

**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**

Lung Cancer gene Panel by NGS (SNVs, InDels & Fusions)+ PD-L1 (SP263) by IHC + Microsatellite Instability (MSI) test

Test Name:\* \_\_\_\_\_ Test Code:\* **MGM1496**  
 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  
SK9791A  
SK9791B  
SK9791C

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. 3 Wax Blocks

**Patient Details**

Name:\* **Mr. Benedict De Zilwa** D.O.B. **DD MM YY** Age:\* **72YM** 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\* **22/5/2025 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 (Co), MD (Co), Dip RT  
 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.

**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 Mr. Benedict De Zilwa  
 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.



Comprehensive Cancer Care Centre

02 JUN 2025

~~Cherry Hill~~

Highly focused  
notes

I was able

to Lap Combo

~~Signature~~

Dr. MAHENDRA PERERA  
MBBS (Cey), MD (Col), Dip RT  
Consultant in Clinical Oncology  
& Radiotherapy  
Principal Investigator - Clinical Trials



# CONFIDENTIAL LABORATORY REPORT

Member of Clinical and Laboratory Standards Institute, U.S.A.



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T. +94 11 452 4448, +94 11 452 4400 F. +94 11 452 4448 E. histolab@asiri.lk  
**HISTOPATHOLOGY**

Block and slides of this specimen/s will be retained ONLY for six months after the date of this report. Specimen will be kept for one week

\*\* OPD/AHH/ASH \*\*

Page 1 of 1

AGE : 72 Y/M 08/02/1953

UHID : 120096491  
REFERENCE No. : 01 0455 22/05/25  
SAMPLE DATE & TIME : 22/05/2025 11:55  
REPORT DATE & TIME : 01/06/2025 15:38 AHH2099922 / ASH5253  
PATIENT : MR. B. DE ZILWA  
REFERRED BY : DR.MRS.LAKMALIE PARANAHEWA

**TEST : HISTOPATHOLOGY REPORT**

Clinical history : PH of colon cancer treated with surgery and chemotherapy. Presented with an enlarged left cervical lymph node. FNAC :Metastatic deposits of papillary adenocarcinoma .CT revealed a large infiltrating mass involving the left lung upper lobe, lower lobe and extending along the pleural surface

Specimen : Tru cut biopsy of the lymph node in the left lower neck

Macroscopy : Three cores of tissue measuring 7mm, 8mm and 10 mm. (3px3B)

Microscopy : Sections show three cores of tissue infiltrated with a papillary adenocarcinoma composed of micropapillae and acini lined by columnar and cuboidal cells containing round hyperchromatic nuclei with prominent nucleoli. Few psommoma bodies are noted .

Conclusion : Tru cut biopsy of the lymph node in the left lower neck

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Metastatic deposits from a papillary adenocarcinoma  
Histology favours lung primary

Comment : Suggest Napsin , Thyroglobulin and CK 20 immunostains to differentiate the lung primary from thyroid and colon primaries

SKH-9791

*Kawi*

PROF. KAMANI SAMARASINGHE  
MBBS, D. Path. MD. (Histopath)  
Consultant Pathologist & Histopathologist

**RADIOLOGY AND IMAGING**



UHID : 120096491  
PATIENT'S NAME : MR B. DE ZILWA  
SCANNED REGION : CECT NECK AND CHEST  
  
REQUESTED BY DR : DR MAHENDRA PERERA  
REFERENCE NO : RC01367246  
DATE : 21-May-2025

PMR :  
AGE : 72 Yrs  
SEX : MALE  
PLAIN :  
ENHANCED : X

**CECT SCAN OF NECK AND CHEST**

A large mass in the left lung upper lobe at the periphery which infiltrates and extend to involve left lower lobe along the sub pleural distribution.  
Mass extend cranio caudally 15.0cm in length and transverse dimension 8.0 x 5.6cm. Irregular pleural outline indicate infiltration to visceral pleura.  
Chest wall is not infiltrated and overlying rib are normal.  
Multiple nodular septal thickening involving the rest of left lung parenchyma.  
A small pleural fluid in left posterior basal.

Right lung is normal

Multiple enlarged infiltrated lymphnodes in left hilum and free air space in mediastinum, largest measuring 2.0cm infiltrated lymphnodes in carina and bilateral para tracheal space, largest in para tracheal 2.6cm.

Multiple enlarge and infiltrated cervical lymphnodes bilaterally, largest in right level III 2.8cm and left III 3.0cm

Largest in right superior clavicular fossa 3.3 and left supra clavicular fossa 4.0cm

Posterior left cervical group has numerous multiple infiltrated lymphnodes largest measuring 3.0cm.

Degenerative changes in dorsal and cervical vertebra.

