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

Tumor BRCA1 & BRCA2 Gene Analysis

Test Name:* Test Code:* MGM537

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. .....)
- ☐ DBS/FTA
- ☐ Fresh Frozen Tissue
- ☐ Saliva
- ☐ Other sample type (specify site) PC292D2,PC292D1,pC292A2,Pc292A1 PC292B2,PC292B1

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. 12 Wax Blocks PC292F2,PC292F1,PC292E2,PC292E1 PC292C2,PC292C!

Patient Details

Name:* Mr.Roshan Fernando (In Capital Letters) D.O.B. DD MM YY Age:* 52Y/M 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* 22/1/2025 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 authorized 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 (Gold Medalist) DMRT
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:_____

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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: Mr. Roshan Fernando

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

Dear Rohan Silva

Name Block

for staining

1. ~~AR~~
2. AMACR
3. BRAF

Consultant in Clinical Oncology
& Radiotherapy
Principal Investigator - Clinical Trials

CONFIDENTIAL LABORATORY REPORT

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

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A Softlogic Group Company

HISTOPATHOLOGY

** OPD/AHH/ALS **

REFERENCE No.	: 01 0595 22/01/25	
SAMPLE DATE & TIME	: 22/01/2025 18:41	AGE : 52 Y/M
REPORT DATE & TIME	: 31/01/2025 18:25	AHH2099932 / ahh2415
PATIENT	: MR. ROSHAN FERNANDO	104C UHID 310671227
REFERRED BY	: DR (MRS) LAKMALIE	PARANAHEWA

TEST : TRUS BIOPSIES

Clinical features :- PSA elevated (2517 ng/ml). MRI showed marginally enlarged prostate with hypodense left lobe, suspicious of a focal lesion. Multiple osteoblastic deposits in lumbar vertebrae, pelvic bones and bilateral femurs.

Specimen :- TRUS guided prostatic biopsy.

Macroscopy :- A) Right lobe anterior : 2 cores of tissue each measuring 16mm in length.
B) Right lobe middle : 2 cores of tissue measuring 17 and 18mm in length.
C) Right lobe posterior : 2 cores of tissue measuring 15 and 18mm in length.
D) Left lobe anterior : 2 cores of tissue measuring 15 and 22mm in length.
E) Left lobe middle : 2 cores of tissue measuring 17 and 14mm in length.
F) Left lone posterior : 2 cores of tissue measuring 12 and 14mm in length.

Microscopy :- A-F) All the cores contain prostatic tissue. Sections confirm the presence of an acinar type prostatic adenocarcinoma showing Gleason grade 4 and 5 growth patterns, with a slight predominance of the former (approximately 60%). The Gleason grade 4 pattern comprises cribriform nests and sheets and a few fused neoplastic glands. The Gleason grade 5 pattern comprises nests of pleomorphic cells with enlarged hyperchromatic nuclei, showing minimal gland formation. The tumour is seen in all six cores from the right lobe and 3 out of six cores from the left lobe. It occupies 80 to 100% of the surface of the cores in the right lobe (average 93.3%) and

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HISTOPATHOLOGY

REFERENCE No. : 01 0595 22/01/25
SAMPLE DATE & TIME : 22/01/2025 18:41
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PATIENT : MR. ROSHAN FERNANDO 104C UHID 310671227
REFERRED BY : DR (MRS) LAKMALIE PARANAHEWA

AGE : 52 Y/M

10-20% of the surface areas of the affected cores from the left lobe. There is an extensive intraduct carcinoma component. There is no evidence of vascular invasion. Perineural invasion is present.

Conclusion :- A-F) TRUS guided prostatic biopsy.

1) Tumour type - Prostatic adenocarcinoma (acinar type)

2) Gleason sum score - 4 + 5 = 9
3) Grade group (ISUP) - Group 5
4) Tumour burden -
   Percentage of positive biopsy cores - 75%.
   The tumour occupies 80-100% of the surface areas of the cores from the right lobe (average 93.3%) and 10-20% of the surface areas of the affected cores from the left lobe.
5) Vascular invasion - Absent
6) Perineural invasion - Present
7) Intraduct carcinoma component - Present.

