

**Sample Receipt Details:**

 POD : \_\_\_\_\_ Temp : \_\_\_\_\_  
 Date & Time : \_\_\_\_\_ Sample Type : \_\_\_\_\_  
 CS Logistics  
 Name & Sign: \_\_\_\_\_ Name & Sign : \_\_\_\_\_  
 Prenatal Sample  Yes  No **Bill type**   

## TEST REQUISITION FORM

Disease Segment\* \_\_\_\_\_

Each sample must be accompanied by this completed requisition. \* Fields are mandatory

**Test Details**
**Test Name:\***  **Test Code:\***   
**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  
RG9354A6C  
RG9354A6a  
RG9354A7b  
RG9354A12a

 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:\***  **D.O.B.**  **Age:\***  **Gender:\***   
(In Capital Letters)  
**Address:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_ **E-mail I.D:** \_\_\_\_\_

**Clinician Details**
**Clinician's Name:\***  **Hospital Affiliation:**   
**Address:** \_\_\_\_\_  
**Phone :** \_\_\_\_\_  
**Email id :** \_\_\_\_\_  
**Date of sample collection \***  

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.

**Medical Professional Signature\*** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Place:** \_\_\_\_\_

**Clinical notes/diagnosis:**  

**Disease affection status**   **Parental consanguinity present**   **Age of manifestation:** \_\_\_\_\_

**Affected Siblings**   **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.

**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.

**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.

**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. W.B. Misanka Senarathne  
 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.

Missconla  
d  
of Cervix  
high grade serous CA  
Bled - r  
d  
HRR cu HRD

Prof. Jayantha Galawardane  
MBBS, MD(Col), FRCP (Edin), FRCP (Lond), FSLCO, FSLCPM  
Professor in Oncology  
Head of the Department of Oncology  
Faculty of Medicine  
University Hospital  
General Sir John Kotelawala Defence University

Reij

011 736 1457

# DIAGNOSIS CARD

112

Name: MISS. W.B.M. Senarathne

Address: Pahan watta - 2

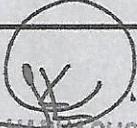
D.O.B: 29/11

Dodangoda

Date of Admission: 18/11/2023

Dr: Chinthana Hapuchchige

Date of Discharge: 24/11/2023



011-882415

DR. CHINTHANA HAPUCHCHIGE  
MBBS, MD (Obs & Gyn) FRCOG  
Consultant Gynecological Oncological / Surgeon  
SLMC No. 17244  
MRCOG 15903

Laparoscopy

Dr. C. Hapuchchige

18.11.2023

CA Ovary  
CA 125 ↑ 1000 U/ml

Df. Incision. Ascitic fluid 3.5L

Peritoneal implants, Omentum cake, Multiple fishy Mycetozoid  
deposits. Len. Liver, Diaphragm, Para-aortic Lymph.

UPPER & LOWER.

U/L N/S B/L Ovary. Malign. Post Operative.

bladder Peritoneal deposit notes.

B/L Pelvic Nodes Enlarged.

c.

B/L Uterus etc.

Hudson's Hydatidosis + BCL + Peritonodomy,

bladder Peritonodomy Remains.

Ovarian + Pelvic Nodes Remains.

Complete Cyst Reduction done. [Ting My Centre Report  
Not Remains]

Done..

DR. CHINTHANA HARACHIGE  
MBBS, MRCOG, MRCRCS  
Consultant Gynaecological Surgeon  
SLMC No. 4224  
MCOG 1505



# DIAGNOSIS CARD

Name : DR. (Miss) W.B.M. SENARATHNE

Address : PAHAN WATTA - 2

D.O.B. : 29/0 - 21/04/1994.

