

Genomic Test Enrollment and Informed Consent*

*Please fill in BLOCK letters only

Test Name **TarGT First Liquid** 72 gene panel identifies gene variants (SNV's, Indels, CNVs and gene fusions) provides insights on actionable Mutations

PDL-1 YES NO If applicable, choose the clone:-
 Ventana SP142 SP263
 Dako 22C3

SPECIMEN DETAILS

Specimen Type and Nos. : Type - FFPE Blood Slides Tissue in RNA later Formalin Fixed Tissue
 No. -

Collection Date Specimen Block ID

PATIENT INFORMATION

First Name **Mrs. W. Sepali.M. Soysa** Middle Name Last Name

DOB/Age **70Y/F**

Address

Gender

Height

Weight (kg)

Aadhaar Number/Health ID

Contact Number

Email ID

Primary Cancer Site

Cancer Stage

Date of First Diagnosis

CAREGIVER INFORMATION

Name

Contact No.

Relationship with the Patient

Email ID

DOCTOR INFORMATION

Name **Dr. Mahendra Perera**

Contact No.

Email ID

Alternative Email ID

Hospital/Clinic Name and Location

Hospital/Clinic Patient ID

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DECLARATION:

I represent and warrant that I have the right, authority and capacity to consent to testing and I am at least 18 years old.

In case you have not completed 18 years of age on the date of signing of this consent form, your legal guardian will consent to your enrollment and all the clauses mentioned herein, shall be applicable to your guardian.

In addition, I represent and warrant that (1) all information that I have submitted or that is submitted on my behalf is complete, accurate and truthful, and

(2) in the event that I have allowed a third party to assist me in providing any information, I have reviewed and confirmed that all such information is complete, accurate and truthful prior to its submission to 4baseCare.

I HAVE READ OR HAVE HAD READ TO ME AND UNDERSTAND ALL OF THE ABOVE INFORMATION AND HAVE HAD AN OPPORTUNITY TO ASK QUESTIONS ABOUT THE PURPOSE, PROCEDURE, RISKS, BENEFITS AND LIMITATIONS OF ENROLLING TO THE ONCOBUDDY PLATFORM & SERVICES. I HAVE DECIDED TO ENROLL TO THE ONCOBUDDY PLATFORM AND SERVICES and to be bound by the terms of this Consent and any policies referenced herein.

I am 18 years and above

I am below 18 years

I am the Patient

Name: Mrs. W. Sepali.M. Soysa

Signature:

I am the patient's Guardian

Name:

Signature:

I am the patient's Care Giver

Name:

Signature:

Date: DD/MM/YYYY

CONSULTING DOCTOR DECLARATION:

I hereby declare that the patient OR the legal guardian of the patient has given the consent willingly and have been explained about the services offered along with the terms and conditions of the services under OncoBuddy Platform.

Name: Dr. Mahendra Perera

Signature:

Dr. MAHENDRA PERERA
MBBS (Gen. Med. Surg), Dip RT
Consultant in Medical Oncology
& Radiotherapy

Date: DD/MM/YYYY



For any further information on 4baseCare Solutions and Services, please contact:

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4baseCare (Genomics Tarang ODC), SJP2-S1-1F- C wing, Wipro Limited, SEZ, Sarjapur 2, Sy.No.69(P), Doddakannelli, Sarjapura Road, Bengaluru 560035, KA, India

08 MAY 2023

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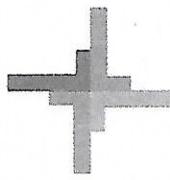
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LANKA HOSPITALS

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MRI SCAN

NAME	Mrs. W. Sepali M. Soysa	AGE	70Yrs
REFERRED BY	Dr. Achala Abeywardena (Consultant Gynaecologist)	STUDY DATE	30.04.2024
BILL NO	CS 24291747	MRI NO	OP/ 2734, 35/ 24
INDICATION	Endometrial CA for staging		

MRI SCAN OF ABDOMEN & PELVIS

Routine T1 weighted axial and coronal sequences, T2 weighted axial, sagittal and coronal sequences and T2 weighted FS axial sequences of the abdomen and pelvis followed by contrast enhanced images of the abdomen and pelvis.