PCH - 292
(S.C.T. 22/01/25 at 8.35 am)

Chandu de Silva

PROF. CHANDU DE SILVA
MBBS, D.Path, MD(Histopathology), FCPathSL, FCSSL, MIAC
Professor of Pathology

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NUCLEAR MEDICINE DEPARTMENT

ASIRI SURGICAL HOSPITAL
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Department of Nuclear Medicine

Patient's Name	: Mr.Roshan Fernando
Age	: 52Y
Sex	: Male
Ref. No.	: RC01322922 Study No: BS/39/2025
Referred by	: Dr.Mahendra Perera - (Consultant Clinical Oncologist)
Date	: 17.01.2025

Tc^{99m}-MDP WHOLE BODY BONE SCAN

Technique : Tc ^{99m} MDP Bone scan done following IV injection of Tc ^{99m} 18mCi, using Siemens Symbia Evo Excel DUAL HEAD SPECT system.

Indication : CA Prostate gland with Skeleton Metastases.

Findings:

Tc^{99} MDP Bone scan shows physiological tracer uptake in the axial skeletal.
Scintigraphycally significant abnormal intense tracer concentration noted in;

- Left temporal area in the skull
- Sternum
- Multiple ribs in anterior & posterior chest walls
- Multiple thoracic and lumbar vertebrae
- Bilateral iliac bones, acetabular regions, superior right pubic ramus,bilateral ischial bones, sacrum and bilateral SI joints.
- Proximal end of the left femur.
- Right shoulder joint with the involvement of scapula.

There is no other significant abnormal uptake noted.

Impression :

Scintigraphic evidence of significant abnormal uptake in multiple bones in the skeleton - suggestive of advanced metastatic bone disease.

20/1/2025.

Dr. J. M. C. Udugama
M.B.B.S. PhD (Nuc. Med.)
Specialist in Nuclear Medicine

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RADIOLOGY AND IMAGING

ASIRI SURGICAL HOSPITAL
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UHID	: 120460750	PMR	:
PATIENT'S NAME	: MR ROSHAN FERNANDO	AGE	: 53 Yrs
SCANNED REGION	: CTCHEST/ABDOMEN	SEX	: MALE
		PLAIN	:
REQUESTED BY DR	: DR K SRI RANJAN	ENHANCED	: X
REFERENCE NO	: RC01319395		
DATE	: 09-Jan-2025		

CT SCAN OF CHEST

Both lung parenchyma show normal CT architecture. Lung volumes are preserved.
No lung nodules or masses.
No evidence of bronchiectasis or interstitial thickening.
No 'ground glass' opacities, consolidation or generalized fibrosis.
No pleural thickening. No calcified or non-calcified pleural plaques.
No pleural effusion or pneumothorax.
Trachea, its bifurcation, main bronchi and the central intra pulmonary branches are normal in caliber and outlines.

Heart is normal in size and configuration.
No peri cardial effusion.
Great vessels are normal in caliber and outline.
No hilar, mediastinal or axillary lymphadenopathy.

Multiple sclerotic focal lesions in dorsal vertebrae, posterior elements, ribs, sternum and the scapulae.

IMPRESSION :

1. **Both lungs are normal and no evidence of pulmonary metastases.**
2. **No mediastinal hilar or supra clavicular adenopathy.**
3. **Multiple osteoblastic deposits in bilateral ribs, dorsal vertebrae, scapular and the sternum.**
4. **No pathological compression fractures in dorsal vertebrae.**

CT SCAN OF THE WHOLE ABDOMEN & PELVIS

The liver has fatty infiltration. No focal lesions involving both lobes of liver.
The intra and extra hepatic biliary passages are not dilated.

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The gall bladder is normal in size and has normal wall thickness with no evidence of calculi.

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

Spleen is normal in size and attenuation.

Right kidney measures - 9.9cm.
Left kidney measures - 10.9cm.
Both kidneys are normal in size, position and outline. No evidence of calculi or calyceal dilatation is seen on either side. There is satisfactory excretion bilaterally.