DODANGODA

Date of Admission : 18/11/2023

Dr. : DR. C. HAPUACHCHIGE - GOS

Date of Discharge : 24/11/2023

Ix :

CXR 21/11/2023 - Bk pleural effusion +  
(erect)  
CTPA - No efo pulmonary thromboembolism  
- Bk pleural effusion  
- Mediastinal LN<sup>+</sup> suggestive of metastatic  
deposits from known carcinoma.

(23/11/2023)  
S.E. - Na<sup>+</sup> -136  
K<sup>+</sup> -3.81  
Cl<sup>-</sup> -102

Post operatively:

- Paralytic ileus noted - NG inserted - 2 days
- ICU admitted due to pleural effusion with low SpO<sub>2</sub> (90-92% on air)
- Chest pleural tapping done by Con. Radiologist (Dr. Pawan Perera)  
+ samples sent for full report + cytology.
- total ICU stay → 1 1/2 days.

\* Chest physiotherapy given with Sproventin.

Post operatively:

- IV Zanax 750mg tabs — D1 completed + Omitted → IV Morphine 10mg tabs —  $\frac{D}{3}$  completed
- IV Ofloxy 500mg tabs — D6 completed
- IV Co-trimoxazole 1600mg OD — D4 completed + Omitted.
- PR Metformin 600mg bid.
- SC clexane 400mg — D3 completed
- o. Paracet 1g bid
- o. Zycel 200mg bid
- o. Paracet 400mg OD.

On discharge:

- o. Augmentin 625mg
- o. Zycel 200mg bid
- o. Paracet 1g bid
- o. Simvastatin 20mg (h)
- o. Furosemide 20mg bid
- o. Theophyllin  $\frac{SR}{BR}$  125mg bid

- o. Sambaflow 250µg 1 puff bid
- + o. Ventolin 250µg 1 puff bid |  $\frac{1}{12}$ .

\* Trace (pleural) cytology in 7 days

\* Urine catheter (14<sup>th</sup>) x 14 days

\* R/V with GCS with lactology



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\* IP/AH/ADL Page 1 of 1

UHID : 110193462  
REFERENCE No. : 01 4113 21/11/23  
SAMPLE DATE & TIME : 21/11/2023 19:51  
REPORT DATE & TIME : 27/11/2023 23:21 AHH2099920 / 3482  
PATIENT : DR.(MS). W.B. MISANKA SENARATHNE [ROOM NO.ICU03A]  
REFERRED BY : DR. CHINTHANA HAPUACHCHIGE

IP No. : AHL0340071  
AGE : 29 Y/F

**TEST : CYTOLOGY**

Clinical history : H/O carcinoma of ovary  
TAH+BSO+pelvic lymph node dissection done.  
Histology- high-grade serous carcinoma.  
pleural effusion - Aspiration done.

Specimen : Pleural aspiration.

Macroscopy : 14ml of blood stained fluid.

Microscopy : Cellular smears and the cell block show many papillary structures and clusters of medium size polygonal cells with enlarged pleomorphic, vesicular nuclei and prominent nucleoli.  
The background contains bowel mixed fluid, scattered reactive mesothelial cells and lymphocytes.

Conclusion : Appearances are compatible with malignant cells from a high grade adenocarcinoma.  
Compatible with cells from the ovarian serous carcinoma.

RG

DR. RENUKA GOONESINGHE  
MBBS (Col), D.Path, MD (Histopath)  
Consultant Histopathologist



## CT REPORT

PATIENT'S NAME DR. (MRS). W. B. MISANKA SENARATHNE 29Y F  
REGION CT – PULMONARY ANGIOGRAM  
REFERRED BY DR. CHINTANA HAPUACHCHIGE  
(CONSULTANT GYNECOLOGICAL ONCOLOGICAL SURGEON).  
RADIOLOGIST DR. W. MEEGODA  
REF NO RC 01173986  
UHID NO 110193462

### CT – PULMONARY ANGIOGRAM

Right and left main pulmonary arteries, branches are normal in calibre.

No thrombi within these arteries.

Heart size is normal.