The liver is not enlarged and maintains its smooth regular contour and normal parenchymal signal characteristics on all pulse sequences. The main portal vein is normal in calibre and there is no evidence of portal venous thrombosis. No intra or extra hepatic bile duct dilatation. **Small liver cyst in segment VI measuring 7 x 6mm. No other focal liver lesions.**

Gall bladder is distended and no signal voids to suggest calculi. No pericholecystic fluid collections.

Pancreas is normal in size, shape and signal characteristics. There are no focal lesions within. No mass lesions or fluid collections are present within or in relation to pancreas. Pancreatic duct is normal in calibre. There is no pancreatic divisum or an annular pancreas.

Spleen is not enlarged, maintains its regular contour and shows uniform parenchymal signal pattern and attenuation pattern.

Both kidneys are normal in size, shape and show normal cortico-medullary pattern. There is no evidence of hydronephrosis or hydroureter. **Few thin walled cortical cysts.**

No perirenal or supra renal mass lesions or fluid collections are evident.

There is no evidence of para aortic or mesenteric lymphadenopathy.

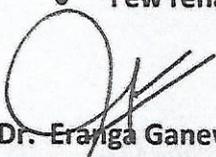
The bladder is normal in contour. The wall is uniform and regular. No obvious filling defects to suggest a mass lesion or calculi within. No ureteric obstruction.

Uterus is anteverted with thickened endometrial cavity of 3.9 x 4.8cm with an polypoidal growth within it. Lesion is predominantly seen within the endometrial cavity with erosion into the adjacent myometrium < 50% of its thickness. No extension beyond the serosa of the uterus. No extension into the cervical canal. There is a adjacent posterior wall fibroid measuring 4.7 x 4.3cm. Uterine cervix is normal with few Nabothian cysts. Both adenexa are clear.

No evidence of pelvic free fluid or lymphadenopathy.

IMPRESSION :

- Appearances are of endometrial CA confined to uterus with < 50% of myometrial invasion without extension beyond the serosa - stage 1B.
- No evidence of pelvic lymphadenopathy or free fluid.
- No para aortic or liver metastasis.
- Simple liver cyst in segment VI.
- Few renal cortical cysts.


Dr. Eranga Ganewatte

CONSULTANT RADIOLOGIST

-hk- 08

THE LANKA HOSPITALS CORPORATION PLC (PQ 180)

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Organization Accredited by
Joint Commission International



CLIENT CODE : C000000208

CLIENT'S NAME AND ADDRESS :

LANKA HOSPITALS - IPD
COLOMBO - 05
SRI LANKA
IPD

LANKA HOSPITALS DIAGNOSTICS PVT LTD.

LHD REFERENCE LAB - COLOMBO

7TH FLOOR, LANKA HOSPITAL, NO. 578, ELVITIGALA MAWATHA,
NARAHENPITA, COLOMBO 5

Tel : +94 11 5430000 , Fax : +94 11 5439032

Email : info@lhd.lk Web : www.lhd.lk

PATIENT NAME : Mrs W SEPALI M SOYSA

PATIENT ID : LHC1.0001060713

ACCESSION NO : 6001XD017828

COLLECTED : 17/04/2024 15:58

AGE : 70 Years

SEX : Female

RECEIVED : 17/04/2024 15:58

DATE OF BIRTH :

REPORTED : 20/04/2024 07:45

REFERRING DOCTOR : Dr W D ACHALA ABEYWARDENA

CLINICAL INFORMATION :

OP2400001298/IPC1.0282852 IPD-OPERATION THEATRE 5008

Test Report Status	Final	Results
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HISTOPATHOLOGY

**SMALL SPECIMEN ENDOMETRIAL
CURETTINGS**

INTERPRETATION

Specimen

AN ENDOMETRIAL POLYPS+CURRETINGS

Macroscopy

Multiple pieces of brownish tissue together measuring 20 x 20mm tan brown colour.
MP x 1B - AE

Microscopy

Sections show two polypoidal fragments of endometrial tissue with irregular tubular and cystic glands lined by inactive simple cuboidal epithelium in a fibrous stroma. Rest of the tissue shows a tumour comprising tubular and papillary structures lined by atypical columnar epithelium with moderately pleomorphic hyperchromatic nuclei with scattered mitoses and thin eosinophilic cytoplasm. A solid area of the tumour with similar neoplastic cells is also seen.

