

### 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

Hereditary Breast and Ovarian Cancer (HBOC) gene panel

Test Name: \*

Test Code: \*

MGM1517

Sample type:

- |  |   |   |   |
|--|---|---|---|
| <input checked="" type="checkbox"/> Blood (in EDTA tube) | <input type="checkbox"/> Blood (in streck tube)                                       | <input type="checkbox"/> DNA, Specify Source: _____                             | <input type="checkbox"/> Buccal swab                                      |
| <input type="checkbox"/> Amniotic Fluid                  | <input type="checkbox"/> CVS  | <input type="checkbox"/> Cultured CV  | <input type="checkbox"/> Cultured amniocytes                              |
| <input type="checkbox"/> Fetal Blood (PUBS)              | <input type="checkbox"/> Maternal blood for MCC<br>(please send for prenatal studies) | <input type="checkbox"/> Products of Conception (POC),<br>specify tissue: _____ | <input checked="" type="checkbox"/> FFPE tissue Block<br>(Block no. ....) |
| <input type="checkbox"/> Fresh Frozen Tissue             | <input type="checkbox"/> Saliva   | <input type="checkbox"/> Other sample type (specify site) _____                 | <input type="checkbox"/> DBS/FTA  |

Peripheral blood (5 ml in EDTA) 3Tubes

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 allogeneic bone marrow transplant: ☐ Yes ☐ No.

### Patient Details

Name: \* Mrs. Swarna Dissanayake  
(In Capital Letters)

D.O.B. DD MM YY

Age: \* 72Y/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 \* 2/4/2025 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 (Gen MD (Col), FRCR)  
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: \_\_\_\_\_

27 MAR 2025

*Handwritten signature*

*HBOR*

*Handwritten signature*

**Dr. MAHENDRA FLERA**  
MD, PhD, FRCR, FRCR (UK), FRCR (Ireland)  
Consultant in General Oncology  
& Radiotherapy  
Principal Investigator - Clinical Trials



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**ENZYME IMMUNOASSAY**

\*\* OPD/AHH/ALS \*\*

Page 1 of 1

REFERENCE No. : 01 0619 03/03/25  
SAMPLE DATE & TIME : 03/03/2025 16:29 AGE : 72 Y/F  
REPORT DATE & TIME : 06/03/2025 15:52 AHH2002546 / ahh2415  
PATIENT : MRS. SWARNA DISSANAYAKE 050149AHK  
REFERRED BY : DR MAHENDRA PERERA

TEST	RESULT	FLAG	REFERENCE VALUE
CA 15-3	✓ 50.66		u/ml

**Comment :-**

Expected value :

6.4 - 58

Median 21.6

MLT

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**CLINICAL CHEMISTRY**

\*\* OPD/AKH/AKH \*\*

Page 2 of 3

UHID : 130190167  
REFERENCE No. : 05 0105 24/03/25  
SAMPLE DATE & TIME : 24/03/2025 10:32  
REPORT DATE & TIME : 24/03/2025 14:40  
PATIENT : MRS. SWARNA DISSANAYAKE  
REFERRED BY : DR MAHENDRA PERERA

AGE : 72 Y/F 28/02/1953  
AKH2430601 / AKH2430320

TEST	RESULT	FLAG	REFERENCE VALUE
L.D.H.	639.2	U/L	H < 480.0

\*\*\* REPEATED &amp; CONFIRMED \*\*\*

            
MLT

**ASIRI HOSPITAL KANDY**  
**DEPARTMENT OF RADIOLOGY & IMAGING SERVICES**

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8. 1. 2023

Referring Consultant: Prof I B Gawarammana, MBBS, MD, FRCP, PhD

Patient's details : Swarna Dissanayaka, 69 y, F

Clinical history : fever x 10d, L / ca breast 2021, neoadjuvant chemo, L / mastectomy, RT

CT Reference No : 00400615

**CECT CHEST AND ABDOMEN**

Technique: CECT abdomen and chest with IV contrast. Oral and rectal water. Axial images acquired in portal venous phase

There is extensive para aortic, (predominantly L/ renal level), para caval and retro crural lymphadenopathy. Largest measuring 12mm SAD.

Liver is normal with preserved attenuation. No focal lesions.

Gall bladder, pancreas: unremarkable. No splenomegaly.

Kidneys are normal, B / L. R / K - 10 cm; L / K- 10.5 cm, BPL. B/ L cortical renal cysts. L / lower pole, 4cm cyst with posterior wall smooth linear calcification. R / upper pole, two simple cysts, larger one measuring 2cm.

No adrenal masses.

Normal urinary bladder. Normal uterus with a few small (<1cm) calcified fibroids. No adnexal masses.

A few small diverticulae seen in the sigmoid colon. Rectum, and small bowel loops appear normal

No ascites. No mesenteric or omental deposits.

IVC, abdominal Aorta, SMA and SMV are normal.

Bones are unremarkable. Degenerative intervertebral discs at T11/12, T12/ L1 and L 4/5 levels noted.

L / mastectomy. Scattered areas of lung fibrosis noted in L / lung, in keeping with RT for L / Ca breast.

No lung nodules or masses or consolidations. No pleural effusions.

No mediastinal masses. A few enhancing mediastinal LN with irregular contour in 4R and 4L stations measuring 8-9mm SAD.

**Comment-**

Extensive para aortic and a few mediastinal lymphadenopathy, in keeping with metastatic LN from known primary ca L / breast.

L / lung fibrosis following RT for L / ca breast. L / renal Bosniak IIF cyst and Bosniak I cysts in R / kidney. Former warrants follow up with USG in 6 months.



Prof Badra Hewavithana, MBBS, MD  
Consultant Radiologist



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## BLOOD PICTURE

\*\* OPD/AKH/AKH \*\*

Page 1 of 1

REFERENCE No. : 05 0211 11/01/23  
SAMPLE DATE & TIME : 11/01/2023 21:04 AGE : 69 Y/F  
REPORT DATE & TIME : 12/01/2023 17:01 AKH2099800 / AKH2431310  
PATIENT : MRS. SWARNA DISSANAYAKE  
REFERRED BY : DR S L KANDEGEDARA

**TEST : BLOOD PICTURE**

- Red cells - Normocytic and normochromic cells,  
increased rouleaux.  
Hb : 11.0 g/dL
- White cells - Low normal total count. Lymphopenia.  
No abnormal cells.
- Platelets - Normal.
- Comment - Mild anaemia with rouleaux formation.  
- No deficiency / abnormal cells.

Suggest : - Please correlate clinically.  
- ESR, LDH, other investigations if  
clinically relevant.

Dr. Vishaka Panditha Gunawardena  
MBBS, D Path, MD Haematology

Dr. Vishaka Panditha Gunawardena  
MBBS, D Path, MD Haematology  
Consultant Haematologist  
Teaching Hospital, Kandy