Thyroid gland demonstrate heterogeneous lower enhancement.

Submandibular glands and the parotid glands are normal in size and attenuation pattern.

The great vessels of the neck are normal in caliber and outline.

The nasopharynx, oropharynx, laryngopharynx and larynx are normal in size and shape.

Vocal cords are symmetrical.

Epiglottis is normal in size and position.

Trachea is normal in caliber and outline, down to the mid chest.

CreateBy : 2107502  
Modified By : 2107502

RC01367246

Print Date : 21-May-2025 3:27 pm Page 1 of 2

Heart is normal in size and configuration.  
No pericardial effusion.  
Great vessels are normal in caliber and outline.  
Visualized bones are normal.  
The chest wall is unremarkable.

#### **IMPRESSION :**

- 1. A large infiltrating mass involving left lung upper lobe and lower lobe extending along the pleural surface concerning for primary malignancy.**
- 2. Multiple reticular nodular opacities in rest of the left lung indicate metastatic deposit.**
- 3. Infiltrated lymphnodes in left hilum, mediastinum**
- 4. Extensive infiltrated lymphadenopathy in bilateral cervical supraclavicular fossa**

#### **CT Scan of Brain**

Diffuse hypodensity in bilateral periventricular white matter.  
No abnormal enhancement.

Rest of the brain parenchyma shows normal CT architecture, with satisfactory gray-white demarcation.

Thalami, basal ganglia, internal and external capsule are normal .

Ventricles are normal in size and shape.

Basal cisterns and cortical sulci are normal in size.

No extra axial masses or focal collection.

The intra cranial vessels are normal in caliber and their course .

No evidence of ICH, SOL or infarctions.

No midline shift.

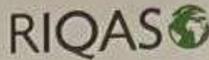
Brain stem and cerebellum appear normal.

Globes are normal in size and location.

#### **COMMENTS**

- 1. Features favoring for chronic ischemic changes in periventricular white matter**
- 2. No evidence of intra cranial metastatic deposit**

  
**DR(MRS) ERANGA PERERA**  
**CONSULTANT RADIOLOGIST**



**CONFIDENTIAL LABORATORY REPORT**

PATIENT NAME : MR. B.DE ZILWA  
 AGE : 72 YEARS GENDER : MALE  
 BILL NO : EH\_MC\_337242 LAB REF NO : 25KH 0029708  
 OPD / IP : OPD WARD :  
 REFERRED BY : DR EXTERNAL -  
 COLLECTED TIME : 2025-05-15 13:56 REPORTED TIME : 2025-05-15 15:22

**TEST : CYTOPATHOLOGY**

**Clinical history** : Multiple lumps on the left side of the neck of few days duration. PH of colonic carcinoma (surgery and chemotherapy given) .US scan revealed multiple enlarged lymph nodes suspicious of a lymphoma .Thyroid revealed features of chronic thyroiditis

**Specimen** : FNAC of left cervical Lymphnode

**Macroscopy** : Brownish colour fluid was aspirated .Four H & E stained smears were examined

**Microscopy** : Smears are highly cellular and show monolayered sheets and papillaroid structures of malignant cells containing round to ovoid vesicular nuclei, prominent nucleoli and thick nuclear membrane. Several psammoma bodies are noted .The background shows an eosinophilic material and foamy macrophages

**Conclusion** : FNAC of left cervical Lymphnode  
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 Metastatic deposits from a Papillary adenocarcinoma  
 Highly suggestive of thyroid origin

**Comment** : Possibility of primaries at other sites including Lung ,Kidney and GI tract to be excluded

SKC - 357/25

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



Blocks and slides of this specimen will be retained as follows;  
 Slides - Five years, Blocks - Ten years & Specimen - Three months from  
 date of the report issued \*\*\*\*.  
 ISO 15189:2022 Scope of Accreditation

**LABORATORY CONSULTANT PANEL**

<b>Chemical Pathologist</b> Dr. Rajitha Samarasinghe MBBS (COL) D Path MD (Chem.Path) FAACC Consultant Chemical Pathologist	<b>Dr. B K T P Dayanath</b> MBBS, D Path MD (Chem.Path) MAACB, FAACC Consultant Chemical Pathologist	<b>Haematologist</b> Dr. Visaka Ratnamalala MBBS, D Path MD (Haematology) Consultant Haematologist	<b>Microbiologist</b> Dr. Malika Dassanayake MBBS (COL), Dip (Micro), MD (Micro) Consultant Microbiologist	<b>Histopathologist</b> Dr. Ramani Punchihewa MBBS, D Path, MD (Histopathologist) Consultant Histopathologist	<b>Immunologist</b> Dr. Dhanushka Dasanayake MBBS, PG Dip, Med Micro, MD Consultant Immunologist
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