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

[Combo] Lung combo panel - IHC (ALK D5F3, ROS1) & RT-PCR (BRAF V600E, EGFR [Hot Spot] exons 18, 19, 20, 21)

Test Name:* BRAF V600 mutation analysis Test Code:* MG177 , MGM573

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), specifiy tissue:_____
- ✱ FFPE tissue Block (Block no. .....)
- ☐ Fresh Frozen Tissue
- ☐ Saliva
- ☐ Other sample type (specify site) _____
- ☐ DBS/FTA

-Peripheral blood (5 ml in EDTA)

RD-A 1526/H/24
RD-B 1526/H24
RD-C 1526/H24
RD- 1524/H/24
RD- 1 1526/H24

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.

@18DAKO TTF-1 , @46DAKO ER , @21DAKO CK 20 , @19DAKO CK7
RD1524/H/24 , RDA 1526/H/2 , RD B 1526/H/24 , RD C 1526/H/24 , RD D 1526/H/24

5 Wax Blocks and 8 Seldes

Patient Details

Name:* Mrs. Nirosha M Karunarathna (In Capital Letters) D.O.B. DD MM YY Age:* Gender:* M / F

Address: .....

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

Clinician Details

Clinician's Name: Dr. Sujeewa Siyambalapitiya Hospital Affiliation: .....

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

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

Date of sample collection* 17/01/2025Blood BLOCK1/11/2024

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.

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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CAP ACCREDITED
COLLEGE of AMERICAN PATHOLOGISTS

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. Nirosha M Karunarathna

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

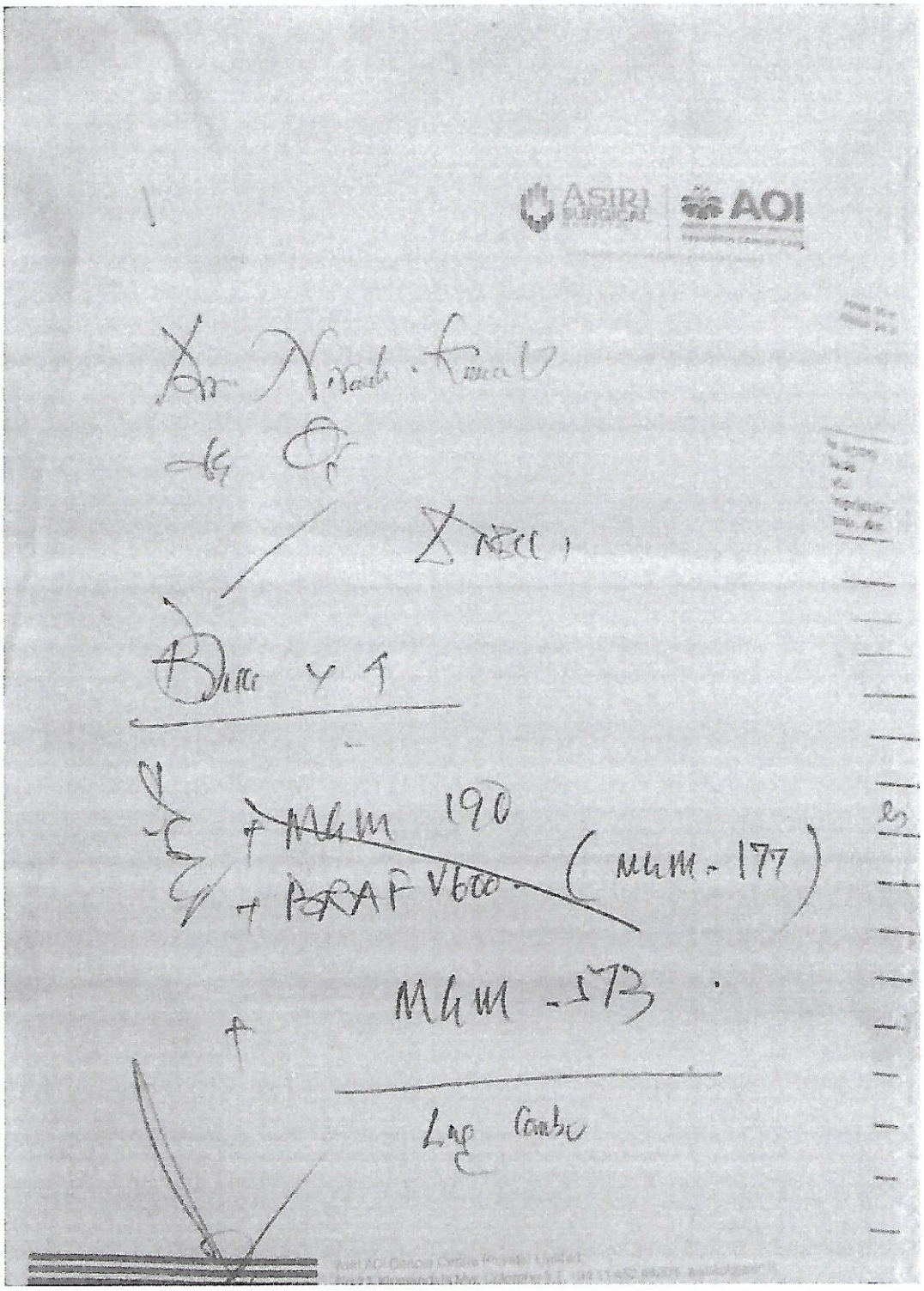
Note :