Conclusion

AN ENDOMETRIAL POLYPS +CURRETINGS

Appearances are consistent with an endometrial adenocarcinoma of villoglandular type (grade II).

Two small benign endometrial polyps with atrophic glands are also seen.

Note -

Specimen -10% neutral buffered formal saline fixed and paraffin embedded



End Of Report

Dr. Abhaya Ileperuma
MBBS, D.Path, MD Histopath
Consultant Pathologist

See reverse for list of ISO 15189 accredited tests



CLIENT CODE : C00000208

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SRI LANKA
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Email : info@lhd.lk Web : www.lhd.lk

PATIENT NAME : Mrs W SEPALI M SOYSA

PATIENT ID : LHC1.0001060713

ACCESSION NO : 6001XE025039

COLLECTED : 18/05/2024 16:03

AGE : 70 Years

SEX : Female

RECEIVED : 18/05/2024 16:03

DATE OF BIRTH :

REPORTED : 01/06/2024 15:41

REFERRING DOCTOR : Dr W D ACHALA ABEYWARDENA

CLINICAL INFORMATION :

OP2400001648/IPC1.0285167 IPD-OPERATION THEATRE 5006

Test Report Status	Final	Results
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HISTOPATHOLOGY

LARGE SPECIMEN HYSTERECTOMY

INTERPRETATION

Clinical history Endometrial curettings revealed an adenocarcinoma

Specimen TAH and BSO

Macroscopy Specimen consists of uterus with cervix measuring 120 x 100 x 60 mm. Attached right ovary measures 35 x 20 x 20mm, right tube measures 50mm. The left ovary measures 30 x 20 x 10mm left tube measures 50mm. Cut surface of the uterus shows an irregular exophytic lesion arising from the fundus and reaching the lower uterine segment up to the upper endocervical canal. An intramural fibroid measuring 40 x 40 x 40mm is also noted. Myometrial thickness is 30 mm. Lymph nodes not received

Microscopy Sections show a moderately differentiated endometrioid adenocarcinoma infiltrating more than 50% of the myometrium. Tumour host interphase shows few lymphocytes. Tumour has an invasive front. Tumour cells contain highly pleomorphic nuclei and high mitotic activity. Few foci show clear cytoplasm and papillary architecture. Clearance from the outer surface is 2 mm. Tumour infiltrates the leiomyoma and extends to the lower uterine segment and endocervical canal. Endocervical stromal invasion is not seen. Few foci of tumour is seen on the left tube.

Conclusion **Uterus and cervix**

Endometrial endometrioid adenocarcinoma
FIGO grade III (Architectural grade 2 and nuclear grade 3) :High grade
Myometrial invasion : More than 50%
Myometrial thickness: 30mm
Uterine serosa : Not involved
Clearance from the outer surface : 2mm
Cervix : Chronic cervicitis.
Cervical stromal invasion: Absent
Adnexal involvement : present on the left tube
FIGO 111a AJCC pT3a

Note -
Specimen -10% neutral buffered formal saline fixed and paraffin embedded

See reverse for list of ISO 15189 accredited tests

Report Format: GN-FM-20, Issue 05, Issue Date: 01.05.2022, Rev. No. -, Rev. Date-, Prepared by Ex QA, Reviewed by QAM, Approved by HOL: Page 01 of 02



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CLINICAL INFORMATION :

OP2400001648/IPC1.0285167 IPD-OPERATION THEATRE 5006

Test Report Status **Final** **Results**

Kamani

****End Of Report****

Prof. Kamani Samarasinghe
MBBS, D.Path, MD Histopath
Professor of Pathology