No right ventricular enlargement.

Bilateral moderate pleural effusion right > left.

Bilateral basal consolidation.

Multiple enlarged mediastinal lymph nodes.

Pre tracheal lymph node - 3.9 x 2.0 cm.

Para tracheal lymph node - 1.3 x 1.8 cm.

Pre vascular lymph node - 1.8 x 3.5 cm.

Left level IV lymph node - 2.3 x 2.5 cm.

Rest of the lung fields appear clear.

No bone lesions.

Upper abdominal organs appear normal.

NG tube is in situ.

### COMMENT :-

- No evidence of pulmonary thrombo embolism.
- Bilateral pleural effusions.
- Mediastinal lymphadenopathy suggestive of metastatic deposits from known CA. However, clinically correlate.

Reported By : Dr. W. Meegoda  
Consultant Radiologist  
24<sup>th</sup> of November 2023.



## Department of Histopathology

National Cancer Institute, Maharagama

PHN : 01370167833  
 BHT/File: 12826/2023C  
 Ward : Clinic No 205  
 Age : 29 Y, 7 M, 14 D  
 Gender : Female  
 Sp. Id : 10261116  
 Path No : NCI/1267/2024

Name : Dr W.B.MISANKA SENARATHNA  
 Test : Histology of Resection Specimen  
 Ref.By : Dr. Chinthana Hapuarachchi  
 Collection Date : 2024-03-06 13:06:00  
 Date of Receipt: 2024-03-06 13:13:49  
 Date of Report : 2024-03-20 08:41:08

### Clinical details

: Diagnosed with high grade serous carcinoma of bilateral ovaries.  
 Total abdominal hysterectomy and bilateral salphingo oophorectomy  
 with omentectomy done.  
 Chemotherapy completed.  
 Investigated for abscess formation at surgical site.  
 ? Recurrence.

### Specimen/Site

: Abscess wall

### Specimen Details

: Abscess wall

### Macroscopy

: The specimen received consists of abscess wall in multiple  
 fragments measuring 45 x 40 x 10 mm in aggregates. Maximum  
 cyst wall thickness is 03 mm. Solid areas or papillary areas are not  
 identified macroscopically.

### Microscopy

: All the tissue was processed and examined.  
 Sections reveal several fragments of tissue showing a dense  
 inflammatory cell infiltrate composed predominantly of neutrophils  
 associated with nuclear debris.  
 There is no evidence of granulomas or malignancy.

### Conclusion(s)

: **Abscess wall ;**  
 -----

**Appearances are those of an abscess formation.  
 Malignancy is not seen in the submitted biopsy.**

*Manchanayake*  
**Dr.M.M.Waruni Manchanayake**  
 (MBBS, D Path, MD(Histopath))  
 Acting Consultant Histopathologist



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\* 18/11/2023 \* Page 1 of 3

UHID	: 110193462	IP No. :	AHL0340071
REFERENCE No.	: 01 4144 18/11/23	AGE :	29 Y/F
SAMPLE DATE & TIME	: 18/11/2023 17:42		
REPORT DATE & TIME	: 27/11/2023 23:20	AHH2099920 /	AHL2010746
PATIENT	: DR.(MS). W.B. MISANKA SENARATHNE [ROOM NO.103A] → 11/11/23		
REFERRED BY	: DR. CHINTHANA HAPUACHCHIGE		

**TEST : HISTOPATHOLOGY REPORT**

Clinical history : Carcinoma of ovary  
CA 125 - 1000 u/L

Specimen : A) Uterus, both ovaries, tubes and peritoneum.  
B) Omentum  
C) Left and right pelvic nodes.