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



DEPARTMENT OF ANATOMICAL PATHOLOGY

NATIONAL HOSPITAL FOR RESPIRATORY DISEASES (TEACHING)
WELISARA – SRI LANKA

TEL: 0112956702 Ext: 121

HISTOLOGY REPORT

Name : - Ms. Nirosha M. Karunarathna.
Age : - 51yrs.
Sex : - Female.
Requesting Dr:- Dr. D.M.S. Handagala.
Date Received: - 06.12.2024

Ref. No: - RD1526H/24.
Hospital: - NHRD – Welisara.
Ward: - 06
BHT/clinic No: - 13187/24
Date Issued: - 12.12.2024.

Clinical history:- Left lung lower lobe apical lesion.

CT - Left lung lower lobe apical segment lesion with multiple hilar and supraclavicular lymph nodes.

FOB – Left segment 6 bronchial obstruction.

Specimen:-
A: Tru cut biopsy of left lung lower lobe lesion 01 for histology.
B: Tru cut biopsy of left lung lower lobe lesion 02 for histology.
C: Tru cut biopsy of left lung lower lobe lesion 03 for histology.
D: Tru cut biopsy of left lung lower lobe lesion 04 for histology

Macroscopy:-
A: Received six fragments of tissue largest measuring – 04 x 04 x 04 mm. Smallest measuring – 02 x 02 x 02 mm. (Al passed in 01 block).
B: Received a fragment of tissue measuring – 10 x 02 x 02 mm. (Al passed in 01 block).
C: Received a fragment of tissue measuring – 10 x 02 x 02 mm. (Al passed in 01 block).
D: Received two fragments of tissue larger measuring – 03 x 02 x 02 mm. Smaller measuring – 03 x 01 x 01 mm. (Al passed in 01 block).

Microscopy:-A-D: Sections reveal a linear core and fragments of lung tissue with an infiltrating adenocarcinoma. The tumor shows predominant lepedic morphology with some areas showing micropapillae and acinar structuces. There are Psammoma bodies in both tumor areas and in adjacent non neoplastic lung tissue.

Diagnosis:- **A-D: Left lung lower lobe lesions tru cut biopsies:-**

- **An infiltrating adenocarcinoma with lepedic, micropapillary and acinar morphology identified.**
- **Findings favor a primary lung adenocarcinoma.**
- **Wax block can be issued on request for further studies.**

Note:- The previous biopsy RD 1524H/24 was reviewed with the immunohistochemistry.

