

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

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 strecth 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 (please send for prenatal studies)	<input type="checkbox"/> Products of Conception (POC), specify tissue: _____	<input checked="" type="checkbox"/> FFPE tissue Block (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 allogenic 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 : _____

Date of sample collection* **2/4/2025 YY**
Email id : _____

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), 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: _____

Re. Somy b

27 MAR 2023

HBOC

✓

Dr. MAHENDRAN ELIDERA
Medical Oncologist
Consultant in Medical 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 **

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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 AKH2430601 / AKH2430320
 PATIENT : MRS. SWARNA DISSANAYAKE
 REFERRED BY : DR MAHENDRA PERERA

AGE : 72 Y/F 28/02/1953

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

*** REPEATED & CONFIRMED ***


 MLT

ASIRI HOSPITAL KANDY DEPARTMENT OF RADIOLOGY & IMAGING SERVICES

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 **

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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