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

Irinotecan toxicity testing (UGT1A1)
DPYD mutation analysis

Test Name:* _____ Test Code:* MGM551 , MGM340

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

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. P.C.K Wijesinghe (In Capital Letters) D.O.B. DD MM YY Age:* 65Y/F Gender:* M / F

Address: .....

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

Clinician Details

Clinician's Name:* Dr. Mahendra Perera Hospital Affiliation: Aegle Omics Pvt Ltd

Address: .....

Phone : .....

Email id : .....

Date of sample collection* 15/1/2025 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 (Ceyl), 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: _____

MEDGENOME
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
customersupport@medgenome.com
www.medgenome.com
CAP ACCREDITED

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. P.C.K Wijesinghe

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

NFTH Dr. Neville Fernando Teaching Hospital

Dr. Neville Fernando Teaching Hospital
Caring hands Healing hearts

10/01/2025

Dr. Neville Fernando Teaching Hospital
Millennium Drive, off Chandrika Kumaratunga Mawatha, Malabe.
Tel: +94 11 2407600 info@nfth.lk www.nfth.lk

Dr. Mahendra Perera
MBBS (Cey), MD (Col) Dip RT
Consultant in Clinical Oncology & Radiotherapy
Dr. Neville Fernando Teaching Hospital
Malabe

Dr. Neville Fernando
Teaching Hospital

NH 01

92510

DIAGNOSIS CARD

NAME	: Mrs. P T C KANTHI	AGE	: 65 SEX Female
BHT NO	: 25L00139DS	CONSULTANT	: Dr. Mahendra Perera
DATE OF ADMISSION	: 10-January-2025	DATE OF DISCHARGE	: 10-January-2025

RECTAL CA
CHEMOTHERAPHY 01

O.Apripton 125mg stat
IV.Emiset 8mg stat
IV.Dexamethasone 4mg stat
IV.Piriton 1/2 vial stat

IV.Oxaliplatin 100mg + 300ml IV.Dextrose over 30 min
Flush with 100cc N/S
IV.Paclitaxel 150mg + 1 pint of IV.Dextrose over 2 hours
Flush with 200cc N/S

Discharge with
O.Apripton 80mg D2,D3
O.Emiset 4mg bd - D1, D2
O.Pantodac 40mg daily D1, D2

Review by Dr.Mahendra Perera (Consultant Oncologist) in 24.01.2025 with FBC, S.Cr

Prepared By Dr.

Name : Mrs P C K Wijesinghe
Age/Sex : 64 yrs / F
Ref By : Prof Madunil Niriella

Specimen No : MB 29/24
Bill no/BHT : 2830
Date received : 20/12/2024
Date reported: 03/01/2025

HISTOPATHOLOGY REPORT

Specimen : Recto-sigmoid growth biopsy

Macroscopy: Received four pieces of tissue each measures 3 mm in maximum dimension

Microscopy: Multiple serial levels are examined. Sections reveal fragments of colonic mucosa of which one shows villiform surface architecture and infiltrated with few small solid nests of markedly atypical cells in a desmoplastic stroma. These cells exhibit enlarged, hyperchromatic, irregular nuclei with high nuclear to cytoplasmic ratio and scant cytoplasm. Occasional acinar arrangement with complex glandular structure is also noted. Scattered cells with bizarre hyperchromatic nuclei are also seen. Rest of the tissue fragments show unremarkable colonic mucosa. These histomorphological features are compatible with a poorly differentiated adenocarcinoma.

Conclusion: Histomorphology is suggestive of a poorly differentiated adenocarcinoma

Dr. Mangala Bopagoda
MBBS, D. Path, MD (Histopathology)
Consultant Histopathologist

.....
Authorized by

LEESONS HOSPITAL

CT chest and abdomen-no-12923.

Mrs. P.C.K.Wijesinghe.65y.

Ref by Prof Madunil Niriella (Consultant Hepatologist).

CT scan of chest, abdomen &Pelvis. Rectal water and IV contrast enhancement.