12/12/24

DR. Vasana Karunaratne
Consultant Histopathologist

Dr. Vasana Karunaratne
MBBS , Dip. in Pathology ,
MD Histopathology
Consultant Histopathologist
National Hospital for
Respiratory Diseases
Welisara

DEPARTMENT OF ANATOMICAL PATHOLOGY

NATIONAL HOSPITAL FOR RESPIRATORY DISEASES (TEACHING)

WELISARA – SRI LANKA

TEL: 0112956702 Ext: 121

HISTOLOGY REPORT

Name : - Ms. Nirosha Madangani.
Age : - 51yrs.
Sex : -Female.
Requesting Dr: - Dr. D.M.S. Handagala.
Date Received: - 06.12.2024

Ref. No: - RD1524H/24.
Hospital: - NHRD – Welisara.
Ward: - 06
BHT/clinic No: - 13187/24
Date Issued: 11.12.2024.

Clinical history:- Bronchial carcinoma.

CECT - Appearances are suggestive of a bronchial carcinoma in the superior segment of the left lung lower lobe with nodal, pulmonary and bony metastasis.

Left side supraclavicular lymph node histology faculty of medicine Kelaniya - Suggestive of metastatic deposits from lung adenocarcinoma.

FNAC in right lobe thyroid. 18.11. 2024 - Faculty of med Kalaniya - TIRADS II lesion in right lobe of thyroid malignant smear. Thy 5/Besthesda VI

Specimen:- Left lung lower lobe apical segment (S6) bronchial biopsy for histology.

Macroscopy:- Received three fragments of tissue each measuring – 03 x 01 x 01 mm.

(All passed in 01 block).

Microscopy:- Sections reveal several crushed and minute bronchial mucosal fragments with an infiltrating carcinoma. The tumor shows vague glands and papillary structures with thin vascular cores. Focally the tumor shows some micropapillae. There is a single fragment which shows acini with possible extracellular mucin. There are scattered Psammoma bodies.

Immunohistochemistry:-

CK 7 – Tumor shows strong cytoplasmic positivity.

TTF 1 – Tumor cells show focal nuclear positivity.

CK 20 – Tumor cells are negative.

Conclusion:- **Left lung lower lobe apical segment (S6) bronchial biopsy:-**

- **Findings are compatible with an infiltrating adenocarcinoma with acinar, papillary and micropapillary morphology.**
- **The immunoprofile favors an adenocarcinoma of primary lung origin.**
- **If there is a doubt about the primary site of the tumor (? Papillary thyroid carcinoma) suggest Napsin A (Napsin A is currently not available at NHRD Welisara).**
- **Suggest correlation with radiological and clinical findings.**
- **Please note that the remaining tissue in the wax block is not sufficient for further studies.**

.....

DR. Vasana Karunaratne
Consultant Histopathologist

Dr. Vasana Karunaratne
MBBS , Dip. in Pathology ,
MD Histopathology
Consultant Histopathologist
National Hospital for
Respiratory Diseases
Welisara

ප්‍රතිකාර සටහන
TREATMENT SHEET

ඇඳ ඉහ වාර්තා අංකය
B.H.T. No.

දිනය Date	ප්‍රතිකාර (බෙහෙත්) Treatment (Drugs)	අහරවට Diet	අමතර අහරවට විශේෂ බලපත්‍ර ලත් ඖෂධයෝග විශේෂ උපස්ථායකයන් ආදිය Orders for Extra Diet, Proprietary Drugs, Special Attendants, &c.
	Dr. Sugeeswa Siriwardhana Consultant Oncologist Teth. Kegalle		
	Dear Sir, Mrs. N. Madangani, 51. Δ CA lungs wlm mets.		
	We have given T.V. Paclitaxel 265mg Single dose and T.V. Carboplatin 625mg Single dose. One cycle completed. Please be kind enough to see my pt and do re needful. Thank you.		

