normal USS of right breast

DR(MRS) ERANGA PERERA
CONSULTANT RADIOLOGIST



CONFIDENTIAL LABORATORY REPORT

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



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ASIRI
LABORATORIES



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T. +94 11 452 4448, +94 11 452 4400 F. +94 11 452 4448 E. histolab@asiri.lk
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

0766498871

** OPD/AHH/ASH **

Page 1 of 1

REFERENCE No. : 01 0309 25/05/22
SAMPLE DATE & TIME : 25/05/2022 09:28
REPORT DATE & TIME : 30/05/2022 09:45
PATIENT : MS. N RAMANAYAKE
REFERRED BY : DR ERANGA PERERA

AGE : 53 Y/F
AHH2007095 / ASH2106569

TEST : **HISTOPATHOLOGY REPORT**

Specimen : USS guided core biopsy Lt. breast periareolar lesion

Clinical data : USS: ? Papilloma

Macroscopic description:

3 cores of tissue with the largest measuring 13mm in length. All embedded.

Microscopic description:

The specimen is examined in its entirety. Sections comprise three cores of benign breast showing fibro-hyalinization of the stroma. There is benign ductal structures and lobules lined by dual cell population of epithelium and myoepithelium. The ducts show usual epithelial hyperplasia. There is mild periductal chronic inflammation.

Definite features of papilloma are not seen.

There is no evidence of DCIS, lobular neoplasia, atypia or malignancy.

Conclusion: USS guided core biopsy Lt. breast periareolar lesion

* Benign breast cores (B2)

* Negative for papillary lesions, DCIS, lobular neoplasia, atypia or malignancy.

CFH - 895

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fernando

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DR CHARISMA S. FERNANDO
MBBS, Dip Pathology, MD (Histopathology), FRCPPath (UK)
Consultant Histopathologist