CT chest findings:

The lung fields are clear, the lung parenchyma shows normal attenuation and vascular architecture, no focal lung consolidations, **lung masses or discrete lung nodules.**

There are no hilar masses.

No evidences of pericardial disease.

Trachea and main bronchi are normal.

There are few contrast enhancing lymph nodes in the prevascular group of meditational lymph nodes, the largest one SAD 11mm.

Major vessels are normal, no evidences of aortic aneurysm.

Chest wall appears normal.

There is no pneumothorax or pleural effusion.

No bone lesions.

CT abdomen findings:

There is a contrast enhancing, irregular circumferential wall thickening in the distal sigmoid colon, extending up to the recto-sigmoid junction region. Vertical length of the wall thickening is about 8.5m. Pericolonic soft tissue stranding are noted.

Anteriorly, the wall thickening is closely related to the posterior uterine wall with no distinct tissue planes (posterior uterine wall appears infiltrated).

Another segment of circumferential, contrast enhancing bowel wall thickening is noted in the proximal sigmoid colon, length is about 10cm.

There are multiple contrast enhancing enlarged/prominent lymph nodes in the mesenteric and para aortic group of lymph nodes.

Rest of the colon appears normal.

Loculated cystic masses with thick septations and soft tissue areas are noted in the bilateral adnexal regions. Sizes-Right adnexal mass-4.5x4.6cm

Left adnexal mass-3.2x3.1cm.

The uterus is enlarged and there are calcified and non calcified uterine fibroids.

There are no distinct tissue planes among the fibroid uterus, adnexal masses and distal sigmoid wall thickening.

Bilateral iliac vessels and lower ureters are closely related to the adnexal masses and Lower ureters are not compressed/infiltrated by the right adnexal masses.

The left lower ureter appears infiltrated by nodular peritoneal soft tissues located in the left side of the pelvis (inferior to the left adnexal mass) resulting upstream moderate dilatation of left urter and PC system.

P.T.O

There are contrast enhancing omental/mesenteric masses with central cystic areas (a small focal omental calcification, 5mm is noted).

The stomach and small bowel appear normal.

The liver is enlarged and there are evidences of liver cirrhosis.

There is a hypoenhancing, non capsulated focal lesion in the liver segment 5 region, size 1.4x1.6x1.2cm.

Rest of the liver shows homogeneous contrast enhancement and there are no focal hepatic lesions to suggest hepatomas.

The main portal vein, its branches, hepatic veins and IVC are opacified and there are no filling defects.

Intra and extra hepatic bile ducts are not dilated.

The gall bladder is normal and has normal wall thickness; there are no evidences of calculi.

The pancreas is normal in size and shows distinct outline.

No pancreatic focal lesions, calcifications or ductal dilatations are seen.

Spleen is normal in size and attenuation.

Both kidneys are normal in size, position and outline.

There is satisfactory contrast excretion from both kidneys.

The right PC system and ureter are normal.

The bladder is normal, no evidences of bladder wall thickenings.

There is no ascites

No lytic or sclerotic bone lesions.

Comment:

- **Locally infiltrating bowel wall thickening in the distal sigmoid colon associated with synchronic lesion in the proximal sigmoid colon.**
- **Prominent /enlarged, mesenteric inferior mesenteric and para aortic lymph nodes.**
- **Bilateral complex ovarian masses.**
- **Omental/mesenteric masses.**
- **Liver segment 5 lesion (metastatic lesion).**
- **Prominent /enlarged mesenteric lymph nodes.**

Possibilities.

- **Locally infiltrating sigmoid colon carcinoma with lymph nodes, peritoneal/omental and liver metastases.**
- **Locally infiltrating ovarian carcinoma with lymph nodes, peritoneal/omental and liver metastases.**
- **Left kidney obstructive uropthy due to lower urteric infiltration by the mesenteric metastaic tumor tissues.**

Dr.A.Upasena.
Consultant Radiologist.
CNTH-RAGAMA

28-12-2024

DR. A. Upasena (MD Radiology)
Consultant Radiologist
CNTH Ragama