H 059863 - 10,000,000 (2024/05) ශ්‍රී ලංකා රජයේ මුද්‍රණ දෙපාර්තමේන්තුව

Radiology Department-Colombo North Teaching Hospital

CT Scan - Final Report

PHN 03262012150 | **Name** NIROSHA KARUNARATHNA | **Age** 51 Y(estimated) | **Gender** Female | **Contact No**

Referred No 133810/2024 | **Referred From** WD 42 Surgery | **Referred By Cons:** Prof. Ranil Fernando

BHT 133810/2024 | **Ward** WD 42 Surgery | **Ward Cons:** Prof. Ranil Fernando

Scan Date 2024-11-20 00:00:00 | **Study Reg No** | **Test Name/Study Procedure** CT Scan

Indication

Investigated for carcinoma of unknown primary.

Findings

CECT Chest

There is a contrast enhancing soft tissue density mass with spiculated outline measuring 2.2cmx 2.7cmx 2cm in size in the superior segment of the left lower lobe attached to the major fissure. Nodular thickening noted in the adjacent costal pleura. It is extending to the left hilar region and abuts the interlobar artery of left pulmonary artery.

There are numerous discrete lung nodules in bilateral lung fields. Largest measures 0.8cmx 0.7cm in size in the posterior basal segment of the right lower lobe.

There is a prominent lymph node in left lower paratracheal group of nodes measuring 0.9cm in SAD.

No pleural effusions.

No evidence of collapse or consolidations.

Mediastinum is centered and of normal width.

he trachea main bronchi appear normal.

Heart and greater vessels are normal.

Multiple sclerotic bone lesions are seen in lower cervical and thoracic spine. No fractures.

CECT abdomen

The liver is normal in size and shows normal homogeneous attenuation with normal vasculature. No focal hepatic lesions. Portal vein, hepatic veins and IVC are opacified normally and no evidence of thrombosis.

No intra/extra hepatic bile ducts dilatations.

The gall bladder is distended and has normal wall thickness with no evidences of calculi.

Pancreas is normal in size and shows distinct outline. No obvious calcification or ductal dilatation is seen.

Spleen is normal in size and attenuation.

Both kidneys are normal in size, position and outline. Both ureters are normal in caliber and course.

Bilateral supra renal glands are normal.

Stomach, Large and small bowels appear normal, no evidences of bowel abnormalities.

No para aortic or celiac axis lymphadenopathy.

Major intra-abdominal blood vessels appear normal.

No ascites.

Multiple sclerotic bone lesions are seen in lumbar spine and bilateral innominate bones.

Comments

Appearances are suggestive of a bronchial carcinoma in the superior segment of the left lower lobe with nodal, pulmonary and bone metastasis.

Dr.Wasantha Sathkorala
Consultant Radiologist
.....
Signature
.....
Rubber Stamp
2024-11-25
Date

Department of Pathology
Faculty of Medicine
University of Kelaniya

Histopathology Laboratory Service

Report No: FMK-2132/2024

Name	: Ms.Nirosha Karunarathne	Age	: 51 yrs
Ward	: 42 (NCTH)	Received Date	: 01-11-2024
BHT	: 126546	Reported Date	: 26-11-2024

SUPPLEMENTARY HISTOPATHOLOGY REPORT

Specimen : Left side supraclavicular lymph node

Conclusion : The immunohistochemical tests done on block A show tumour cells exhibiting,
- Strong and diffuse cytoplasmic positivity with CK 7
- Focal and strong nuclear positivity with TTF1
- Focal and weak cytoplasmic positivity with Thyroglobulin

PAX8 and WT1 immune stains are in progress.
The available immunohistochemical features are more in favour of metastatic deposits from a thyroid malignancy.

Final Supplementary Report on 26.11.2024
- PAX-8 immune stain is negative in tumour cells.
- WT1 is negative in tumour cells.

Conclusion: Strong positivity of CK7, TTF1 and negative PAX-8 staining, together with the histomorphological features are highly suggestive of metastatic deposits from lung adenocarcinoma.

Note: Though there is weak staining of tumour cells for Thyroglobulin, abscense of PAX-8 staining makes the possibility of metastatic thyroid carcinoma less likely.

