

**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**

Tumour HRR (Homologous Recombination Repair) pathway genes analysis by NGS

Test Name\* \_\_\_\_\_ Test Code\* **MGM1623**

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. ....)  
 Fresh Frozen Tissue  Saliva  Other sample type (specify site) \_\_\_\_\_  DBS/FTA  
TKMH 3279J

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 One Wax Block

**Patient Details**

Name\* **Ms. Shiromi Olivia Athauda** D.O.B. **DD MM YY** Age\* **69Y/F** Gender\* **M / F**  
(In Capital Letters)  
 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\* **8-04 - 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 (Cey), MD (Col), DMRRT  
 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: \_\_\_\_\_

**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 Ms. Shiromi Olivia Athauda

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.

~~W. S. S.~~

28/11/11

Dr. M. S. S. S.

See on Cyst Adenocarcinoma

R/Ovary

(HRR See free)

~~M. S. S.~~



## ULTRA SOUND SCANNING REPORT

## USS ABDOMEN AND PELVIS.

Name: Ms. Shiromi Athauda  
Date- 31.03.2025

Sex- F

Age-69y

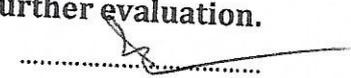
*Thank you for referring this patient.***Indication:**

The liver is normal in size. The echogenicity is minimally increased.  
No focal lesions. No intra or extra hepatic bile duct dilatation.  
Gall bladder-appear normal.  
The visualized portion of the pancreas is normal. The spleen is normal in size. No  
Mass lesion is noted  
Both kidneys are normal in size, shape, position.  
Right kidney- 9.9 cm Left kidney- 10.5 cm  
Parenchymal echogenicity is normal.  
A small simple cyst at the interpolar region of the right kidney, measuring 1.8cm X  
1.4cm. A small calculi at the upper polar region of the left kidney, measuring 4.5mm.  
No hydronephrosis or hydro ureter. No renal masses. No supra renal masses.  
The bladder shows normal contour. No calculi or mass lesions. No wall thickening.  
**There is isoechoic soft tissue mass lesion within the endometrial cavity,**  
**measuring 5.8cm X 4.8cm. There is minimal internal vascularity is noted.**  
**There is a focal hypoechoic solid lesion at the right side of the pelvis adjacent**  
**to the urinary bladder. It is measuring 3.1cm X 2.3cm.**  
No ascites. No inflamed appendix detected.

**COMMENT:**

1. Grade I fatty liver
2. A small non obstructive calculi in the left kidney.
3. A small BOSNIAK type 1 cyst in the left kidney.
4. Evidence of endometrial mass lesion within the uterus.
  - Endometrial CA is need to be evaluated as primary DD.
  - Suggest VOG opinion on biopsy and further management.
5. Right pelvic mass lesion.
  - Right ovarian malignancy is the primary DD.
  - Suggest CA 125 correlation.
  - Suggest early CECT abdomen for further evaluation.

Date: 31-Mar-2025

  
Dr.K.Vigneshwararajah  
MBBS-SL, MD-Radiology-ColDR.K.VIGNESHWARARAJAH  
MBBS(SL), MD-Radiology(Col)  
Consultant Radiologist(ACT)  
Sri Lanka Air Force Hospital  
Colombo.

Patient ID : **PAT03285023** HH/STA/OA/021/NOV/2024



Name : Ms. SHIROMI OLIVIA ATHAUDA

Age / Sex : 69 Y / Female

SID No : 01000245/TWG

Ref. By : Prof Deepal Weerasekara

Collected Date : 08/04/2025 17:17

Received Date : 08/04/2025 20:34

Reported Date : 25/04/2025 13:19

Bill No : TWG-IPV-2504-00278      Ward : ORCHID

Page 1/3

## HISTOPATHOLOGY REPORT

- CLINICAL HISTORY** : Fibroid uterus with a right adnexal mass
- SPECIMEN** : TAH & BSO with right adnexal mass
- MACROSCOPY** : Received a specimen of an enlarged uterus measuring 110 x90x80mm  
 The separated cervix measures 30x20x20mm .Attached left ovary measuring 25x10x10mm. Left fallopian tube measures 30 mm in length and right ovary measures 30x20x10mm.  
 Right fallopian tube measures 40mm in length. A firm rounded mass measuring 30x25x20mm noted attached to the fimbrial end of the right tube .The cut surface of the mass shows necrotic and haemorrhagic areas .Cut surface of the uterus shows several intramural fibroids largest measuring 80x70x50mm.Endometrial thickness is 2mm.  
 Maximum myometrial thickness is 30mm.
- MICROSCOPY** : Sections of the uterus show atrophic endometrium.  
 Myometrium shows multiple intramural leiomyomata with no evidence of nuclear atypia , increased mitotic activity or coagulative type necrosis.  
 The left ovary and the left tube are histologically normal.  
 Cervix shows chronic inflammation and squamous metaplasia.  
 No dysplasia.  
 Sections from the right adnexal mass shows an encapsulated lesion composed of solid sheets of poorly differentiated malignant cells with marked nuclear pleomorphism ,prominent nucleoli and high mitotic activity(20/10HPF).Areas of necrosis,haemorrhage ,few psammoma bodies and a moderate lymphocytic infiltrate are noted . Tumour invade the capsule completely at one focus .The right ovary shows a small focus of tumour deposit(3mm) Righr fallopian tube shows tumour in the lumen with foci of STIC .Tumour infiltrate the fimbria end.  
 Lymphnodes are not received

Name : Ms. SHIROMI OLIVIA ATHAUDA  
 Age / Sex : 69 Y / Female  
 SID No : 01000245/TWG  
 Ref. By : Prof Deepal Weerasekara  
 Bill No : TWG-IPV-2504-00278  
 Ward : ORCHID

Patient ID : HH/STA/QA/021/NOV/2024  
**PAT03285023**



Collected Date : 08/04/2025 17:17  
 Received Date : 08/04/2025 20:34  
 Reported Date : 25/04/2025 13:19

## HISTOPATHOLOGY REPORT

### CONCLUSION :

**TAH & BSO with right adnexal mass**

Right adnexal mass : High grade serous carcinoma of fallopian tube infiltrating through the capsule

Tumour size : 30x25x20mm

Vascular emboli : preset

Mitotic activity :20/10HPF

Lymphocytic infiltrate : Moderate

Right tube and fimbrial end : Involved

Right ovary : Small focus of tumour deposit(3mm)

Left ovary and tube : No tumour deposits

Uterus : Atrophic endometrium

: Multiple intramural leiomyomata, Largest 80x70x50mm.

Cervix : Chronic cervicitis with squamous metaplasia

Stage T1C2 Nx Mx FIGO 1C2

Suggest :WT1,ER,PR,P53 immunostains on block J

LAB NO: TKMH-3279

*Kamani*

**Prof. Kamani Samarasinghe**  
**MBBS, D.Path, MD (Histopathology)**  
**Consultant Histopathologist**

BLOCKS and SLIDES of this specimen will be retained ONLY for TWO years, after the date of this report.  
 Specimen will be preserved for TWO MONTHS.