There is no evidence of ascites or obvious lymphadenopathy.

The urinary bladder is normal in size and outline.

Prostate measures - 4.3 x 3.6 x 3.2cm and volume of 24cc.

Hypodense left lobe of prostate with preserved capsular outline.

COMMENTS

1. **Liver has fatty infiltration. No evidence of liver metastatses.**
2. **No para aortic and pelvic lymphadenopathy.**
3. **Marginally enlarged prostate gland with hypodense left lobe is suspicious of a focal lesion. No extra prostatic soft tissue masses.**
4. **Multiple osteoblastic deposits in lumbar vertebrae, pelvic bones and bilateral femur.**

DR(MRS) ERANGA PERERA
CONSULTANT RADIOLOGIST

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Immunometric Assay

** OPD/NEGOMBO/ALS **

UHID	: 310671227		
REFERENCE No.	: 13 0057 10/12/24		/
SAMPLE DATE & TIME	: 10/12/2024 12:27	AGE : 52 Y/M	04/09/1972
REPORT DATE & TIME	: 12/12/2024 19:06	AHH2002546 / AHH201050C	
PATIENT	: MR. ROSHAN FERNANDO		
REFERRED BY	: DR K SRI RANJAN JP		

TEST	RESULT	FLAG	REFERENCE VALUE
CA 19 - 9	7.29	U/ml	

Comment :-

The use of assay for detecting the CA 19-9 antigen in pancreatic cancer is well documented, with 68-94% sensitivity and 76-100% specificity being reported using approximately 37 U/mL as a cutoff. It has been found in 18% of colon cancer patients and 67% of hepatobilliary cancer patients. The CA 19-9 antigen has also been found in the sera of cystic fibrosis patients, and has been used in the serological diagnosis of the disease. Although useful as an adjunct in cancer diagnosis, it should not be considered a screening or diagnostic test when used alone.

Analytical Sensitivity = 2.0 U/ml.

MLT

83388

MRI REPORT					
NAME OF THE PATIENT	Mr.Urakaduge Roshan	AGE	52	Yr	Male
MRI NO	OP/1049997/24	DATE	04/12/2024		
REQUESTED BY	Dr.Sri Ranjan				
REGION	MRI CERVICAL SPINE				

MRI lumbar spine T1, T2, T2 STIR sagittal and axial images:- No 1049997/2024

Indication:- Back pain:

Report:-

- Multiple focal lesions in the sacrum (ala and bodies), bilateral ileac bines and all lumbar vertebral bodies. In L3 and L4 vertebral bodies posterior elements are also involved and contains focal lesions.
- Vertebral body heights and disc spaces are preserved. No vertebral compression, disc stenosis or spondylolisthesis.
- Disc signals are preserved in lumbar spins and no desiccation changes.
- Mild degree disc bulges at L3/L4, L4/L5 and L5/LS1disc levels. Annular rings are intact. Thecal sac is indented but cauda equine is not compressed. However the bilateral nerve roots are mildly impinged at sub foramina level.
- Ligament flava are not thickened, Posterior facet joints are not hypertrophied.
- No MODIC changes in vertebral bodies.
- Preserved vertebral body heights and no disc stenosis

There is preserved lumbar vertebral alignment.

No intra thecal or intra spinal SOL

Conclusion:-

1. Multiple focal lesions in the sacrum, bilateral ileac bines and all lumbar vertebral bodies and L3 and L4 posterior elements as well. ? skeletal metastasis ? primary bone pathology ? multiple myeloma? Other hemopoietic malignancy ?
2. (Difficult to differentiate as this is a non contrast study. Suggest MRI full spine with gadolinium enhanced sequences)
3. L3/L4, L4/L5 and L5/LS1 mild disc bulges and with mild thecal sac indentation
4. cauda equine is not compressed. bilateral nerve roots are mildly impinged at sub foramina level.

Dr. A. Wasantha Kumara
Hewa Pathirana
M.B.B.S, M.D. A.R.D.M.S
SLMC Regd. No:- 10931
Consultant Radiologist

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M,B,B,S, MD (Radiology). ARDMS (USA)
Consultant Radiologist