Macroscopy : A) Specimen consist of

01) A moderately enlarged uterus with attached cervix, bilateral cystic ovarian masses, fallopian tubes and peritoneal tissue.  
 Uterus with cervix measures 85 x 55 x 50mm. Serosa of the fundal region is irregular.  
 Intact right ovarian mass measures 115 x 75 x 65mm. Surface tumour nodules are noted.  
 Right tube measures 70 x 10mm.  
 Cystic left ovarian mass measures 80 x 70 x 30mm. Capsular breaches and surface nodule are seen.  
 Part of fimbrial tissue included measures 40 x 10mm.  
 Attached peritoneal tissue measures 160 x 50mm.

02) Piece of peritoneal tissue with tumour collectively measuring 110 x 90 x 30mm.

Cut surface of the uterus shows a thickened myometrium (22mm). The endometrium is 5 mm in thickness.

Cut surface of the right ovarian mass shows a multi locular cyst with solid areas amounting to 20% of the cyst wall.

Cut surface of the left ovarian mass also show a multi locular cyst with solid areas 30%.

Pre op cut 125 - 9030  
Post op - 4000



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REFERRED BY	: DR. CHINTHANA HAPUACHCHIGE		

- B) Specimen consists of pieces of thickened omental tissue and tan colour tumour nodule collectively measuring 400 x 160 x 60mm. Cut surface of omentum shows multiple tumour nodules.
- C) Multiple pieces of fatty tissue with lymph nodes collectively measuring 75 x 70 x 30mm. 27 lymph nodes identified, largest lymph node measuring 35 x 20 x 16mm.

Microscopy : A) Sections of both ovarian masses, show a high grade adenocarcinoma with cystic and solid areas. The tumour is composed of papillary structures, cribriform glands and sheets of medium size polygonal cells with enlarged pleomorphic nuclei showing prominent nucleoli and brisk mitotic activity. Focal necrosis is seen. The tumours are breaching ovarian capsules. Lympho-vascular tumour emboli are noted. Multiple tumour nodules are seen on ovarian surfaces, peritoneal tissue and uterine surface with invasion of the outer myometrium focally. Right fimbrial tissue show extensive infiltration by the tumour with lympho-vascular tumour emboli. Proximal tube is free of tumour involvement. Left tube is free of tumour involvement. The uterus shows a proliferative phase endometrium. No hyperplasia or involvement by the tumour is seen. Outer myometrium and serosa show infiltration by the ovarian tumours. Cervix is free of tumour involvement.

- B) The omentum contains multiple tumour deposits with focal necrosis. Lymphotic tumour emboli are noted. One lymph node included contains extensive tumour



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 PATIENT : DR.(MS). W.B. MISANKA SENARATHNE [ROOM NO.103A]  
 REFERRED BY : DR. CHINTHANA HAPUACHCHIGE

deposits.

C) Twenty two out of twenty seven left and right pelvic nodes contain extensive tumour deposits with foci of extranodal infiltration and necrosis.

Conclusion : Appearances are consistent with a high grade serous carcinoma of both ovaries.

Tumours are breaching the ovarian capsules and contain surface nodules.

Right ovarian mass measures - 115 x 75 x 65mm

Left ovarian mass measures - 80 x 70 x 30mm.

Right fallopian tube show extensive infiltration by the tumour.

Left tube is free of tumour involvement.

Lympho-vascular tumour emboli are noted.

Uterus shows outer myometrial and surface infiltration by the tumour with lymphatic tumour emboli.

Endometrium and cervix are free of tumour involvement.

Peritoneal tissue included, Omentum, and omental lymph nodes contain extensive tumour deposits.

22 out of 27 left and right pelvic nodes contain extensive tumour deposits with foci of extranodal infiltration.

Pleural fluid contains malignant cells of the serous adenocarcinoma. ( Ref: 4113 RG)

FIGO Stage - IV A

RGH 9354

DR. RENUKA GOONESINGHE  
 MBBS (Col), D.Path, MD (Histopath)  
 Consultant Histopathologist

3. Sex

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MBBS, MD(Col), FRCP (Edin), FRCP (Lond), FSLCO, FSLCPM  
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