.....
Prof. Gayana Mahendra
MBBS, D.Path, MD (Histopathology)
Consultant Histopathologist

Department of Pathology, Faculty of Medicine,
Ragama.

Report No	: F-128/2024	**Date received**	: 18/11/2024
Name	: Nirosha Karunarathnae	**Word or Clinic**	: 42
Age/sex	: 51 yrs F	**BHT or Clinic no**	: 133810

Fine Needle Aspiration Cytology Report

Specimen : USS guided FNAC of TIRADS II lesion in the right lobe of the thyroid

Macroscopy : Received three alcohol-fixed unstained slides for reporting.

Microscopy : Three smears are examined. These highly cellular smears show sheets, papillaroid structures and nests of polygonal tumour cells containing moderately pleomorphic, enlarged round nuclei with clumped chromatin and moderate eosinophilic cytoplasm. Nuclear membrane irregularity and intranuclear inclusions are noted. There are scattered tumour cells with markedly pleomorphic, enlarged nuclei and multinucleation. Cells in mitosis are seen. Abundant psammomatous calcifications are noted. The background shows predominantly blood and the colloid is sparse.
Comment :-
These cytological features are those of a malignant lesion with papillaroid structures and abundant psammomatous calcifications. The histology of the left side supraclavicular lymph node biopsy (FMK2132/2024) shows metastases of similar morphology to thyroid lesion. Therefore, the most likely possibility is a papillary thyroid carcinoma with high-grade nuclear features with nodal metastasis. However, metastasis from another site, such as the lung, is also a rare possibility. The immunomarkers are in progress to differentiate these. Suggest re-assessment of the radiology of the thyroid lesion and imaging of the lungs and neck.

Conclusion : USS guided FNAC of TIRADS II lesion in the right lobe of the thyroid
Malignant smear- Please see the comment.
Diagnostic category: Thy 5/ Bethesda VI

Pathologist: : Prof. Gayana Mahendra

Date reported: : 18/11/2024 **Record No:** : 5195

Department of Pathology
Faculty of Medicine
University of Kelaniya

Histopathology Laboratory Service

Report No: FMK-2132/2024

Name	: Ms.Nirosha Karunarathne	Age	: 51 yrs
Ward	: 42 (NCTH)	Received Date	: 01-11-2024
BHT	: 126546	Reported Date	: 13-11-2024

HISTOPATHOLOGY REPORT

Specimen : Left side supraclavicular lymph node

Macroscopy : Received a lymph node and a piece of fatty tissue measuring 10x05x05 mm and 12x10x05 mm respectively. The cut surface of the lymph node is white.

Microscopy : Sections show a lymph node with a completely effaced architecture showing a metastatic deposit. The tumour is composed predominantly of micropapillary structures together with small clusters of medium-sized tumour cells. The tumour cells have enlarged hyperchromatic nuclei and moderate eosinophilic cytoplasm. Occasional intranuclear inclusions are identified. Cells in mitosis are sparse. There are numerous psammomatous calcifications. Extensive tumour necrosis is seen in the central part of the lymph node. The tumour extends to the extranodal fat. Lymphatic emboli are noted.

Comment –
This histomorphology is in keeping with a metastatic deposit with psammomatous calcifications. The possible primary sites of origin include
1. Thyroid (papillary thyroid carcinoma)
2. Low-grade tumour of mesothelial origin
3. Primary lung adenocarcinoma - micropapillary pattern
4. Tubo/ovarian or peritoneal (? Low-grade serous carcinoma)- a rare possibility as these are from a cervical lymph node metastasis

A primary Immunohistochemical panel with TTF1, CK 7, PAX 8 and WT 1 will be performed on block A for identification of the primary site and a supplementary report will follow. Suggests imaging of the neck, chest and abdomen and guided FNAC of the thyroid lesion noted on recent USS.

Conclusion : Left side supraclavicular lymph node -
See the comment above.

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Prof. Gayana Mahendra
MBBS, D.Path, MD (Histopathology)
Consultant Histopathologist

Dr. Supipi Karunarathne
Postgraduate Trainee